

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

PRINTED: 10/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145121		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2015	
NAME OF PROVIDER OR SUPPLIER EUNICE C SMITH NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1251 COLLEGE AVENUE ALTON, IL 62002			
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F 000	INITIAL COMMENTS			F 000			
F 225 SS=C	<p>Annual Certification Survey 483.13(c)(1)(ii)-(iii), (c)(2) - (4) 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			10/19/15

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

TITLE

(X6) DATE

10/15/2015

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 record review and interview the facility failed to complete pre-employee screening by checking the Health Care Worker Registry prior to employment for five of 10 Certified Nurse's Aides reviewed for pre-employment screening. This has the potential to affect all 44 residents residing in the facility. Findings include: 1. The following facility employees files did not have verification they checked the Health Care Worker Registry prior to hire for the following: E17, Certified Nurse's Aide (CNA) was employed on 3/26/2015. E18, CNA, CNA was employed on 2/23/2015. E20, CNA, was employed on 9/8/2014. E21, CNA, was employed on 10/20/14. E22, CNA, was employed on 8/27/2014. 2. On 09/17/2015 at 10:30 AM, E1, Administrator, stated that the facility has not applied to get access to the fingerprint portal to get these done since being managed by their new management company. E1 stated the management company took over in June of this year. 3. The Resident Census and Conditions of Residents, CMS 672, dated 09/15/15, documents that the facility has 44 residents residing in the facility.	F 225			
F 309	483.25 PROVIDE CARE/SERVICES FOR	F 309			10/19/15

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F 309 SS=D	<p>Continued From page 2 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: Based on observation, interview and record review the facility failed to monitor a reddened area, and initiate timely interventions to prevent worsening of a coccyx wound for 1 of 1 resident (R7) reviewed for wound care in the sample of 11.</p> <p>Findings include:</p> <p>The admission face sheet, undated, documents that R7 has diagnoses which include Congestive Heart Failure, Clostridium Difficile, Urinary Tract Infections, Dementia and Euthroid.</p> <p>R7's Minimum Data Set (MDS) documents that R7 requires extensive assistance with bed mobility and all activities of daily living. It also documents that R7 is always incontinent of bowel and bladder.</p> <p>R7's Nurse's note, on 9/7/15, document an area of redness and the foam dressing was applied for prevention. There is no documentation that the Physician was notified of the red area, or to request an order for treatment. Nurse's notes from 9/8/15 through 9/15 do not document any skin observations made by staff.</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>R7's Plan of Care which was last updated 9/7/15 does not document the identification of the reddened area or initiation of prevention measures, or more frequent skin checks.</p> <p>On 9/15/15 at 3:00 PM, during incontinent care, R7's absorbent foam coccyx dressing was noted to be soaked with liquid stool and loosely hanging on to her skin. The dressing was not dated. R7 cried out multiple times in pain while being cleaned. Two areas at the tip of the coccyx were opened and had a small amount of bloody drainage. R7's entire buttocks, coccyx area and perineal area were bright red. The buttocks and coccyx area also had a splotchy red rash up to the iliac crest. R7 voiced pain when any of the red areas were washed. The area was left open for the nurse to come back in to assess the wound.</p> <p>On 9/16/15, during a skin check at 10:00 AM, R7's dressing dated 9/15/15, was removed and noted to have three areas of bloody drainage. E16 Registered Nurse (RN), stated "(R7) is open again we go back and forth with this." She then cleaned the areas and measured them. The left buttock measured 1 centimeter (cm) by 1.5 cm. The Right buttock measured 3.7 cm by 1 cm, the lower right buttock measured 1cm by 1 cm. The foam dressing was replaced. E16 stated during the dressing change that she was not aware of how bad (R7'S) bottom looked. No one mentioned it had gotten worse, but this is an ongoing problem with her.</p> <p>R7's Nurse's notes on the 9/15/15 when the new open areas were first noted, do not document the physician was called for an order to change the</p>	F 309			

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F 309	Continued From page 4 treatment since the wound had worsened. The Physician office was not called for orders until the next day, when three open areas were identified. R7's Treatment Administration Record (TAR) for 9/8 through 9/15/15 documents no further dressing changes were done until the open area was discovered on 9/15 during incontinence care. Skin checks remained at weekly after identification of the reddened area. The facility policy "Skin Integrity Assessment and Prevention of Wounds", dated 9/2014, documents under the area of Prevention A. "Residents at risk should have a visual skin inspection daily. A Physician order is required for wound treatment." Under #5 Nutrition/Hydration documents, "Offer supplemental nutrition such as fortified foods, vitamins and mineral supplements, and monitor, evaluate and document."	F 309			
F 387 SS=E	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure required Physician visits were made for 5 of 11 residents (R3, R4, R6, R7, R9)	F 387		10/19/15	

