

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY DRIVE EDWARDSVILLE, IL 62025		
(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 241 SS=D	<p>Annual Licensure and Certification Survey</p> <p>Complaint #1640409/IL82912: F241 and F309 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents were not exposed for 1 of 19 resident (R17) reviewed for dignity in the sample of 19 and two residents (R20 and R21) in the supplemental sample.</p> <p>Findings Include:</p> <p>1. R17's Physician Order Sheet for January 2016, documents, she has partial diagnoses of dementia and a displaced fracture of her left foot.</p> <p>On 01/28/2016 at 12:01 PM, Z2, R17's family member, stated on 01/07/2016 she entered the facility and R17's room. Z2 stated R17 was not in her room and the room was empty. Z2 stated R17 wasn't in the dining room. Z2 stated "I went to the nurse's station asking where (R17) was at. Someone said they thought she was in B Hall so I go to B Hall and find her still in her nightgown with a white flat sheet around her and tied into a shawl. (R17) would not be caught dead in her nightgown in public."</p>	F 241			2/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/17/2016

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 241	Continued From page 1 On 01/27/2016 at 2:50 PM, E16, Licensed Practical Nurse (LPN) stated she remembered Z2 approaching her and being upset about R17 being in her nightgown. E16 stated "(Z2) was asking me why (R17) was not dressed. There was a mix up with the clothes." 2. On 01/26/2016 at 9:25 AM, E7, Licensed Practical Nurse (LPN), entered Room R20's room and did not close the door behind her. She assisted R20 with toileting. As R20 left the bathroom and was returning to her bed from the hallway her bare back and buttocks were exposed to the hallway. 3. On 01/26/2016, from 12:45 PM to 1:13 PM, R21 was asleep on her bed. The door to her room was opened. R21 was lying on the bed with her lower abdomen and peri area exposed to the hallway. 01/26/2016 at 2:52 PM, E25, Registered Nurse (RN) stated, " Oh my!" and covered R21 up with a blanket and shut the door. E25 stated "(R21) was not interviewable and moves around alot in her bed. I did not know she was laying exposed like that or I would have covered her up earlier."	F 241			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,	F 309			2/26/16

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F 309	<p>Continued From page 2</p> <p>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: Based on interview and record review the Facility failed to maintain residents' highest physical well being by not following Physician's Orders (PO) for weight-bearing status for 1 of 3 residents (R17) reviewed for fractures in the sample of 19.</p> <p>Findings Include:</p> <p>R17 s Physician Order Sheet (POS) for January 2016 documents, R17's has partial diagnoses of dementia and a displaced fracture of her left foot.</p> <p>A Podiatrist Order, dated 01/05/2016 documents "non-weight bearing on left foot due to fracture and to reevaluate in six weeks."</p> <p>On 01/27/2016 at 12:01 PM, Z2, R17's family member, stated "(R17) was admitted with 2 stress fractures in her left foot and had orders from the doctor for non-weight bearing for that foot. (R17) wasn't supposed to be bearing weight on her foot. I came to the facility the next day and I was all over the place looking for (R17). I finally found her in the B Hall and she did not have any foot pedals. Her foot was not elevated and she was wheeling herself all over the hall and staff wasn't doing anything to stop her."</p> <p>On 01/28/2016 at 2:50 PM, E16, Licensed Practical Nurse (LPN) stated "I remember (R17) as she was only here a few days and (R17)'s</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>daughter was upset over some issues with her mom. (R17) was using her feet and hands and propelling herself all over the place. When the daughter came looking for her mom she could not find her and I told her I saw her mom in the B hall."</p> <p>On 01/28/2016 at 9:28 AM, Z1, Podiatrist, stated "When I say non-weight bearing, especially with a fracture, I expect no weight to be placed on that foot or feet, including propelling with the wheelchair. I would not expect that type of movement for that injury. No."</p> <p>On 01/29/2016 at 10:48 AM, E23, Physical Therapist stated" lif a Physician's Order stated 'non-weight bearing'" I would expect the foot to be elevated and on foot pedals. Sometimes one foot can be used when the other cannot. I would find out exactly from the doctor what was expected and clarification to ensure a fractured foot can or can not be used to propel oneself throughout the hospital."</p> <p>R17's Progress Note, dated 01/06/2016, at 4:08 PM documents "Resident likes to wander around the facility."</p> <p>R17's Progress Note, dated 01/06/2016, at 5:17 AM documents in part, "Resident propelling self in wheelchair. Attempts to bear weight without staff assistance."</p> <p>There was no documentation in R17's medical record documenting any interventions attempted by staff to discourage R17 from using her injured foot and not bearing weight. No documentation was present in the chart documenting R17 should not be bearing weight even with staff assistance.</p>	F 309			

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F 329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to provide medication and monitoring to justify the use of antipsychotic medications for 2 of 3 residents (R1, R15) reviewed for antipsychotic medications in the sample of 19.</p> <p>Findings include:</p>	F 329			2/26/16

