DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145247	A. BUILDING ______ B. WING ______	03/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOCTORS NURSING AND REHAB CENTER	**1201 HAWTHORN ROAD SALEM, IL 62881**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Annual Licensure and Certification Survey.	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow physician's orders for 1 of 19 residents (R10) reviewed for physician's orders in the sample of 19 and 1 resident (R20) in the supplemental sample. The findings include: 1. R10's February 2016 Physician's Orders document R10 is to receive Humulin Insulin N 100 units/milliliter(ml); Per sliding scale; Blood Sugar (BS) less than 40, call MD; BS is 150-200, give 4 units; BS is 201 to 250, give 6 units; BS is 251-300 , give 10 units; BS is 301-350 give 15 units; BS is 351-400 give 20 units; If BS is greater than 400, call MD. R10's March 2016 Physician's Orders for Humulin N 100 unit/ml; Per sliding scale were transcribed incorrectly for the month of March; If BS is less than 60, call MD; If BS is 151 -200, give 4 units. (The rest of the order wasn't transcribed.) R10's March 2016 Medication Administration Record documents that R10's BS on 3/2/16 at 8:00 PM was 101 and R10 received 4 units of Humulin N;	F 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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on 3/3/16 at 8:00 PM, R10's BS was 206 and received 4 units of Humulin N, and on 3/6/16, R10' BS was 335; R10 received 15 units of Humulin N 100 Insulin. On 03/07/16, R10's BS was 209 and R10 received 6 units of Humulin N100 Insulin. There was no current order for the Insulin R10 received in March.

On 3/10/16 at 9:10 AM, E16 (Registered Nurse/Minimum Data Set/Care Plan Coordinator) (MDS/CPC) verified R10's March 2016 order for Humulin N 100 units/ml; Per sliding scale was transcribed incorrectly from the February 2016 Physician's Orders to the March 2016 Physician's Orders and should have been reported to E2 (Director of Nursing) as soon as the error's were identified. On 3/8/16 at 2:40 PM, E16 also stated that she made the correction on R10's Medication Administration Record for Humulin N 100 units/ml per sliding scale.

2. On 3/8/16 at 9:00 AM, E10 (Licensed Practical Nurse) drew up and administered Novolin 70/30, 13 units to R20. When E10 was asked about R20's BS being tested prior to insulin administration, E10 stated that R20's BS was checked at 6:00 AM. E10 did not check R20's BS results prior to insulin administration. On 3/8/16 at 10:45 AM, E16 (R.N.; MDS/CPC) stated that E10 should have checked R20's BS result before giving the insulin.

The March 2016 Physician's Orders document that R20 is to have BS checks twice daily at 6:00 AM and 8:00 PM; Call MD for BS less than 60 or over 400. R20's Physician's Orders document that R20 is to receive Novolin 70/30; give 13 units twice daily. "Special Instructions" Monitor BS. The facility's Insulin Administration policy dated

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F 282	Continued From page 2 September 2014 documents under; "Preparation"; Line #4; The nurse shall notify the Director of Nursing Services and Attending Physician of any discrepancies, before giving insulin.	F 282		
F 366 SS=C	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to prepare and serve food substitutes of similar nutritive value for carrots. This has the potential to affect all 91 residents in the facility. The findings include: The facility's Resident Census and Conditions of Residents form, dated 3/7/16, documented the facility had a census of 91 residents. 1. The spreadsheet menu for 3/8/16 called for service of 1/2 cup of buttered carrots for all diets for the noon meal. On the food service tray line, beginning at approximately 11:30am on 3/8/16, found that the facility had not prepared the buttered carrots, and when questioned at 11:40am, E18 (dietary), stated that the substitute for the carrots was peas. 2. On 3/8/16 at 11:55am, the substitute choices were reviewed with E18 and E3 (Food Service	F 366		