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F 387	<p>Continued From page 5 reviewed for physician visits in the sample of 11.</p> <p>Findings include:</p> <p>1. R3's clinical record face sheet dated 11/22/13 documented diagnosis in part, urinary tract infection, acute pyelonephritis without lesion, pneumonia, encephalopathy.</p> <p>R3's Physician Progress notes documented R3 was last seen by Z1, Physician, on 1/30/15.</p> <p>2. R6's clinical record face sheet, dated 9/30/14, documented diagnosis in part, altered mental status, syncope, collapse. transient cerebral ischemia, anemia, atrial flutter, chronic kidney disease.</p> <p>R6's Physician Progress notes documented Z1 saw R6 on 10/20/14. R6's Progress Notes documents he did not make a required visit until 6/16/15 and 8/11/15. Z2, Nurse Practitioner, saw R6 on 11/19/14, 1/28/15, 2/16/15 and 4/18/15. Z1 did not alternate visits with Z2 during this time.</p> <p>3. R7's clinical record face sheet dated 9/2/14 documented diagnosis in part atrial fibrillation, clostridium-difficile, coronary artery disease, urinary tract infection, history of deep vein thrombosis, breast cancer, congested heart failure.</p> <p>R7's Physician Pprogress Note documented last visit from Z1 was 9/15/14.</p> <p>4. R4 was admitted to the facility on 7/4/11 with a diagnoses, in part, Alzheimer's Dementia, hip fracture, urinary tract infection, Dehydration,</p>	F 387			

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F 387	<p>Continued From page 6</p> <p>Depression, Anxiety and Orthostatic Hypotension.</p> <p>R4's Physician's Progress Notes document that Z3, Physician, examined R4 on 1/22/15 and 8/21/15.</p> <p>On 9/17/2015, at 11:15 AM , E28, Licensed Practical Nurse (LPN), states she is unsure if Z3 has examined R4 at any other times in the last year. E28 called Z3's office to confirm the above dates of physician's visits and does not have any other documentation.</p> <p>5. R9 was admitted to the facility on 6/20/15 with a diagnoses, in part, Rheumatoid Arthritis, Depression, Hypertension, Glaucoma, Hypothyroidism, Dementia, Psychosis, Chronic urinary tract infection and has a severe hearing deficit with hearing aid and legally blind.</p> <p>R9's Physician's Progress Notes document Z1 has not examined R9 since her admission to the facility on 6/20/15.</p> <p>On 9/17/2015, at 11:15 AM, E28 states she has personally called Z1's office to remind Z1 of the need to examine R9 and has not gotten a response from Z1.</p> <p>6. On 9/16/15 at 3:55 PM, E1, Administrator, stated, "(Z1) is the medical director of this facility. He has been notified verbally numerous times that he needs to see his residents on a timely basis. Letters have also been sent to him."</p> <p>The facilities policy and procedure for Physician Services, dated 5/12, documented under Policy, "The resident must be seen by a physician at least once every 30 days for the first 90 days after</p>	F 387			

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F 387	Continued From page 7 admission, and at least once every 60 days thereafter. NOTE: The policy that allows an ANP (Advanced Practice Nurse) CNS (Clinical Nurse Specialist) or PA (Physician Assistant) to make every other required visit does not relieve the physician of the obligation to visit a resident when the resident's medical condition makes that visit necessary."	F 387			
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 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	F 441		10/19/15	

