

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

PRINTED: 06/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2014
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081		
(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 315 SS=D	<p>Annual Licensure and Certification Survey 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow their toileting program for a resident who is incontinent. This applies to 1 of 2 residents (R9) reviewed for incontinence in the sample of 15.</p> <p>The findings include:</p> <p>R9's June 2014 Physicians Orders Sheet shows R9 has a diagnosis including Neurogenic bladder. R9 ' s 4/29/14 Minimum Data Set assessment shows he is occasionally incontinent and is on a toileting program.</p> <p>On 6/18/14 at 9:25 AM, R9 stated " Sometimes they take me to the bathroom sometimes they don ' t. I have big accidents at night, it ' s embarrassing. " R9 ' s Bowel and Bladder Program data sheets</p>	F 315			

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 315	Continued From page 1 dated from January to June 2014 shows many times that the toileting program was not carried out consistently. R9 was not woken up every two hours during the night to remind him to use the bathroom. R9 's July 2013 Care Plan shows R9 is on a " Bowel and bladder program and needs to be reminded to use the restroom during the night hours ...Staff will wake up (R9) every two hours during the night hours and remind him to use the bathroom... Staff will document on the bowel and bladder sheet ..." On 6/18/14 at 10:40 AM, E2 (Director of Nursing) said, R9 does have incontinence. I have counseled staff about taking R9 to the bathroom every 2 hours. On 6/18/14 at 11:05 AM, E7 (Certified Nursing Assistant) stated " Oh yeah, R9 is incontinent at night. "	F 315			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration,	F 322			

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F 322	<p>Continued From page 2</p> <p>metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that a resident with a gastrostomy tube (GT) received the recommended amount of calories to meet his nutritional needs. This applies to 1 of 1 resident (R10) reviewed with a gastrostomy tube in a sample of 15. The findings include: The Physician ' s Order Sheet dated June 2014 shows that R10 has diagnoses including Metastatic Oral Cancer and Schizophrenia. This same document states: Jevity 1.2 @ 1 can PO (by mouth) BID (twice a day), follow with/50ml water flush after feeding. Decrease Jevity 1 .2 to 6 cans/day with some water flush. 1 can at 10 AM and 1PM. On 6/18/14 at 12:50 PM, E6 (LPN- Licensed Practical Nurse) stated, " (R10) is getting one can (of Jevity) four times a day, 6AM, 10AM, 1PM and 7PM. " The Medication Administration Record (MAR) for June 2014 states, " Jevity 1.2 @ 1 can PO BID follow with 50 ml water flush after feeding. " The Jevity is scheduled for 10 AM and 1PM. E6 confirmed that the MAR does not show that R10 is receiving Jevity four times a day. A physician ' s telephone order written 5/5/14 states, " One can of tube feeding with every feeding. " The order does not show how many</p>	F 322			

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F 322	Continued From page 3 times per day the feeding is to be administered. R10 's Nutrition Risk Assessment dated 3/14/14 states, " TF (tube feeding): Jevity 1.2- 2 cans BID, 1 can BID. This provides 1710 kcals, 79 gm protein, 1350 ml water and 100% RDA (recommended daily intake). On 6/18/14 at 11:00 AM, E5 (Dietary Manager) stated, " I have nothing to do with that (tube feeding). I give him yogurt at lunch and dinner and that is all he gets from me- besides his fluids. " On 6/18/14 at 1:00 PM, E2 (Director of Nursing) stated, " I knew he would be under his caloric need just based on his size. I don ' t even need to figure it out. The doctor dropped the ball on that because he didn ' t order a dietary consult. We have had problems with our pharmacy too with orders not dropping off when new ones are written. The communication with dietary has been very poor because we are working with a contracted company and one dietician just left so now we have a new one. There are nurses that will be written up for not catching that. " R10 ' s weights for January 2014- June 2014 show that R10 has gone from 191 lbs to 183 lbs (8 lb weight loss). The facility policy entitled Gastric Tube Feeding via Syringe dated October 2010 states, " Verify that there is a physician ' s order for this procedure. "	F 322			
F 441 SS=E	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.	F 441			

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F 441	<p>Continued From page 4</p> <p>(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.</p> <p>(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 hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to ensure that staff change their gloves after removing a soiled wound dressing and before applying the clean dressing. The facility also failed to ensure that the staff wash</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>their hands after removing their gloves before providing care for another resident.</p> <p>This applies to 1 of 13 residents (R10) reviewed for infection control in a sample of 15 and 3 residents (R17, R18,R19) in the supplemental sample.</p> <p>The findings include:</p> <p>1. On 6/17/14 at 8:45 AM, E4 (LPN- Licensed Practical Nurse) removed the old dressing from the open wound on R17 ' s left middle finger. Without changing her gloves, E4 proceeded to apply a clean dressing to the same area and also applied a clean dressing to R17 ' s left index finger.</p> <p>On 6/17/14 at 10:10 AM, E4 removed the soiled dressing from around R10 ' s gastrostomy tube. Without changing her gloves, E4 proceeded to apply a clean dressing to the area.</p> <p>The facility policy entitled Dressing, Dry/Clean dated February 2014 states, " 7.Pull glove over dressing and discard into plastic or biohazard bag, 8. Wash and dry hands thoroughly. 13. Put on clean gloves. "</p> <p>2. On 6/17/14 at 12:00 PM, E4 performed a blood glucose check for R18. When finished, E4 removed her gloves, and without washing her hands, applied new gloves and proceeded to perform a blood glucose check for R19.</p> <p>The facility policy entitled Handwashing/Hand Hygiene dated April 2012 states, " Employees must wash their hands for at least 15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after performing any invasive procedure (e.g., fingerstick blood sampling)</p>	F 441			