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F 366	Continued From page 3 Supervisor). When questioned about Vitamin A vegetable substitutions, both E3 and E18 indicated that they have never considered the Vitamin issue when making the alternate vegetable choice for meals. E3 was asked if she had a Vitamin A substitution list and E3 indicated she did not. 3. A 2011 Menu Substitution Guideline and Procedure was provided for review on 3/8/16 by E3. The Guideline states, 3. When substituting fruits or vegetables that are good sources of vitamin C or vitamin A, fruits or vegetables with comparable vitamin content will be selected and served. 4. The Week 1, Week at a Glance menu was reviewed on 3/8/16 at 1:15pm with E3 and E18. The noon meals for Sunday, Monday and Tuesday of the week called for the service for a Vitamin A vegetable. The alternatives for those days were reviewed and none of the vegetables used for substitution were high in Vitamin A. Sunday: Green beans for California Blend Monday: Baked beans for Mixed vegetables Tuesday: Peas for Carrots	F 366		
F 425 SS=F	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 425		

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A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to dispose of expired medications, date and label medications, and maintain equipment for a multi-dose medication. This has the potential to affect all of the 91 residents living in the facility.

Findings Include;

1. On 3/09/16 at 1:10 PM, the 300 Hall Medication Cart contained a Glucagon Emergency Kit labeled for R16 that had an expiration date of 1/2016. During this observation E16 (Minimum Data Set/Care Plan/Registered Nurse) said the item should have been replaced and there is no other Glucagon Emergency Kit available for R16 on the Medication Cart.

2. On 3/09/16 at 12:40 PM, the 200 Hall Medication Cart contained an opened and used multi-use vial of Humulin Regular Insulin, labeled for R10, that had not been dated when opened. According to E16, the insulin vial needs to be

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dated when opened, "so we can tell when it expires." The facility's Insulin Administration Policy, revised September 2014, describes on page 6 under Steps in the Procedure (Insulin Injections via Syringe); 4. Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial. The box containing the opened insulin vial was noted to have a sticker applied that read, date opened: and expiration date: yet no dates had been written on the sticker.

3. On 3/09/16 at 12:45 PM, the 400 Hall Medication Cart contained an opened multi-use 120 cc (Cubic Centimeter) bottle of Nystatin suspension, labeled for R26, that did not have a date to indicate when the bottle was opened. E16 says that she knows the medication was just started on 3/07/16 and that the bottle should have been dated when opened.

4. On 3/09/16 at 1:15 PM, the 300 Hall Medication Cart contained a 237 ml (milliliter) multi-dose bottle of liquid Dilantin, labeled for R28, that had a used 3 cc syringe attached to the plastic lid of the bottle. The syringe contained an orange residue and the bottle was stored in a drawer with stock medications. On 3/09/16 at 3:45 PM, E2 (Director Of Nursing) commented that the medication should not be stored with stock medications and should be in a plastic bag.

5. On 3/9/16 at 11:00 AM in the Medication Room Refrigerator is a 30 Milliliter vial of Acetylcysteine Solution 20% that is open and not dated.

6. On 3/9/16 at 11:10 AM, in the Medication Room on the open wire shelving unit is a 50 Milliliter Syringe of Dextrose 50% that is open and

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F 425	Continued From page 6 expired January 2016. The Resident Census and Conditions of Residents form dated 3/07/16 documents that the facility has a census of 91.	F 425		
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	F 431		

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F 431	Continued From page 7 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly store and label medications, keep refrigerator medication dry and free of ice build up, and keep equipment in the freezer clean. This has the potential to affect all of the 91 residents in the facility. Findings include: 1. On 3/9/16 at 11:00 AM in the Medication Room on the open wire shelving there are 2 tubes of Muperocin Ointment 2% not labeled and without a name. E6 (Registered Nurse/RN) stated that Muperocin is obtained by a Physician's Order only. 2. On 3/9/16 at 11:10 AM in the Medication Room refrigerator freezer there is a gray plastic freezer pack that is dirty and stained. E6 (RN) stated that she did not know where the freezer pack came from or what it was used for. 3. On 3/9/16 at 11:15 AM in the Medication Room wooden storage cabinet there is a Silver Nitrate Applicator tube stored with Vitamin C and Diphenhydramine tablets. 4. On 3/9/16 at 11:25 AM in the bottom drawer of the Medication Room refrigerator there is 1 box of Acetaminophen 650 Milligrams and 2 boxes of Biscodyl 10 Milligrams Suppository. The boxes are wet, deteriorating, and stuck to the ice in the bottom of the drawer. There is also 50 of the 120	F 431		