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F 329	<p>Continued From page 5</p> <p>1. R1's Psychiatric Note, dated 1-15-2016, documented "Seroquel (an antipsychotic medication) 300 milligrams (mg) BID (twice a day)."</p> <p>R1's Care Plan, initiated 12-16-2015, documented that she received antipsychotic medications for, in part, a history of hallucinations.</p> <p>R1's Behavior Tracking Monthly Flow Sheets, dated January 2016, did not document that she was monitored for hallucinations or if the medication was effective in treating hallucination.</p> <p>R1's OBRA-I Initial Screen, dated 1-16-2015, documented that there was a reasonable basis to suspect a mental illness and that she had a history of outpatient mental health services and other indicators of mental illness.</p> <p>E18, Social Service Director, stated on 1-29-2016 at 9:54 AM, R1 was not being tracked for hallucinations as her consultant said not too.</p> <p>2. R15's diagnosis on the Physicians Orders, (PO), dated 1/25/16 documents she has a diagnosis of Psychosis with agitation. The physician order sheet (POS) documents "Risperdal 0.5 mg every morning."</p> <p>R15's Behavior tracking monthly flow sheet for January 2016 identifies behaviors tracking include Signs and symptoms of anxious repetitive movements. The behavior tracking flow sheet has 79 shifts documented, with signs and</p>	F 329			

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F 329	<p>Continued From page 6</p> <p>symptoms of anxious repetitive movements documented 8 out of 79 shifts on 1/1/16 through 1/27/16.</p> <p>On 1/26/16, at 12:44 PM, during mealtime, R15 was eating lunch. She had no agitation or psychotic behaviors.</p> <p>On 1/27/16, at 12:53 PM, during the lunch meal, R15 had no agitation or psychotic behaviors.</p> <p>On 1/28/16 at 11:56 AM, R15 was lying in bed with her eyes open. She was not displaying any agitation or psychotic behavior.</p> <p>On 1/28/16, at 11:58 AM, E13, CNA, stated R15 had no delusion or psychotic behaviors. E13 stated, "I think that she knows what is going on. She is just feisty."</p> <p>On 1/28/2016, at 11:59 AM, E10, CNA stated R15 did not display delusions or psychotic behaviors.</p> <p>The facility policy for Antipsychotic Medication Use, revised 02/2013, documents, "Antipsychotic medication therapy shall be used only when it is necessary to treat specific condition. 2. The attending Physician and other staff will gather and document information to clarify a resident's behavior, mood, function, medical condition, symptoms, and risks.</p> <p>8. Antipsychotic medication shall only be used for the following condition/diagnoses as document in the record, consistent with definition(S) in the Diagnostic and Statistical Manual of Mental Disorders (current or subsequent editions)."</p>	F 329			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			2/26/16

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F 371	<p>Continued From page 7</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure food is stored in a manner which prevents potential bacterial growth and contamination. This has the potential to affect all 91 residents in the facility.</p> <p>Findings include:</p> <p>1. The facility's Refrigerator/Freezer Temp (temperature) Log documents temperature readings from the outside thermometer and the inside thermometer. Both thermometers receive temperature readings from the inside condenser unit. The Log documents there were no temperatures recorded in the AM on 1/25/16. The Log documents the temperatures on 1/25/16 PM on the outside and inside of the walk-in refrigerator were 50 degrees F. The Log documents the temperatures on 1/26/16 AM on the outside of the refrigerator was 60 degrees F and the inside was 51 degrees F. The Log documents the temperatures in the PM of 1/26/16 was 51 degrees F on the inside of the refrigerator and 51 degrees on the outside of the refrigerator. The Log documents the only temperature of the</p>	F 371			

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F 371	<p>Continued From page 8 refrigerator on 1/27/16 was 62 degrees F.</p> <p>On 1/26/16, at 9:18 AM, E20, Certified Dietary Manager (CDM), stated, "The walk in temperature is going down now. We had to turn it off for 30 minutes to reset it. We are receiving our biggest order for the week right now."</p> <p>On 1/27/16 at 11:20 AM, inside the walk in cooler, E20 took temperatures of stored food items. E20 stated the Bologna was 58 degrees Fahrenheit (F), the cottage cheese was 56 degrees F, the thickened milk was 56 degrees F, and the boiled eggs were 56 degrees F. E20 discarded the cottage cheese only.</p> <p>On 1/27/16 at 12:09 PM, on the tray line prior to serving the residents meals, food temperatures were taken with a calibrated dial-type thermometer. The temperature of the bologna was 60 degrees F. The temperature of the thickened milk was 58 degrees F.</p> <p>On 1/27/2016, at 12:19 PM, the lunch service began. E22, Dietary Aide stated, "No I didn't take the temperatures of the cold food. The Cook had the thermometer." At 12:38 PM, E22 started to make a sandwich from the bologna to serve a resident. E20 stated, "Don't serve that (bologna) until I take the temperature. The bologna is 59 degrees F, the thickened milk is 60 degrees F., portioned glasses of milk 59 degrees F."</p> <p>On 1/27/2016, at 2:10 PM, E20 stated, "We monitor the walk-in refrigerator temperature but not the food temperature. I think the temperature starting going up late yesterday. (E1, Administrator) called the kitchen equipment repair company this morning for someone to repair the</p>	F 371			

