

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: 145571	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2015
NAME OF PROVIDER OR SUPPLIER CEDAR RIDGE HEALTH REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET LEBANON, IL 62254		
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F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225		2/5/16	

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

TITLE

(X6) DATE

12/23/2015

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 225	Continued From page 1 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to investigate an incident of theft for 1 of 3 (R18) reviewed for abuse in the sample of 19. Finding includes: The Resident Council Meeting Minutes notes dated 3/10/2015 documents, "Resident stated her credit card was taken out of her wallet and put back after two charges were made." This document also documents that E1, Administrator, was present during the meeting. On 12/2/2015 at 4:30 PM, E1stated, "(R18) stated in group meeting that her credit card was stolen and purchases were made and then the card was put back into her wallet. I kept (R18) after the meeting so I could talk to her about her credit card. (R18) told me it was a closed matter, the credit card company had been notified and the charges were taken care of and that her son was taking care of it." E1 further states, "(R18) refused to tell me when this incident happen. Since she recanted the story, I did not investigate the incident or report it to the Illinois Department of Health."	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents	F 226		2/5/16	

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F 226	<p>Continued From page 2 and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Facility failed to operationalize its abuse policy and procedure by notifying the Department immediately and conducting an investigation regarding an allegation of theft for 1 of 3 (R18) reviewed for abuse in the sample of 19.</p> <p>Findings include:</p> <p>The facility's policy and procedure "ABUSE PREVENTION, INTERVENTION, INVESTIGATION, & CRIME REPORTING POLICY" dated 12/2015 documents, in part, " Investigation: The facility will complete a Verification of Incident Investigation giving a brief description of the allegation, summary of findings, follow-up actions taken and notifications made. Reporting: The facility Administrator, or designee, will immediately, or as soon as practically possible within 24 hours of receiving an allegation or forming a suspicion, report the instance of abuse, neglect, or misappropriation of resident property to the local ombudsman or local law enforcement agency and to the Department of Health Services (or appropriate state agency) as required by law. The facility Administrator, or designee, shall report the findings of the internal investigation to officials in accordance with state law, including to the state survey and certification agency, with five working days of the incident. Staff must report a suspicion of a crime to the state survey agency and at least one local law enforcement entity within a designated time frame</p>	F 226			

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F 226	Continued From page 3 by e-mail, fax or telephone." On 12/2/2015 at 4:30 PM, E1, Administrator, stated, "(R18) stated in group meeting that her credit card was stolen and purchases were made and then the card was put back into her wallet." E1 stated, "I kept (R18) after the meeting so I could talk to her about her credit card. (R18) told me it was a closed matter, the credit card company had been notified and the charges were taken care of and that her son was taking care of it." E1 further states, "(R18) refused to tell me when this incident happen. Since she recanted the story, I did not investigate the incident or report it to the Illinois Department of Health."	F 226			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to provide daily personal hygiene needs for 3 of 19 residents (R6, R10 and R11) reviewed for personal daily hygiene needs in the sample of 19 residents. Findings include: 1. R10's Minimum Data Set (MDS), dated 10/13/15 documents R10 requires extensive assistance with daily personal hygiene.	F 312		2/5/16	

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F 312	<p>Continued From page 4</p> <p>R10's Physician's Order Sheet (POS) documents original order date of 2/28/15 with renewal date 10/27/15 as "Swab resident mouth with (antiseptic mouth wash) two times daily (BID) and resident to have teeth brushed three times daily (TID), for diagnosis of other specified prophylactic or treatment measure."</p> <p>The Care Plan for R10 dated 4/17/15, documents "Self-Care deficit as evidenced by: Needs extensive assistance with activities of daily living (ADLs) related to cerebral vascular accident (CVA), hemiparesis - left, weakness. Goal (in part) - (R10) will participate with ADLs daily and ADL status will return to previous leave of care by target date. (R10) will be clean, dry, well-groomed through review date. Intervention/Tasks: Brush teeth TID, Swab Mouth BID."</p> <p>On 12/02/2015 at 3:45 PM, R9 was in bed while E11, Licensed Practical Nurse (LPN) administered a medication via R10's gastrostomy tube. R10's teeth were heavily coated with food debris. R10's breath had a severely foul odor.</p> <p>On 12/3/15, at 11:40 AM, E12, Certified Nurses Assistant (CNA), wheeled R10 in wheel chair to the sink in R10's room. E12 put toothpaste on R10's toothbrush. E12 stated, "Today we are going to brush your teeth early." E12 handed R10 his tooth brush. R10 brushed 2 times on lower front teeth, 2 times on lower left teeth, and 2 times on lower right teeth. E12 gave R10 a cup of water. R10 rinsed his mouth and spit two times. E12 wiped R10's mouth with a towel. Food debris remained on R10's teeth.</p>	F 312			

