

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

PRINTED: 03/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/24/2016
NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034		
(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	F 000			
F 309 SS=D	<p>Annual Licensure and Certification.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview and record review the facility failed to provide individualized psychosocial and activity programming to prevent wandering and behaviors for 2 of 6 residents (R6 and R7) reviewed for dementia care in the sample of 19.</p> <p>Findings include:</p> <p>1. On 3/21, 3/22, and 3/23/16 during intermittent observations from 9:30 AM through 3:00 PM, R6 was out in the dining/common area of the closed dementia unit. R6 was continually babbling saying nonsense words and noises. This occurred even while R6 was eating, or had toys placed in front of her. The babbling was loud. R6 appeared tired with her eyes closed at times. The television was on continuously and also loud. No staff were seen providing re-direction or calming to R6.</p> <p>On 3/22/16 at 1:30 PM, E15 and E16, both Certified Nursing Assistants stated, "(R6)</p>	F 309			

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 309	<p>Continued From page 1</p> <p>constantly makes noises, says word or nonsense all day long. She literally does not stop." E13 stated, "There is nothing we can do about it, it is frustrating."</p> <p>On 3/23/16 at 11:30 AM E13, Registered Nurse, RN stated "(R6) does that all day long we try to move her if it bothers the other residents but we can't always do that."</p> <p>R6's Minimum Data Set (MDS), dated 1/14/16, documents R6 is severely cognitively impaired, requires total care for all activities of daily living except eating.</p> <p>R6's Plan of Care, last updated on 1/16/16, documents that R6 will fixate on something and repeat sounds and words over and over, and is unable to make her needs known. Approaches document "Use touch to calm me, call me by name, try to engage in conversation re-approach if I get frustrated."</p> <p>R6's "Behavior Tracking Flowsheet," does not include constant repetitive noises, and babbling.</p> <p>2. On 3/21/16 at 10 AM during the initial tour, E13 stated, "(R7) wanders continuously; she keeps going until she is exhausted. She has had a rapid deterioration and multiple falls."</p> <p>On 3/22/16 and 3/23/16 during intermittent observations from 9:30 AM through 3 PM, R7 was out in the dining/common area of the closed dementia unit and wandering through out the closed unit. This activity occurred almost continually. R7 would even pick up her plate of food or cup of coffee and walk around with it, instead of eating or drinking. Staff intermittently</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>attempted to redirect R7 verbally. This approach had no effect, and no other approaches were tried. R7 would then continue walking.</p> <p>The MDS dated 3/15/16 documents that R7 is severely cognitively impaired, is a high fall risk and requires supervision with ambulation. R7's plan of care which was last updated on 3/15/16, includes the interventions; "Try to redirect me to an activity of some sort such as music, food activity. Give my as needed ativan when I get anxious or tearful."</p> <p>On 3/23/16 at 1:30 PM, E13, E17, Activities, E14 and E15 all stated, "We don't know what else to do with these people anymore."</p> <p>B. Based on interview and record review, the facility failed to provide coordination of care with Hospice for one of two residents (R12) receiving hospice in the sample of 19.</p> <p>Findings include:</p> <p>1. R12's Nurse's Note dated 2/23/16 4:41 PM documents, "Elder admitted to Hospice today with Dx (diagnosis) of Lung Ca (cancer)."</p> <p>On 3/23/16, at 12:30 PM, R12's Hospice notes and Care Plan could not be found.</p> <p>On 3/23/16 at 4:00 PM, E2 Director of Nurses (DON) stated, "(R12's) Hospice records were just delivered to the facility a bit ago. The Hospice nurse apparently took them out of the facility for a meeting."</p> <p>On 3/24/16 at 8:19 AM, E2, stated, "I expect the hospice notes and chart to be onsite at all times.</p>	F 309			