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F 431	Continued From page 8 loose Acetaminophen Suppositories in the bottom of the drawer that is also stuck in the ice. On 3/9/16 at 12:45 PM E2 (Director of Nurses) stated the refrigerator leaks and she had recently cleaned the water out of the bottom drawer. The Resident Census and Condition of Residents form, dated 3/7/16, documents the facility has a census of 91 residents.	F 431		
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441		

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hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and observation the facility failed to protect the tips of the in-line suction devices and the suction machine tubing, properly clean and disinfect the environmental surfaces, follow the manufacturers' recommendations for disinfecting resident care equipment, and failed to educate staff regarding proper infection control practices. This failure has the potential to affect all 91 residents in the facility.

Findings include:

The facility's Resident Census and Condition of Residents form, dated 3/7/16, documented the facility has a census of 91 residents.

1. On 3/8/16 at 10:00 AM, R21 was in his bed with a suction machine (for suctioning his tracheotomy) lying next to his feet. The in-line suction catheter's extension hose was touching the residents heel protectors that were soiled. R21 has Methicillin Resistant Staphylococcus Aureas (MRSA) of the nares as documented on the Infection Control Log dated March 2016.

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F 441	Continued From page 10 2. On 3/8/16 at 10:05 AM, R22's in-line suction device tip was touching the resident's gown. The suction machine tubing tip was dangling in the air on the bedside table. There is no protection for the inline suction device tip or the suction machine tubing. 3. On 3/8/16 at 10:10 AM, R5's suction machine tubing tip is dangling in the air, unprotected. R5 has Methicillin Resistant Staphylococcus Aureas (MRSA) of the nares, gastronomy tube site and sputum, as documented on the Infection Control Log dated March 2016. There is no protection for the suction machine tubing. 4. On 3/8/16 at 10:15 AM, R23's inline suction device tip is touching the blankets. The tip of the suction machine tubing is touching the suction machine handle. R23 has colonized Methicillin Resistant Staphylococcus Aureas (MRSA) of the nares as documented on the Infection Control Log dated March 2016 . The fan blowing on R23 has dirty fan blades and a dusty fan frame. There is no protection for the in-line suction device tip or the tip of the suction machine tubing. 5. On 3/8/16 at 10:20 AM, R24's in-line suction device tip is touching the bed sheet. The suction machine tubing tip is touching the top of the bedside table. The bedside table has a rough wood surface where the finish is worn and is porous; the table cannot be effectively cleaned or disinfected. R24 has Methicillin Resistant Staphylococcus Aureas (MRSA) of the nares, as documented on the Infection Control Log dated March 2016. There is no protection for the in-line suction device tip or the suction machine tubing tip.	F 441		

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6. On 3/8/16 at 10:25 AM, R7's in-line suction device tip is touching her gown. The suction machine tubing tip is touching the suction machine bottle. There is no protection for the in-line suction device or the suction machine tubing.

7. On 3/8/16 at 10:35 AM, R25's in-line suction device tip is touching a wet spot on her gown. The suction machine tubing tip is touching the top of the bedside table. The bedside table has a rough wood surface where the finish is worn and is porous; the table cannot be effectively cleaned or disinfected. R25 has colonized Methicillin Resistant Staphylococcus Aureas (MRSA) of the nares as documented on the Infection Control Log dated March 2016. There is no cap for the inline suction device or the suction machine tubing.

8. On 3/8/16 at 1:00PM, E17 (Respiratory Therapist) stated the in-line suction devices are changed on Monday, Wednesday, and Friday. E17 went on to say they do not use caps or other protection for the in-line suction device or for the suction machine tubing.

9. The Manufacturer's Instructions for Use (undated) documents the in-line devices are intended to be used for 24 hours before changing. The Instructions also documented the in-line device is intended for 24 hour use to decrease the potential for nosocomial infections.