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F 312	<p>Continued From page 5</p> <p>On 12/3/15 at 3:15 PM, E2 Director of Nursing (DON), stated the reason for R10's order for brush teeth three times a day and antiseptic mouth wash swab twice daily is due to history of gum scaling and abscesses.</p> <p>On 12/3/15 at 11:40 AM, R10 stated "I brush my teeth once a day or maybe some days twice a day. No one does anything else to my mouth."</p> <p>On 12/3/15 at 1:26 PM, R10 states, "No one swabs my mouth with (antiseptic mouth wash). I don't have any (antiseptic mouth wash)."</p> <p>On 12/3/15 at 3:31 PM, E10, CNA , states, "I work on evening shift usually on Rosebud Hall. I usually take care of (R10). We clean his mouth and tongue around 7 PM with a cup of water. No (antiseptic mouth wash) is ever used."</p> <p>On R10's Resident Treatment Administration Record (TAR) dated November 2015, documents, "Resident to have teeth brushed TID completed daily November 1-30 for shift 7:00 AM-3:00 PM, 3:00 PM-11:00 PM, 11:00 PM -7:00 AM." The TAR also documents for staff to swab resident mouth with (antiseptic mouth wash) BID daily at 6:00 AM and 4:00 PM . There is no documentation on the TAR this was completed on 11/8, 11/12, 11/13, 11/14 and 11/29/2015.</p> <p>The facility Oral Hygiene policy dated 2006, documents (in part), "Purpose: To cleanse the mouth, teeth, and dentures; To prevent infection and irritation;To moisten the mucous membrane; To promote personal hygiene." The policy documents " Procedure: 3. Wet toothbrush with tepid water and put small amount of toothpaste on brush. 4. Encourage resident to brush own</p>	F 312			

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F 312	<p>Continued From page 6</p> <p>teeth, assist as necessary. Brush downward on upper teeth and upward on lower teeth. Start at gum line and brush to the edge of the tooth. 5. Assist resident with glass of water and emesis basin to rinse mouth. 6. Inspect mouth and gums for irritation or open areas."</p> <p>2. The MDS dated 9/21/2015, documents R6 requires extensive assistance with personal hygiene and requires assistance with eating.</p> <p>R6's Care Plan, dated as revised on 5/06/2015, documents, in part, "(R6) has a self care deficit as evidenced by needs extensive assistance with ADL's related to CVA (Cerebral Vascular Accident), Hemiparesis. Personal Hygiene-One person physical assist required."</p> <p>On 12/02/2015 at 9:45 AM, R6 was sitting in the wheelchair and was taken to the bathroom by E8 and E9, CNA's. R6's blouse had dried food debris on it. R6's lavender pants were stained light brown in several areas to both legs. After R6 used the toilet, and E8 and E9 provided perineal care, R6 was transferred back to the wheelchair and taken to her room. E8 and E9 did not change R6's clothing.</p> <p>On 12/02/2015 at 10:51 AM, R6 was in her room wearing the same clothes. After lunch , at 12:40 PM, R6 was wearing the same soiled clothes. Food crumbs were on her shirt and more fresh food remains were on her blouse. At 12:55 PM, E8 and E9 transferred R6 to bed, removed the stained pants and covered R6 with a blanket.</p> <p>On 12/03/2015 at 8:55 AM, R6 was in her room in</p>	F 312			