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F 371	<p>Continued From page 9</p> <p>walk in. We are on hold with the food in the refrigerator."</p> <p>On 1/27/2016, at 2:12 PM, food temperatures of left over food stored in the walk in refrigerator were as follows: The Mac Noodles dated 1/26/16 to be use by 2/1/16 was 60 degrees F; the Beef Stew, dated 1/25/16 was 60 degrees F; the carrots, dated 1/26/16, was 60 degrees F; the stewed tomatoes, dated 1/24/16, was 60 degrees F; the sausage, dated 1/28/16, was 60 degrees F; the rice pilaf, dated 1/24/16, was 58 degrees F; the baked chicken, dated 1/26/16 used by 2/1/16, was 60 degrees F; the, Mango Salsa prep (prepared), dated 1/22/16 use by 1/25/16, was 58 degrees F; the undated boiled eggs were 58 degrees F; the undated Bologna was 58 degrees F. Food temperatures of food items in original containers stored in walk in refrigerator were as follows: 2 full cases of Scrambled Egg Mix with a label "Keep Refrigerated at 32 degrees F - 40 degrees F" was 52 degrees F; yogurt was 60 degrees F; a 15 pound case of bacon was 50 degrees F; Six 5 pound bags of cheddar cheese blend were 58 degrees F.</p> <p>The facility's menu was reviewed. The following items were served at the following meals and stored in the refrigerator: 1/24/16 Breakfast menu documented Juice, eggs bacon and milk; 1/24/2016 Dinner menu documented Rice Pilaf and Stewed tomatoes; 1/25/16 Breakfast documented juice, sausage gravy and milk; 1/25/16 Dinner documents Beef Stew and Milk; 1/26/16 Breakfast documents Juice, Scrambled Eggs with Cheese and Milk; 1/26/16 Dinner Marinated Chicken, Macaroni and Cheese, and Milk; 1/27/16 Breakfast Juice and Milk; breakfast 1/27/16 Juice, and Milk.</p>	F 371			

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F 371	<p>Continued From page 10</p> <p>On 1/27/2016, at 2:30 PM, E19, Maintenance Director, stated,"(E1, Administrator) called the first time at 11:50 AM on 1/26/16 to tell me the temperature of the walk in was rising fast. I got another call from (E1), Administrator, last night about 5:00 PM that the walk in was not working. I came in a took a look and knew there was nothing I could do. So I called (Refrigeration Repair Company) between 5:15 PM - 5:30 PM last night. I told (E24), Cook that I had made the phone call and they (Refrigeration Repair Company) would be here 1/28/16. That would be the earliest they could get to us. I did not know the temperatures were coming up before. They said they defrosted (the walk in) by shutting it off for 5-10 minutes to defrost. I thought with the door closed the food would be okay."</p> <p>On 1/27/2015, at 2:40 PM, E20 stated "Yesterday we didn't have any other refrigerator because on 1/24/16 we unplugged the milk cooler due to a drip in the leaking ceiling. We only have one refrigerator and one milk cooler. I didn't monitor the food temperatures. I think the temperatures started to go down on Saturday they called me at home."</p> <p>On 1/27/2016, at 2:42 PM E24,Cook, stated "I have worked here a year. Every 6 months or so we have to shut the (walk-in) cooler on and off until it gets completely thawed out for the temperatures to be right."</p> <p>On 1/28/16 (Refrigeration Repair Company) statement documents in part, replaced bad condenser on walk in cooler.</p> <p>The facility policy entitled, "Food Preparation and</p>	F 371			

