

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

PRINTED: 03/24/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TUSCOLA HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1203 EGYPTIAN TRAIL TUSCOLA, IL 61953</b>
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F 000  F 226 SS=C	<p><b>INITIAL COMMENTS</b></p> <p>Annual License and Certification 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to operational their Abuse Prevention and Prohibition Policy for screening new employees by failing to check the Illinois Department Health Care Worker Registry upon hire of two Certified Nursing Assistants, E5 and E6. The facility also failed to check the Illinois Department of Professional Regulation website for license status upon hire of one Licensed Practical Nurse, E7. This failure has the potential to affect all 52 residents residing in the facility.</p> <p>Findings include: On 3/17/15 E1, Administrator provided a list of facility employed Certified Nursing Assistants (CNA), with their corresponding hire dates. E5, CNA is documented with a hire date of 5/16/14. The same list documents E6's hire date as 1/15/15. Both CNA's are full time.</p> <p>On 3/18/15 the personnel files of E5 contained a report from the Illinois Department of Public Health website titled "Health Care Worker Registry." This report documents the date of</p>	F 000  F 226		
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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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F 226	<p>Continued From page 1</p> <p>3/17/15 as the date that the facility checked E5's status on the Health Care Worker Registry. E6's personnel file, also containing a Health Care Worker Registry check, documents a date of 3/17/15 as the date the facility checked E6's status on the registry.</p> <p>On 3/17/15 E1 provided a list of new hires within the last four months. E7, Licensed Practical Nurse is documented with a hire date of 2/20/15.</p> <p>On 3/18/15 E7's Personnel file contained a document printed from the Department of Professional Regulation website dated 3/13/15 documenting the status of E7's license.</p> <p>On 3/18/15 at 10:00 am E1 acknowledged the dates of hire for the above two CNA's E5, E6 and Licensed Practical Nurse, E7. E1 stated that both E5 and E6 had been previously employed and were terminated from the facility system on 2/18/14 and 11/5/14 respectively. E1 stated that she did not think to recheck the Health Care Worker Registry again on rehire as they both are local employees. E1 stated "I would have known if there had been any criminal charges on (E5 and E6), we live in a small town and it would have been all over." The Health Care Worker Registry was not checked on E5 and E6 until yesterday (3/17/15).</p> <p>On 3/18/15 at 10:10 am, E1 stated that E7's license had been checked on the Illinois Department Of Professional Regulation's website in September 2014. E1 stated E7 had not started employment until 2/20/15 and E1 had not rechecked the website for license status until 3/13/15.</p>	F 226			

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F 226	Continued From page 2 On 3/19/15 at 9:15 am E1 provided the total number of days worked for E5 as 215 days since the date of hire 5/16/14 and 31 days as being worked for E6 since the date of hire of 1/15/15. E1 also provided the total number of days E7 has worked since date of hire of 2/10/15 as 14 days. All three employees are direct care providers.  The facility Policy titled "Abuse Prevention Program" dated 11/11/11 documents "This facility will not knowingly employ any individual convicted of resident abuse or misappropriation of resident property. The facility will not knowingly employ any staff convicted of any crimes listed in the Illinois Health Care Worker Background Check Act (unless waived under the provision of the Act), or with findings of abuse listed on the Illinois Health Care Worker Registry. Prior to a new employee starting a work schedule this facility will.....Obtain a copy of the state license of any individual being hired for a position requiring a professional license and check the licensee's status with the licensing entity. Check the Illinois Health Care Worker Registry on all individuals being hired for a position...."	F 226			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323			

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F 323	Continued From page 3  This REQUIREMENT is not met as evidenced by: A. Based on observation, interview, and record review the facility failed to provide a hazard free environment and ensure safe secure toilet seats with arm support safety rails in two multi-resident bathrooms. These failures have the potential to affect five residents (R1, R4, R15, R16 and R17) on the sample of 13 and 19 residents (R20 - R38) on the supplemental sample.  Findings include: 1. On 3/17/15 at 10:38 am, the 400 hall multiple resident bath / shower room had two loose toilet seat bolts that allowed the toilet seat to shift side to side which caused a three inch overhang past the outer rim base of the commode fixture. These same loose bolts were required to support the bilateral safety arm support rails to the toilet. Leg supports at the front of the toilet were present to stabilize the arm supports. The arm supports were not secure and shifted four inches from side to side, scooting the front legs of the support across the floor. The left arm support at the resident forearm position, had a five inch long crack in the plastic. The same support at the resident elbow position had a two inch jagged hole in the plastic. R4, R16 and R20 - R30 share this bath / shower room .  On 3/17/15 at 10:45 am, E3, Manager Environmental Services stated "I can see that the arm support is cracked and should be replaced. Those (arm support and toilet seat) are both really loose and need to be tightened."	F 323			