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F 309	Continued From page 3 Usually they are. I am not sure why she took the whole record." On 3/24/16 at 9:40 AM, Z1, Hospice Nurse stated, "I was building the Care Plan and the chart which usually that takes about 2 weeks. When I was finished, the chart got dropped off at the wrong facility. I have been in contact with R12's nurses and caring for him. (R12) has never had a Hospice Chart/Care Plan in the facility." The facility Hospice Service Agreement dated 2/22/2001 documents, in part, "Clinical Record : Hospice shall provide for the creation and maintenance of a clinical record for Resident Hospice Patient. Included in the clinical record shall be Hospice initial assessment and certification for services and any re-certifications, the Plan of Care and all modifications thereto, a record of all medications prescribed and delivered to the Resident Hospice Patient, all clinical notes written by the Resident Hospice Patients's attending physician, Hospice Medical Director or other physician engaged by Hospice, and all other professionals and volunteers of Unity and Nursing Facility relating to the care of the Resident Hospice Resident. All clinical records shall be prepared and maintained in accordance with with applicable state and federal laws and regulations and Hospice policies and procedures."	F 309			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the	F 314			

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F 314	<p>Continued From page 4</p> <p>individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the Facility failed to assess and monitor a pressure ulcer for 1 of 2 residents (R12) reviewed for pressure ulcers in the sample of 19.</p> <p>Findings include:</p> <p>R12's Minimum Data Set (MDS) dated 1/26/16 documents, R12 was admitted on 1/13/16 without pressure ulcers.</p> <p>R12's Nurse's Note dated 2/1/16 documents, in part, "N.O. (new order) rec'd (received) apply skin prep to bilat (bilateral) heels and float heels while in bed."</p> <p>R12's Treatment Administration Record Dated (TAR) dated 2/3/16 documents, "Skin prep to heels soft and red no open areas."</p> <p>R12's TAR dated 2/10/16 documents, "Zero new skin issue."</p> <p>R12's Nurse's Note dated 2/11/16 documents, in part, "Noted 3 cm (centimeter) necrotic area to inner rt (right) heel cont (continue) skin prep and heel protector."</p> <p>R12's Nurse's Note dated 2/16/16 documents, in part, "Large necrotic area to inner aspect RT heel</p>	F 314			

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F 314	Continued From page 5 remains." R12's TAR dated 2/17/16 documents, in part, "Bilateral heels soft/mushy skin prep applied dark area to inner R (right) ankle remains heel protector in place." R12's Nurse Note dated 2/22/16 documents, in part, "Skin prep to necrotic RT heel." R12's TAR dated 2/24/16 documents, "Tx's (treatment) continue, zero new areas." R12's TAR dated 3/2/16 documents, "zero new skin issues reported." R12's TAR dated 3/8/16 documents, in part, "Necrotic area inner Rt heel 5 cm x 3 cm oblong." R12's Nurses Notes dated 2/12/16 thru 3/7/15 have no documentation of right heel ulcer measurements. On 3/24/16 at 9:39 AM, E2 Director of Nurses (DON) stated, "I expect staff to assess and measure pressure ulcers on a weekly basis. We do not have a lot of in house acquired pressure ulcers so the nurses don't always remember to measure weekly." On 3/24/16 at 1:20 PM, E13 Registered Nurse (RN) stated, "(R12's) right heel wound is an unstageable pressure ulcer." On 3/24/16 at 1:30 PM, E2 stated, "We do not have a policy on unstageable pressure ulcers."	F 314			
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION	F 327			

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F 327	<p>Continued From page 6</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation interview and record review the facility failed ensure adequate fluid intake and accurately monitor fluid intake for 3 of 11 residents (R1, R6, and R7) reviewed for hydration in the sample of 19.</p> <p>Findings include:</p> <p>1. On 3/22/16, at 10:30 AM, during a tour of R1's room, her water pitcher was found to be empty. During the afternoon activity R1 sat in the common dining area. No fluids were offered during activities.</p> <p>On 3/22/16 at the noon meal, R1 took only 120 cubic centimeters (cc's) of her shake and 2 ounces (oz) of lemonade. No staff encouraged R1 to try and take more.</p> <p>The Minimum Data Set (MDS) dated 1/21/16 documents that R1 requires supervision when eating and is severely cognitively impaired.</p> <p>R1's Nutritional Assessment, dated 1/13/16, documents that R1 requires verbal cues, takes diuretics and requires 2250-2850 cc's of fluids per day. R1's fluid and food intake record for the past three months documents that R1 takes in less than 1/2 of her fluid requirement daily.</p> <p>The form titled "IDPH Notification of</p>	F 327		