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F 371	<p>Continued From page 11</p> <p>Service" dated Revised November 2010, documents in part, "Cooking and Holding Temperatures and Times, 1. The "danger zone" for food temperatures is between 41 degrees and 135 degrees Fahrenheit (F). This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness. 2. Potentially hazardous foods (PHF) include meats, poultry, seafood, cut melon, eggs, milk, yogurt and cottage cheese.</p> <p>The facility policy, dated revised December 2008, entitled "Food Receiving and Storage" documents in part, "Foods shall be received and stored in a manner that complies with safe food handling practices.</p> <p>8. Refrigerated foods must be stored at or below 40 (degrees) F unless otherwise specified by law.</p> <p>11. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the Food Service Manager or designee and documented according to state-specific requirements."</p> <p>The facility policy entitled "Refrigerators and Freezers" dated Revised December 2008, documents in part, "This facility will ensure safe refrigeration and freezer maintenance, temperatures, and will observe food expiration guidelines.</p> <p>1. Acceptable temperatures should be 35(degrees) F to 40 (degrees) F for refrigerators and less than 0 (degrees) F for freezers.</p> <p>2. Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures.</p> <p>3. Monthly tracking sheets will include time, temperature, initials, and "action taken."</p> <p>4. Food Service Supervisors or designated</p>	F 371			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY DRIVE EDWARDSVILLE, IL 62025		
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F 371	<p>Continued From page 12</p> <p>employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening.</p> <p>5. The supervisor will take immediate action if temperatures are out of range. Actions necessary to correct the temperatures will be recorded on the tracking sheet, including the repair personnel and/or department contacted.</p> <p>8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates. Supervisors should contact vendors or manufacturers when expiration dates are in question or to decipher codes.</p> <p>9. Supervisors will inspect refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs will be initiated immediately. Maintenance schedules per manufacturer guidelines will be scheduled and followed."</p> <p>2. On 1/26/16 at 9:25 AM, in the main kitchen, two drain lines from the ice machine extended into the metal collar on the floor drain.</p> <p>On 1/27/16, at 3:48 PM, E19 stated, "The drains on the ice machine go into the go into the floor drain the entire height of the funnel on the floor drain."</p> <p>On 1/29/16 at 10:30 AM, E21, Cook, stated "The ice machine in the kitchen is used for all drinks for meals and snacks. If the nurses ice machine breaks down then they use this ice machine for the drinks in the residents rooms, too."</p> <p>3. The facility Resident Census and Conditions of Residents, CMS form 672, dated 1/26/16,</p>	F 371			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 371	Continued From page 13	F 371			
F 425 SS=D	documents that the facility had a census of 91 residents living in the facility. 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. 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 properly sign out narcotics, dispose of medication, and administer medication as ordered by physician for 1 of 19 residents in sample (R8) and 2 residents (R16 and R22) in the supplemental sample. Findings include:	F 425			2/26/16

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 425	<p>Continued From page 14</p> <p>1. R16's Physician's order, dated 1/12/16 documents R16 should receive Vicodin 5/325 1 tab,(Hydroc/APAP 5/325), twice daily, (bid), 1 by mouth every six hours for pain.</p> <p>On 1/28/16 at 10:23 AM the "Controlled Substance Count Sign Out Sheet" documents 22 doses of Vicodin 5/325, (Hydroc/APAP 5/325). The blister pack which contained R16's Vicodin contained 21 tablets.</p> <p>On 1/28/16 at 10:58 AM E3 Assistant Director of Nurses, (ADON), confirmed that there was only 21 doses of Vicodin in the blister pack and the sign out sheet documented 22.</p> <p>2. R22's Physician's Order, dated 12/19/15 documents Tramadol HCL 50 milligrams (mg), 2 tabs by mouth every six hours as needed for pain.</p> <p>On 1/28/16 at 10:23 AM the "Controlled Substance Count Sign Out Sheet" documents Tramadol HCL 50 mg tablets documented 6 tablets as given.</p> <p>On 1/28/16 at 10:23 R22's blister pack for the Tramadol HCL 50mg tablets contained 4 tablets.</p> <p>E16, Licensed Practical Nurse confirmed on 1/28/16 at 10:51 AM that the controlled medications should be signed out as they are being administered to each resident.</p> <p>On 1/28/16 at 10:58 AM E3 Assistant Director of Nurses, (ADON), confirmed that there was only 4 doses of Tramadol HCL 50mg tablets in the blister pack and the sign out sheet documents 6.</p>	F 425			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 425	Continued From page 15 3. On 1/28/16 at 9:20 AM 12 unidentified pills were observed loose in the drawer of the B-Wing medication cart. E13 LPN confirmed that there were 12 unidentified pills loose in the medication cart. On 1/29/16 at 2:02 PM E2, Director of Nurses stated the facility had no policy for disposing of unused medications. 4. R8's Physician Order, dated 5-29-2015, documented administer "Pantoprazol DR 40mg* Protonix 40mg tablet EC (enteric coated) take 1 tablet by mouth twice a day." R8's Medication Administration Record, dated 1-1-2016 to 1-31-2016, documented he was administered his Protonix only once a day from 1-6-2016 to 1-25-2016. E26, Licensed Practical Nurse, stated, on 1-27-2016 at 2:50PM, R8's order for Protonix had not changed and it was to be administered twice a day. E2, Director of Nursing, stated, on 1-27-2016 at 2:55PM, R8 definitely should have received his medication as ordered and that medication error(s) had occurred as R8 was not administered his Protonix as ordered. The facility's Administering Medications policy and procedure, dated 10-6-2015, documented, in part, "Medications shall be administered in a safe and timely manner, as prescribed, and documented properly."	F 425			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	F 428			2/26/16