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F 312	<p>Continued From page 7</p> <p>the wheelchair. Large food crumbs were on her blouse and the blanket that was covering her chest. R6 apologized for the crumbs and reported she could not remove them herself. On 12/03/2015 at 9:00 AM, 9:50 AM, 10:27 AM and 10:45 AM, R6 was wearing the same blouse with a few smaller crumbs remaining.</p> <p>3. The MDS dated 11/03/2015, documents R11 requires extensive assistance with personal hygiene.</p> <p>R11's Care Plan, revised 10/03/2015 documents, in part, "Personal hygiene-One personal physical assist."</p> <p>On 12/02/2015 at 9:05 AM, R11 was seated in a wheelchair in his room. R11 had several days of facial hair growth and needed to be shaved. R11 reported someone had stolen his razor and he had not been shaved for 3 or 4 days. R11 had an indwelling urinary catheter, but smelled strongly of urine.</p> <p>Throughout the day shift of 12/02/2015, from 9:03 AM until 2:00 PM, R11 was propelling himself around the facility with the long facial hair.</p> <p>The facility policy and procedure dated 2006, entitled, "Dressing the Resident" documents, in part, "PURPOSE-to assist resident in achieving maximum function. To provide assistance to resident as necessary. To improve quality of life. EQUIPMENT-Appropriate clothing."</p> <p>The facility policy and procedure, dated 8/2014, entitled, "Shaving the Resident" documents, in part, "PURPOSE-To remove facial hair and improve the resident's appearance and morale."</p>	F 312			

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F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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 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 observation, record review and interview, the facility failed to provide turning and repositioning and pressure relief for one of three residents (R6) reviewed for risk of pressure ulcers in the sample of 19.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated 9/21/2015, documents R6 requires extensive assistance with bed mobility and transfers, and is at risk for the development of pressure ulcers. The ECR (electronic clinical record) for R6 documents diagnoses, in part, as Cerebral Vascular Accident with Left Hemiplegia and Contracture of Extremities.</p> <p>On 12/02/2015 at 9:52 AM, E8 and E9, Certified Nurses Aides (CNA) assisted R6 to the toilet. R6 had a large hydrocolloidal foam dressing to her coccyx area dated 12/01/2015. After cleansing R6's perineal area, E8 and E9 transferred R6 back in to her wheelchair. A pressure relieving cushion was in the wheelchair.</p>	F 314		2/5/16	

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F 314	<p>Continued From page 9</p> <p>On 12/02/2015, E6, Treatment Nurse was asked about a dressing change for R6 and replied, "They lay her down after lunch. I'll do it then."</p> <p>On 12/02/2015 at 10:15 AM and 10:51 AM, R6 was asleep in the wheelchair in her room. At 11:10 AM, 11:40 AM and 12:00 PM, R6 remained in the wheelchair in the dining room. At 12:07 PM, E13, CNA pushed R6 from the dining room into her room. R6 sat in her room in the wheelchair until 12:45 PM. At that time, E8 and E9 transferred R6 back to bed. R6's coccyx dressing was intact, but her buttocks were heavily creased from the incontinent brief.</p> <p>On 12/03/2015 at 8:55 AM, R6 was in her room in the wheelchair. R6 was asked if she had a sore on her buttocks and how it developed. R6 replied, "From sitting in the chair all day. I like to be turned sometimes, but they don't think of that. Sometimes it hurts. I got up around 7:00 AM today. I usually get up before breakfast and lay down after lunch every day. That's a long time. Sleeping in my chair is not that comfortable."</p> <p>On 12/03/2015 at 9:00 AM, 9:50 AM, 10:27 AM and 10:45 AM, R6 was seated in her wheelchair asleep. At 10:45 AM, R6 woke up at the knock at the door of her room and reported she had been in her wheelchair all morning. R6 stated, "They asked me if I needed to use the bathroom, and I said no. I don't go very often." On 12/03 at 10:50 AM, E14 and E15, CNAs, transferred R6 to the toilet. R6's buttocks were red, blanchable, but heavily creased. R6 reported pain in the buttocks at that time.</p> <p>On 12/03/2015, at 1:20 PM, R6 was in bed with</p>	F 314			