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F 327	<p>Continued From page 7</p> <p>accident/Incident," which is dated 2/25/16 documents that when R1 fell and was transported to the hospital she was found to be dehydrated and required 1,000 cc's of fluids. R1's documented fluid intake for 13 days prior to the incident documents the three highest intake days 2/15-1080 cc's, 2/22-540 cc's and 2/23-480 cc's. The remainder of the days, the intake is below 500 cc's per 24 hours.</p> <p>2. On 3/22/16, at 10:30 AM, during a tour of R6 room, her water pitcher was found to have minimal warm water in it. During the afternoon activity R6 sat in the common dining area. No fluids were offered during activities.</p> <p>On 3/22 and 3/23/16 at the noon meal R6 took only bites of her food and sips of her shake and juice drink. Staff did not encourage her to drink her fluids.</p> <p>The MDS dated 1/14/16 documents that R6 is severely cognitively impaired and requires supervision for eating.</p> <p>The nutritional assessment date 10/13/15 documents that R6 takes in less that 50% of most meals, is at high nutritional risk secondary to multiple med's, large body size and decreased oral food and fluid intake. The fluid requirement for R6 is 2000-3000 cc's per 24 hours. A second nutritional assessment dated 1/26/16 documents that "oral intake has again been poor, and laboratory results indicate an elevated blood urea-nitrogen (BUN) and creatinine, and an elevated BUN/creatinine ratio may be secondary to inadequate hydration." Review of fluid intake for the past month documents that R6 only reached her fluid intake goal one day out of the</p>	F 327			

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F 327	<p>Continued From page 8 month.</p> <p>3. On 3/22/16, at 10:30 AM, during a tour of R7's room, her water pitcher was found to be empty.</p> <p>On 3/22 and 3/23/16 during the noon meal, R7 was constantly wandering around the dining area, moving from place to place. R7 would pick up and carry her dish with her and walk and refused to sit down. R7 did not carry any fluids with her, and wandered through out both meals. No staff encouraged her to drink fluids. During the afternoon activity R7 sat in the common dining area. No fluids were offered during activities.</p> <p>The MDS dated 3/15/16 documents that R7 is severely cognitively impaired and requires supervision for eating.</p> <p>The nutritional assessment dated 6/29/15 documents that R7 is a moderate nutritional risk due to med's and slight weight loss past 6 months. The recommended fluid intake is documented as 1800-2500 cc's per 24 hours. The most recent assessment dated 3/22/16 documents that R7 takes in 25-50% of her meals. Review of the meal and fluid intake documentation for the month of March indicates that R7 never reaches her recommended fluid intake and many meals refused food and fluids altogether.</p> <p>The facility policy titled Passing ice water to residents and Policy and Procedure Hydration, which are dated 6/1/11 document, "(Facility) shall provide each resident sufficient fluid intake, based on individual needs, to maintain proper hydration and health. On a daily basis, those services providing liquid nourishment shall</p>	F 327			

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F 327	<p>Continued From page 9</p> <p>accurately record the amount of fluids each resident was observed to ingest. Procedure includes keeping water at the bedside offer a glass of water every two hours using tea time, offer popsicles, jello sorbets in different forms."</p> <p>On 3/23/16 at 2:00 PM E3, Registered Nurse/Assistant Director of Nurses stated, "We have had trouble back here with staff accurately keeping track of intakes so those numbers may be wrong."</p> <p>3/24/16 at 10:00 AM E2, Registered Nurse/Director of Nurses stated, "The intakes may be wrong we have have trouble getting everyone to put in all of the numbers."</p>	F 327			