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 428	<p>Continued From page 16</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to act on Pharmacist's recommendations for 1 of 19 residents (R11) reviewed for medication regimen in the sample of 19.</p> <p>Findings include:</p> <p>R11's Physicians Order Sheet (POS) dated 1/01/16 through 1/31/16 documents in part, Valproic Acid originally ordered 10/27/14, Lantus (Insulin) originally ordered 11/05/14, and Lasix originally ordered 11/25/14.</p> <p>On 1/28/16, R11's Medication Administration Record (MAR) dated 1/1/16 through 1/31/16 documents in part, Lasix 10 milligrams (mg) was administered daily at 6:00 AM January 1 through January 28, 2016; Valproic Acid 250 mg administered at 6:00 AM, 11:00 AM, and 4:00 PM daily January 1 through January 28, 2016; Lantus Insulin was administered at 8:00 PM daily.</p> <p>R11's "Note to Attending Physician/Prescriber"</p>	F 428			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 428	<p>Continued From page 17</p> <p>written by Z4, Consultant Pharmacist, dated 10/27/15 documents: "(R11) is receiving Lantus. She has no monitoring for this at all and has not had an A1c (Hemoglobin A1C- a lab test that measures the glucose levels for the preceding 20 to 3 months) checked in at least 9 months. Consider checking an A1c (one time) just to ensure her dose is appropriate." Physician/ Prescriber Response checked "agreed" and signed.</p> <p>R11's "Note to Attending Physician/Prescriber" by Z4, dated 1/11/16 documents: "(R11) does not have routine labs scheduled. Consider scheduling labs: Depakote level (every) six months (Depakote) A1c (Hemoglobin A1C) (every six months (Lantus) (Complete Metabolic Panel) (every) six months (Lasix) (Complete Blood Chemistry) (every) six months (Depakote) Physician/Prescriber Response checked agree, "ok" and signed."</p> <p>On 1/26/16 at 9:05 AM, R11 was in her bed sleeping. On 1/26/16 at 12:02 PM R11 was lying in her bed sleeping. On 1/26/16 at 1:33 PM, R11 was lying in her bed sleeping. On 1/27/16 at 9:05 AM R11 was lying on her back sleeping.</p> <p>On 1/26/16 at 9:15 AM E3 Assistant Director of Nursing (ADON), stated " (R11) is non-verbal, depends on staff for total care and is incontinent of bowel and bladder."</p> <p>On 1/27/16 at 9:30 AM, E27, Certified Nurse's Aide (CNA) stated, "(R11) sleeps all the time. She even sleeps through the showers."</p>	F 428			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 428	<p>Continued From page 18</p> <p>On 1/29/16 at 1:55 PM, E2, Director of Nursing (DON), stated "I don't find the labs in (R11)'s chart. If her Depakote levels are high or the blood sugar is not within range it could be very bad for her."</p> <p>On 1/29/16 at 2:00 PM, E16 Licensed Practical Nurse (LPN), stated "I can't remember ordering any labs for (R11)."</p> <p>The facility's undated policy on "Pharmacy Medication Regimen Review" documents in part, "Policy Statement. The requirement for medication regimen review applies to all residents. This review may prevent medication errors due to drug-drug interactions, omissions, duplication of therapy or miscommunication during the transition from one team of care providers to another. Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. The Pharmacy Medication Regimen Review is a communications and evaluation tool for use between members of the clinical team to facilitate safe practices. 2. The clinical nurse or clinician initiates the Review by documenting pertinent information in the top half section of the form and faxes to pharmacy. 3. The clinical pharmacist reviews condition concerns and reviews resident's medication regiment to identify any potential causes/concerns. 4. The pharmacist then faxes recommendations back to the facility. 5. The clinical nurse then reviews recommendations and contacts physician for further orders. 6. The physician signs Medication Regimen 	F 428			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 428	Continued From page 19 Review when reviewed.	F 428			
F 441 SS=F	7. Any new orders regarding Regimen Review must be via written telephone order process." 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 hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and	F 441			2/26/16

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 20</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, interview and record review the Facility failed to follow facility's policy and accepted standards of practice for handwashing and isolation precautions to prevent the spread of infection. This has the potential to affect all 91 residents living in the facility.</p> <p>Findings Include:</p> <p>1. R12 's Admission Sheet documents he was readmitted from the hospital on 01/15/2016. His original Admission Orders, dated 01/04/2016, document R12 was positive for Clostridium difficile (C-diff). According to the lab results c-diff " is known to produce a higher number of spores and toxins and has been identified as a cause of hospital outbreaks worldwide. "</p> <p>R12's Interim Care Plan, dated 01/15/2016, documents R12 has C-diff and is on contact isolation.</p> <p>R12's Physician Orders dated 01/24/2016 an order was placed to obtain a stool sample for C-diff.</p> <p>On 01/26/2016 at 9:30 AM, during the initial tour</p>	F 441			