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F 441	<p>Continued From page 8 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, interview and record review the facility failed to follow the facility's infection control policy for the use of personal protective equipment and dedicated equipment for a residents in isolation for ClostridiumDifficile and failed to wash hands to prevent the spread of infection.</p> <p>Findings include:</p> <p>1. R7's Admission Face Sheet, undated, documents that R7 has diagnoses which include Clostridium Difficile (C-Diff) Congestive Heart Failure, Recurrent Urinary Tract Infections, Euthroid, Dementia, and a recent Hospitalization for Pneumonia.</p> <p>R7's Laboratory Report, dated 9/7/15, documents that R7 is positive for Clostridium Difficile.</p> <p>On 9/14/2015, at 10:15 AM, during tour of the facility, R7 was noted to be in contact isolation, with an isolation cart outside of her door. On 9/15/15 and 9/16/15 intermittently throughout the day, caregivers were seen providing direct patient care for R7, including incontinent care while wearing gloves only.</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>On 9/15/15 at 2:30 PM, E15 Certified Nurses Aide (CNA) stated that R7 had a large liquid stool and she was going to get her cleaned up. E15 went into the room, and put gloves on from a box placed on a bedside table in the room. E15 did not put a gown on, and proceeded to take R7 off of the bed pan and placed the bedpan full of liquid stool on the bed sheet near R7's feet. She then initiated perineal care. E2, Registered Nurse/Director of Nurses (RN/DON) came into assist after care initiated. E2 also wore only gloves, no gown during care. E15 alternately used alcohol based cleanser and soap and water for glove changes, and touched bed sheets and bathroom door handles before removing her soiled gloves. When E15 was finished she emptied the liquid stool into the commode, did not rinse the bedpan but placed it in a single plastic bag. E15 placed soiled linen and trash into single plastic bags and carried them down the hall along with the soiled bedpan. There were no trash or linen barrels with bags in the room, and no way for laundry to identify that the bags had come from an isolation room.</p> <p>On 9/15/15 at 3:30 PM, when asked what the current isolation practices for residents with C-Diff involved, E2, DON, stated "For perineal care on a resident with diarrhea, it just depends on the situation. If they think they might get soiled they put on a gown. We don't have barrels in the rooms for trash/linen we carry them down to the dirty utility room. We don't use red bags anymore."</p> <p>On 9/15/15 at 4:00 PM, after finishing incontinent care on R7, E15 CNA stated, "I guess I should have worn a gown, we were told we didn't have</p>	F 441			

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F 441	<p>Continued From page 10 to."</p> <p>On 9/16/15 at 10 AM, E7 and E10, both CNA'S stated, "we are never to take the bed pan out of this room we rinse it out with water, wipe it with paper towels, and put it back in the plastic bag in the bathroom."</p> <p>On 9/16/15, at 10:30 AM after perineal care and a skin check, E10 handed E16, CNA, the single bagged trash and linen both obviously soiled with stool. E16 grabbed the bags with bare hands and carried them down to the soiled utility room, where the linen was placed in an open multi bag dirty linen cart, without double bagging. On both days of observation, there was no individual stethoscope, thermometer or blood pressure cuff kept in the room for R7's use.</p> <p>On 9/16/15, at 12:00 PM, E15 stated that she took the soiled bedpan down the hall to the dirty utility room and rinsed it in the hopper, then wiped off with a bleach wipe.</p> <p>On 9/16/15 at 1:15 PM, R7, who is alert and oriented, and able to make her needs known stated, "They take my blood pressure and temperature with that blue machine that the roll around, I haven't seen any other way."</p> <p>On 9/16/15 at 3:00 PM, Z1, the Primary Care Physician for both R7 and her roommate R8 stated, " I expect that if the facility has a policy in place, and the staff is providing care to a resident with active C-diff, they should be using proper precautions. Not just for the sake of (R7's) roommate but to protect all the other clients they come in contact with."</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER EUNICE C SMITH NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1251 COLLEGE AVENUE ALTON, IL 62002			
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F 441	<p>Continued From page 11</p> <p>The facility Policy and Procedure titled "Infection Control-Clostridium Difficile Protocol" which was revised on 2/15 documents under c.i "perform hand hygiene. Soap and water is preferable since alcohol based gels are not very effective against the C-diff spores...Use a clean paper towel to exit the room if opening the door so as not to contaminate hands. iii. Wear gowns if soiling of clothes is likely or if it is anticipated that clothing or forearms will be in contact with frequently touched environmental surfaces objects or infectious material. Place gowns in plastic bag in the room. iv. dedicate equipment where possible...thermometers blood pressure cuffs, stethoscopes. Trash or linen soul be handled carefully and placed in bagged receptacles, thus double bagging items per standard precautions.</p> <p>2. On 9/17/15 at 9:45 AM, Z9, CNA provided incontinent care for R8 while wearing gloves. When Z9 was finished she pulled R8's covers up, gave R8 her call light, put the cleanser and barrier cream in her drawer using her soiled gloves.</p> <p>The facilities Policy and Procedure for perineal Care dated 10/14, under Female Perineal Care, #10. Remove gloves and wash hands. #11. Make resident comfortable. #12. Place call light in reach.</p> <p>3. The Resident Census and Conditions of Residents, CMS 672, dated 09/15/15, documents that the facility has 44 residents residing in the facility.</p>			F 441			