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F 323	<p>Continued From page 4</p> <p>2. On 3/17/15 at 11:07 am, the 200 hall, entry foyer and resident lounge area had an unlocked bathroom for use by ambulatory residents and visitors. This bathroom had two loose toilet seat bolts that allowed the toilet seat to shift side to side which caused a four inch overhang past the outer rim of the commode fixture. These same loose bolts were required to support the bilateral safety arm support rails to the back of the toilet. Leg supports at the front of the toilet were present to stabilize the arm supports. The safety rails for this toilet were not secure and shifted six inches from side to side, scooting the front legs of the support across the floor. This bathroom is used by R1, R15, R17, R20, R23, R25 and R31- R38.</p> <p>On 3/17/15 at 11:10 am, E3, stated "This bathroom is unlocked so residents can use it on their own. These rails and toilet seat will need tightened up too."</p> <p>On 3/18/15 at 10:00 am, E1, Administrator provided a list of all ambulatory residents in the facility. This list documents that R1, R15, R17, R20, R23, R25 and R31- R38 are ambulatory.</p> <p>The undated facility policy "Maintenance Services" documents that "The maintenance department is responsible for maintaining the building, grounds and equipment in a safe and operable manner at all times."</p> <p>The manufacturers toilet safety frame operation guide "Safety Frame Assembly and Operation Instructions" dated March, 2009 documents " Warning: Inspect (the safety frame) weekly and tighten it as needed to ensure secure installation. If the (frame) is not properly assembled and</p>	F 323			

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F 323	<p>Continued From page 5 installed, personal injury and damage to the (frame) could result."</p> <p>B. Based on record review, observation, and interview the facility failed to implement post-fall interventions to prevent further falls for one (R2) of six residents reviewed for falls in the sample of 52.</p> <p>Findings include: The Physician Order Sheet for R2 dated March 2015 documents the following diagnoses: Psychotic Disorder with Behaviors, Falls, Weakness and Dementia.</p> <p>The Minimum Data Set dated for 6/14/14 documents R2 as severely cognitively impaired, needing two assist with all transfers and uses a wheelchair.</p> <p>A facility document titled "Fall Risk Assessment" documents R2 at High Risk for Falls in June 2014, September 2014, December 2014 and the most current Fall Risk Assessment dated March 2015.</p> <p>The Nursing Notes for R2 document the following falls: On 4/10/14, R2 was in her room and leaned forward from the recliner causing the recliner to tip forward, resulting in R2 falling on the floor. On 6/16/14 R2 was found on the floor of her room after sliding out of the wheelchair. On 10/13/14 R2 was found lying in her wheelchair on the floor in her room. On 11/25/14 R2 was found lying on the floor of her room after sliding from the wheelchair.</p> <p>On 3/17/15 at 11:05 am, R2 was alone in her room sitting in a wheelchair watching television.</p>	F 323			

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F 323	Continued From page 6  On 3/18/15 at 1:45 pm E2, Director of Nursing acknowledged the falls documented in the Nursing Notes and reviewed what the facility interdisciplinary team had implemented for interventions for each fall. E2 stated the post-intervention for the documented fall on 6/16/14 was that R2 was not to be left alone in her room sitting in the wheelchair, but should be transferred to the bed or recliner. E2 acknowledged that R2 had fallen in her room without supervision while sitting in the wheelchair on 10/13/14 - tipping the wheelchair over and again in the room alone - sliding out of the wheelchair on 11/25/14. E2 stated R2 hit the posterior side of her head on 10/13/14. E2 stated "staff should not be leaving (R2) in the room alone."  On 3/18/15 at 2:15 pm, E1 stated that staff were informed that R2 was not to be in her wheelchair alone in her room.  On 3/19/15 at 10:15 am, E2 stated that R2 is not able to propel the wheelchair independently.	F 323			
F 354 SS=C	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON  Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.  Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.	F 354			

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F 354	<p>Continued From page 7</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have a Registered Nurse (RN) scheduled for eight consecutive hours a day for two of 14 days reviewed. This has the potential to affect all 52 residents residing in the facility.</p> <p>Findings Include: The Nursing Time Schedule dated March 2015 provided by E1 Administrator on 3/16/2015 at 9:30 AM documents that the period of time reviewed for RN staffing was from 3/1/2015 to 3/15/2015. E1 also provided the daily census for the same time period documenting that there were no RN's on 3/7/2015 and 3/14/2015. The census average is documented at 3.36 skilled residents and 49.36 intermediate residents for the time period reviewed with an average census of 53 residents per day.</p> <p>The March time schedule for nurses documents the following hours per 24 hour period for RN's: 3/7/2015 - 0 RN hours 3/14/2015 - 0 RN hours On 3/16/2015 at 3:30 PM, E1 stated the RN hours listed on the schedule for each day are accurate. On 3/16/2015 at 3:35 PM, E2 Director of Nurses states that on 3/7/2015 she did not schedule a RN for this 24 hour period due to an oversight. E2 also states that on 3/14/2015 there was no RN to replace a call off for this 24 hour period.</p> <p>The Resident Census and Condition of Residents form dated 3-16-15 documents a census of 52.</p>	F 354			



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