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F 314	<p>Continued From page 10</p> <p>her heels directly on the mattress. R6 stated, "They just put me to bed and changed me. Once I got off my butt, it quit hurting." At that time, E6 entered R6's room and reported R6 had a healed pressure ulcer on her coccyx and was receiving prophylactic treatment to prevent reoccurrence of the wound. E6 stated, "She (R6) opens up, she closes. I put a (hydrocolloidal foam dressing) on it to protect it. It opens up in different spots. The dressing had rolled up, and she said it was hurting, so I took it off." E6 assisted R6 to roll to the left side. R6 had 3 dark pink areas of scar tissue on her coccyx.</p> <p>On 12/03/2015 at 1:30 PM, E6 cleansed R6's coccyx area with normal saline and applied a Silver Alginate strip and a hydrocolloidal foam dressing to R6's coccyx. At 1:42 PM, E6 covered R6 and left the room. R6's heels were directly on the mattress.</p> <p>The Pressure Ulcer Evaluation Records for R6 documents R6 developed a new onset, Stage II pressure ulcer to the coccyx, measuring 0.6 cm (centimeter) X 0.3cm X 0.1cm that was healed on 10/14/2015. The Pressure Ulcer Evaluation Record documents R6 developed a new facility acquired, Stage II pressure ulcer to the coccyx measuring 0.8 cm X 0.2 cm and was healed on 11/18/2015.</p> <p>The Skin Condition Report, dated 12/02/2015, completed by E6 documents R6 has redness to both great toes and slight redness to both heels.</p> <p>R6's Care Plan, dated 11/09/2015 documents in part, "(R6) has the potential for impaired skin integrity related to requires assist of 2 staff with turning and positioning, impaired mobility,</p>	F 314			

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F 314	Continued From page 11 incontinence, weight loss and history of pressure ulcer. Interventions/Tasks-Float heels when in bed, reposition every 2 hours in bed." R6's Care Plan does not address or document any noncompliance related to repositioning to prevent skin breakdown. The facility's policy and procedure, dated 2006, entitled, 'Pressure Ulcer, Prevention Of' documents, in part, "PURPOSE-To prevent skin breakdown and development of pressure ulcers. Use foot cradle as necessary. Establish a turning and repositioning schedule in bed and chair to meet resident's needs. Use pressure reducing or relieving devices as necessary." The policy does not document the floating of heels to prevent pressure ulcers.	F 314			
F 441 SS=D	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	F 441		2/5/16	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145571	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2015
NAME OF PROVIDER OR SUPPLIER CEDAR RIDGE HEALTH REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET LEBANON, IL 62254		
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F 441	<p>Continued From page 12</p> <p>determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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 wash or sanitize hands after providing care for 2 of 11 residents (R6, R12) reviewed for infection control practices in the sample of 19.</p> <p>Findings include:</p> <p>1. R6's Electronic Medical Record (ECR) documents a history of a UTI (urinary tract infection) from the bacteria, Escherichia coli.</p> <p>The Minimum Data Set (MDS) dated 9/21/2015, documents R6 requires extensive assistance with personal hygiene and is incontinent of bowel and bladder.</p> <p>On 12/02/2015 at 9:45 AM, E8 and E9, Certified</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER CEDAR RIDGE HEALTH REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE ONE PERRYMAN STREET LEBANON, IL 62254		
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F 441	<p>Continued From page 13</p> <p>Nurse's Aides, (CNAs) transferred R6 to the toilet where she had a large bowel movement. E8 and E9 assisted R6 to stand. E8 cleansed R6's perineal area repeatedly to remove the feces, using her left hand, while holding onto R6 with her right hand. E8 removed the soiled gloves, assisted E9 to pull up R6's incontinent brief and pants and transfer R6 back into the wheelchair. E8 left the bathroom pushing R6 in the wheelchair without washing or sanitizing her hands.</p> <p>2 On 12/02/2015 at 12:45 PM, E8 and E9 transferred R6 to bed, checked her brief for incontinence, removed her pants, applied slippers to her feet, positioned R6 to the left side with a wedge cushion under her right side, floated her feet on a pillow, raised the head of the bed and covered R6. Both E8 and E9 removed their gloves and without washing or sanitizing their hands, turned to R12 (R6's roommate) and transferred R12 from the wheelchair to the bed, with the use of a gait belt.</p> <p>The facility's policy and procedure, dated 2012, entitled, "Hand Hygiene" documents, in part, "PURPOSE: To decrease the risk of transmission of infection by appropriate hand hygiene. Hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections. Antiseptics control or kill microorganisms contaminating skin and other superficial surfaces. HANDWASHING-When hands are visibly dirty or contaminated with proteinaceous material, are visibly soiled with blood or other body fluids, after going to the restroom, before eating, before performing and invasive procedure, and after providing care to a resident with a spore-forming</p>	F 441			

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F 441	Continued From page 14 organism, perform hand hygiene with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all clinical situations other than those listed under 'Handwashing' above."	F 441		