10. E7 (Certified Nurse Aide, CNA) was observed at 10:45am on 3/8/16 pushing a wet shower gurney to the front of the Phoenix hall

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F 441	Continued From page 12 outside the shower room. E7 sprayed an aerosol spray on the shower gurney pad. When questioned about the cleaning and disinfection process for the gurney, E7 explained how she treated the gurney. E7 stated the aerosol spray disinfectant was applied to the gurney, it was left on for 2 to 3 minutes and then a hot water spray was applied. E7 stated that some people use the hot water spray and others do not. When questioned, E7 indicated that she had no specific training of how to clean and disinfect the shower gurney. 11. E12 (Housekeeper) stated on 3/8/16 at 10:15am that the housekeepers switch halls every month and do work on all halls. E12 further stated there was no step by step process for cleaning the resident bathing areas. E12 also stated she liked to use 1/4 bleach to 3/4 water for cleaning or a bleach wipe, and then rinse. 12. E13 (Housekeeper) stated on 3/8/16 at 10:35am that the housekeepers change halls once a month and do rotate to all halls. E13 indicated she used bleach wipes for cleaning. When asked about cleaning on the Phoenix unit, E13 stated they use the spray disinfectant and rinse the shower gurneys. E13 did not indicate that a specific outlined process was in place for cleaning and disinfecting resident care equipment. 13. E11 (Housekeeper) who was cleaning on the Phoenix unit at the time, stated on 3/8/16 at approximately 11:15 am that she uses a quaternary cleaning solution for cleaning the shower gurney. E11 further stated there were no specific instructions for cleaning the resident care equipment.	F 441		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOCTORS NURSING AND REHAB CENTER	1201 HAWTHORN ROAD SALEM, IL 62881

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	Continued From page 13	F 441		

14. E14 (Housekeeping Supervisor) stated on 3/8/16 at approximately 2:00pm that the housekeeping staff are not taught to clean using any guidelines or specific step by step instructions. E14 stated cleaning was common sense.

15. Review of the cleaning products used by the facility on 3/9/16 found the use of a Quat Stat SC disinfectant cleaner and Citrace Hospital Disinfectant and Deodorant. Each of the products reviewed were effective disinfectants as described in the manufactures data and product labels provided by the facility on 3/9/16. The Quat Stat product describes that the disinfection must have a 10 minute contact time and must air dry. The Citrace product described that the disinfection must have a 5 minute contact time and must air dry on surfaces that are not food contact surfaces. Of the products used in the facility, the Citrace product is described as effective on Enterobacteriaceae (ESBL) Extended Spectrum Bata Lactamase. Facility documents provided by E2 (Director of Nursing) on 3/7/16 document that there are 10 residents spread throughout the facility who have ESBL infections at this time. There was no way to determine which cleaning/disinfecting agent was being used for these 10 residents' rooms and equipment.

16. The facility's July 2014 Cleaning and Disinfection of Resident Care Items and Equipment provided by the facility on 3/9/16 states 4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufactures' instructions.

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F 465	Continued From page 14	F 465		
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to maintain furnishings and equipment clean and in good repair during the survey. This has the potential to affect all 91 residents in the facility. The findings include: 1. The following wooden bedside stands were warped, porous and not easy to clean or disinfect. On the Phoenix hall on 3/8/16: Rooms 106, 110, 112, 116, 115, 113, 111 (2 stands), and 107. 2. Heavily soiled fans were noted on the Phoenix hall: Rooms:106, 113 (2 fans) and 107. Soiled fans were observed: on the 200 hall on 3/8/16 and on the Southwest hall on 3/8/16. 3. The wheelchair for R29 was observed on 3/7/16 to be heavily soiled with dried food debris on the handles and wheels. 4. On 3/7/16 during the initial tour of the facility, the rolling reclining chair arms, used by the residents in rooms 104 - bed 2 and 113 - bed 1, were tattered and taped. The arms could not be effectively cleaned and disinfected.	F 465		

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F 465	Continued From page 15 5. On 3/9/16 the rolling reclining chairs used by the residents in Rooms 309 - bed 1, 211 - bed 1, 303 - bed 1 were noted to have been taped and were tattered. The arms could not be effectively cleaned and disinfected. The facility's Resident Census and Conditions of Residents form, dated 3/7/16, documented the facility had a census of 91 residents.	F 465		