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

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FORM APPROVED
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F 441	<p>Continued From page 21</p> <p>of facility there was nothing regarding contact isolation posted on R12's door. There was no Personal Protective Equipment (PPE) outside his room or sign alerting visitors or family members of R12 being in contact isolation. There were 7 wheelchairs, resident equipment and clothing being stored in the unused portion of R12's room.</p> <p>On 01/26/2016 at 11:52 AM, E2, Director of Nursing (DON) stated (R12) was originally in the B Hall on contact isolation this morning but just recently the facility has received a report from the doctor (R12) has now been cleared for C-diff and is no longer indicated to be on contact isolation.</p> <p>On 01/26/2016 at 2:50 PM, E11, Licensed Practical Nurse (LPN) stated " (R12) was on contact isolation for c-diff I think he came off of isolation today. "</p> <p>On 01/26/2016 at 2:42 PM, E9, Certified Nursing Assistant (CNA) stated "I am aware (R12) was on contact isolation but I am not sure why he was on contact isolation just knew he was on contact isolation. The equipment in his room is used whenever physical therapy or anyone else in the building is in need of it. We just move the equipment out as needed."</p> <p>On 01/26/2016 at 2:45, E10, CNA, stated the equipment in R12's room is removed whenever physical therapy or anybody else is in need of it.</p> <p>On 01/29/2016 at 11:30 AM, E2 stated "I am not sure why (R12) did not have a sign on the door.</p>	F 441			

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

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F 441	<p>Continued From page 22</p> <p>Tthe isolation sign should be put on the door of any resident suspected or confirmed of a infection that is contagious and or diagnosis. The nurse who suspects anything is supposed to report it to (E3, Assistant Director of Nurse's, ADON) immediately. The incident with (R12) occurred on a weekend with (E14, LPN) and there was a breakdown of communication. I am not sure why it happened but we are looking into to make sure it never happens again."</p> <p>On 01/29/2016 at 11:30 PM, E14 stated "(R12) had loose stools and I notified the physician as (R12) was running a fever and had a history of C-dff. (R12) has just returned from the hopsital as he had a procedure involving a fecal transplant. The doctor had taken him off isolation for C-diff and then I obtained the labs and stool as I was not sure whether he did or did not have C-diff. I wanted to be safe and get the sample. I should have put the sign on the door for isolation."</p> <p>On 01/26/2015 at 11:45 PM, an unsupervised housekeeping cart was sitting in the middle of R12's room.</p> <p>On 01/26/2016 at 1:00 PM, the housekeeping cart and storage and supplies were observed. They contained wipes used in the facility for isolation are effective in the case of c-diff. The mop cleaner identified by three housekeeping staff E4, E5 and E8 as used when cleaning the floors of contact isolation rooms did not document the cleaner was registered disinfectant with a sporicidal claim for environmental surfaces</p>	F 441			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY DRIVE EDWARDSVILLE, IL 62025		
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F 441	<p>Continued From page 23 disinfection for C-diff.</p> <p>On 01/27/2016 at 8:50 AM, E4, Housekeeping, stated there was no bleach added to the mop bucket for rooms that were isolated with C-diff. A cleaner was added to the mop bucket but it was the same cleaner for all rooms. She stated she was not sure if it killed C-diff.</p> <p>On 01/27/16 at 9:05 AM, E5, Housekeeping stated they did not add bleach to the mop buckets when cleaning rooms on isolation or rooms with possible C-diff and they used the same cleaner for the floors for all rooms but changed the mop head. The cleaner used for the mopping of floors for c-diff was identified as Top Clean Arsenal.</p> <p>On 01/27/2016 at 1:00 PM, E8, Housekeeping Supervisor, states all rooms were wiped down with hospital grade bleach wipes. E8 stated "No bleach is added to the mop buckets and I'm not aware if the product we are using will kill C-diff." E8 also states that the carts are normally kept in the hallways. E8 stated "(R12) had to be moved immediately from his original room and I had gotten (R12) out of his room and moved his things into the new room. I then saw later that he was on contact isolation. I did not know realize at the time (R12) was on contact isolation when I placed the cart inside the room and moved his items. Later I found he had been cleared and was no longer on contact isolation."</p> <p>The Material Safety Data Sheet for the floor cleaner , issue date 12/18/2014, documents the</p>	F 441			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 441	<p>Continued From page 24</p> <p>primary disinfectant agent in the cleaner is listed as alcohols, c9-11, ethoxylated and is not a registered disinfectant with a sporicidal claim for environmental surfaces disinfection for C-diff.</p> <p>On 1/27/2016, the Infection Control Log for January 2016 was reviewed. R12 was not listed on the Log as having C-diff.</p> <p>On 01/28/2016 at 3:08 PM, E3, Assistant Director of Nursing (ADON) stated " I in charge of the Infection Control Log Book. (R12) entered the facility and was immediately isolated because he had c-diff and he was going out for a fecal implant. When he came back he was immediately put on isolation for the c-diff. Recently he had a stool sample for suspected c-diff and he should have been put in the log but I just missed him. I forgot to transmit the information on the log. "</p> <p>Facility Policy for Contact Precautions dated Revised January 2012 documents, in part, "(8) Signs- The facility will implement a system to alert staff to the type of precaution resident requires for contact isolation. In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with the environmental services or resident-care items in the residents environment."</p>	F 441			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 441	<p>Continued From page 25</p> <p>2. On 01/27/16 at 7:55 AM, E7, LPN gave R25 her medications in the dining room. E7 returned to her medication cart, which was located in the hallway outside of the dining room. E7 did not wash or sanitize her hands. At 8:05 AM E7 rolled her medication cart down the hallway to R26's room. E7 then knocked on R26's door, and informed R26 that she was ready to give R26 her insulin. E7 drew up 15 units of novolog insulin and then donned gloves. E7 gave R26 insulin in her right abdomen. Prior to administration of R26 insulin, E7 did not wash her hands.</p> <p>On 01/29/16 at 9:40 AM E2 Director of Nursing Stated "Yes. I expect my nurses to sanitize their hands in between giving residents their medications."</p> <p>The facility's Hand washing/Hand Hygiene Policy, dated 2001(Revised April 2012), documents Policy Statement as "The facility considers hand hygiene the primary means to prevent the spread of infections."</p> <p>3) During a medication pass, on 1-27-2016 at 11:45 AM, E16, LPN, removed a stethoscope from her medication cart, cleaned it with alcohol wipes and entered R11's room. E16 stated R11 was in contact isolation for "MRSA (Methicillin resistant Staphylococcus aureus)" of her heel. E16 placed the stethoscope on R11's bare skin and checked gastronomy placement prior to medication administration. E16 did not use the stethoscope which was on R11's feeding</p>	F 441			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 26</p> <p>machine. R11 returned to her cart and cleaned the stethoscope with alcohol wipes.</p> <p>E2 stated, on 1-29-2016 at 12:00 PM, E16 should have use the stethoscope that was in R11's room and not from her medication cart. E2 state E16 should have cleaned the stethoscope she used with Dispatch and not alcohol wipes. E2 stated she did not have a policy and procedure for cleaning the stethoscope.</p> <p>4. R6 is identified from the undated electronic medical records with diagnoses of Peripheral Vascular Disease, Type 2 Diabetes, Osteomyelitis, and Muscle Weakness.</p> <p>On 1/27/16 at 3:10 PM E25, Registered Nurse, (RN), entered R6's room to change the daily dressing to R6's left dorsal foot. E25 removed the dressing from R6's left dorsal foot which had a moderate amount of reddish brown drainage. After cleaning the wound on the left heel with wound cleanser and applying Aquacel, E25 placed R6's foot directly on the uncovered mattress while leaving the bedside to wash hands. E25 then returned to the bedside, picked up R6's foot from the mattress applied gauze, a kling dress, then dated the dressing. She did not sanitize the mattress after the dressing.</p> <p>On 1/27/16 at 3:30PM E25 confirmed that R6's left heel was on an uncovered mattress with the wound directly on the mattress.</p> <p>5. R2's Minimum Data Set, (MDS), dated 1/13/16 documents that R2 is incontinent of urine and requires assist for toileting.</p>	F 441			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 27</p> <p>On 1/26/16 at 1:43 PM, E10 and E12, CNAs, transferred R2 to bed with a gait belt. E12 removed R2's pants and urine soaked adult briefs. E12 then pulled the sheet on the bed to cover R2 without changing her soiled gloves. E12 left the room without changing gloves and washing hands, walked to the laundry cart for linens, then returned to R2's room. E12 performed incontinent care to R2 without changing gloves and put R2 on bedpan. E12 left the room without washing or sanitizing hands, pulled open the closed door with gloved hands. E12 left the room without changing gloves, walked to the linen cart to obtain more linen.</p> <p>6. R3's MDS dates 1/13/16 documents that R3 is dependent on staff for eating.</p> <p>R15's MDS dated 1/12/16 documents that R15 is dependent on staff for eating.</p> <p>On 1/26/16 at 12:37 PM, E10 was feeding R3. While E10 was feeding R3, E10 took a napkin to wipe spilled food from her hand. E10 reached across the table without washing or sanitizing hands and picked up the spoon for R15. At 12:50 PM, E10 took a napkin and wiped off the spoon of R15, E10 then without washing or sanitizing hands resumed feeding R3. At 12:59 PM E10 was holding hands with R3 then reached across the table to pick up R15's glass by the rim and helped R15 to take a drink. At 1:07 PM, E10 scratched her head then picked up R3's glass and placed the straw into R3's mouth. E10 did not use hand sanitizer or wash her hands throughout meal on 1/26/16 from 12:37 PM until 1:07 PM.</p>	F 441			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 441	Continued From page 28 The facilities Hand washing/Hand Hygiene Policy dated 2001(Revised April 2012) documents Policy Statement as "The facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and implementation: 1. All personnel shall be trained and regularly in-services on hand hygiene in preventing the transmission of healthcare-associated infections, 2. All personnel shall follow the hand washing/hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 5. Employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: c. Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice); f. Before and after eating or handling food (hand washing with soap and water); n. Before and after assisting a resident with toileting (hand hand washing with soap and water); r. After handling soiled or used linens, dressings, bedpans, catheters and urinals s. After handling soiled equipment or utensils" 7. The facility's Resident Census and Conditions of Residents form, CMS 672, dated 1/26/2016, documents the facility had a census of 91.	F 441			
F 456 SS=F	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	F 456			2/26/16

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2016
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F 456	<p>Continued From page 29</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain the walk in refrigerator in the main kitchen in safe operating condition. This has the potential to affect all 91 residents in the facility.</p> <p>Findings include:</p> <p>The Facility's Refrigerator Temperature Log documents on the AM and PM shift of 1/25/16, the temperature in the walk-in refrigerator was 50 degrees Fahrenheit (F). The Log documents on 1/26/2016 AM shift, the temperature reading on the outside thermometer of the walk-in refrigerator was 60 degrees F and the internal thermometer was 50 degrees F. The Log documents the temperature on the outside and inside of the refrigerator on the PM shift of 1/26/2016 was 51 degrees F. The Log documents the temperature of the refrigerator on 1/27/2016 AM shift was 62 degrees F.</p> <p>On 1/26/16 at 9:18 AM, E20, Certified Dietary Manager (CDM), stated, "The walk in (refrigerator) temperature is going down now we had to turn it off for 30 minutes to reset it. We are receiving our biggest order for the week right now."</p> <p>On 1/27/16 at 11:20 AM, inside the walk in refrigerator, E20 took temperatures of stored food items and E20. Temperatures of multiple food items including bologna, cottage cheese, thickened milk and boiled eggs measured between 56 degrees Fahrenheit (F) and 58 degrees F.</p>	F 456			

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

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F 456	<p>Continued From page 30</p> <p>On 1/27/16 at 2:10 PM, E20 stated, "We monitor the walkin refrigerator temperature but not the food temperature. I think the temperature starting going up late yesterday. (R1, Administrator) called the kitchen equipment repair company this morning for someone to repair the walk in. We are on hold with the food in the refrigerator."</p> <p>On 1/27/16, at 2:12 PM, food temperatures of left over food stored in the walk in cooler was measured with a calibrated dial-type thermometer. The temperatures of the food items ranged from 50 degrees F to 60 degrees F.</p> <p>At 2:30 PM, E19, Maintenance Director, stated,"(E1, Administrator) called the first time at 11:50 AM on 1/26/16 to tell me the temperature on the walk in was rising fast. I got another call from (E1), Administrator, last night about 5:00 PM that the walk in was not working. I came in a took a look and knew there was nothing I could do. So I called (Refrigeration Repair Company) between 5:15 PM - 5:30 PM last night. I told (E24), Cook that I had made the phone call and they (Refrigeration Repair Company) would be here 1/28/16. That would be the earliest they could get to us. I did not know the temperatures were coming up before. They said they defrosted (the walk in) by shutting it off for 5-10 minutes to defrost. I thought with the door closed the food would be okay."</p> <p>On 1/27/16, at 2:40 PM, E20 stated "Yesterday we didn't have any other refrigerator because on 1/24/16 we unplugged the milk cooler due to a drip in the leaking ceiling. We only have one refrigerator and one milk cooler. I didn't monitor the food temperatures. I think the temperatures</p>			F 456			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 456	<p>Continued From page 31 started to go down on Saturday they called me at home."</p> <p>On 1/27/16, at 2:42 PM, E24,Cook, stated "I have worked here a year. Every 6 months or so we have to shut the (walk-in) cooler on and off until it gets completely thawed out for the temperatures to be right."</p> <p>On 1/28/16 (Refrigeration Repair Company) statement documents in part, replaced bad condenser on walk in cooler.</p> <p>The facility policy entitled "Refrigerators and Freezers", revised December 2008, documents in part, "This facility will ensure safe refrigeration and freezer maintenance, temperatures, and will observe food expiration guidelines.</p> <ol style="list-style-type: none"> 1. Acceptable temperatures should be 35(degrees) F to 40 (degrees) F for refrigerators and less than 0 (degrees) F for freezers. 2. Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures. 3. Monthly tracking sheets will include time, temperature, initials, and "action taken." 4. Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening. 5. The supervisor will take immediate action if temperatures are out of range. Actions necessary to correct the temperatures will be recorded on the tracking sheet, including the repair personnel and/or department contacted. 8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates. Supervisors should contact vendors or manufacturers when 	F 456			

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

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F 456	<p>Continued From page 32</p> <p>expiration dates are in question or to decipher codes.</p> <p>9. Supervisors will inspect refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs will be initiated immediately. Maintenance schedules per manufacturer guidelines will be scheduled and followed. The undated facility policy entitled, "Dietary Sanitation" documents in part, "Policy: It is the practice of this facility to assure that dietary is clean and sanitized and that food is prepared and stored appropriately. Protocol: 4. Foods are to be stored properly in accordance with regulatory guidelines.</p> <p>10. Temperatures should be logged related to food temperatures in accordance with the guidelines. Food is to be maintained and served at the appropriate temperatures in accordance with the regulations."</p> <p>2. The facility Resident Census and Conditions of Residents, CMS form 672, dated 1/26/16, documents that the facility had a census of 91 residents living in the facility.</p>	F 456			