

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

PRINTED: 11/18/2014
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145759 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/13/2014 | |
| NAME OF PROVIDER OR SUPPLIER ROSICLARE REHAB & HCC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE FERRELL ROAD, PO BOX 220 ROSICLARE, IL 62982 | | | |
| (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 280 SS=D | <p>Annual Certification Survey</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation, and record review, the facility failed to have individualized approaches addressing pain management and failed to have parameters in place for the use of multiple "as needed" pain medications for 3 of 4 residents (R1, R5, and R11) reviewed for pain in the sample of 12.</p> <p>Findings include:</p> | | | F 280 | | | |

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 280 | <p>Continued From page 1</p> <p>1. R11 has diagnoses that include Diabetic Neuropathy, Restless Leg Syndrome and Stroke as noted on the November 2014 Physician Order Sheet. R11's medications include routine medications of Fentanyl Patch, every 72 hours, Tramadol 50 mg every 6 hours, Neurontin 400 mg (milligrams) three times a day and Hydrocodone/Acetaminophen 10/325 mg every 6 hours. PRN (as needed) medications include Hydrocodone/Acetaminophen 10/325 mg every 4 hours as needed for pain, and Acetaminophen 325 mg, 2 tablets every 4 hours for pain or elevated temperature.</p> <p>The current Care Plan dated 10/20/14 indicates a problem of "alteration in comfort/pain related to diagnosis of pressure ulcer." Documentation on the Pain Assessment Flow Sheet for September 2014 includes location of pain as "BLEs (bilateral lower extremities), knees and legs". R11's pressure ulcer is located on the coccyx as documented on the September thru November 2014 Physician Order Sheets.</p> <p>As of 11/07/14 the Care Plan interventions listed included "pain medications as ordered and reposition resident as needed for comfort." The plan of care does not address assessment of potential pain causing activities and/or non-pharmacological interventions for the treatment of R11's pain, nor does it mention pain issues unrelated to the pressure ulcer.</p> <p>On 11-13-14 at 10:00 am E2, Director of Nurses, stated that recently R11's pain issues had changed, and verified that prior to a clarification order received on 11/12/14, there were no parameters for the use of the PRN pain</p> | F 280 | | | |

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| F 280 | <p>Continued From page 2 medications.</p> <p>2. R1 has diagnoses that include Chronic Depression, Anxiety and Joint Contractures as noted on the November 2014 Physician Order Sheet. R1's medications included Hydrocodone/Acetaminophen 10/325 twice daily at 8 am and 5 pm and an "as needed" (PRN) order of Hydrocodone/Acetaminophen 10/325, 3 times daily for pain, as noted on the November 2014 Physician Order Sheet.</p> <p>The current Care Plan dated 11-4-14 includes a problem of "alteration in comfort/pain related to osteoarthritis." Interventions listed include "meds and labs as ordered". The use of a narcotic pain medication is not addressed and there are no parameters for the use of the additional PRN narcotic pain medication to ensure adequate time between routine doses and the PRN doses. The plan of care does not address assessment of potential pain causing activities nor address non-pharmacological interventions for the treatment of R1's osteoarthritis pain.</p> <p>On 11-13-14 at 11:00 am, E2, Director of Nurses, stated that she felt R1's pain was related to neuropathy associated with R1's history of a stroke. E2 verified that there were no non-pharmacological interventions in place for the treatment of R1's pain. The Pain Management Flow Sheet for September 21-30, 2014 showed repositioning and pain medication as the only interventions used for R1</p> <p>3. On 11/6/14 at 1:50 pm, the treatment for R5's stage II pressure ulcer on her coccyx was observed. At that time, R5 stated, "It doesn't hurt</p> | F 280 | | | |

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| F 280 | Continued From page 3 right now, but sometimes it sure does." A Pain Management Flow Sheet dated for November 2014 showed that staff assess R5's pain on a 0-10 scale daily at each shift. R5's Medication Administration Record (MAR) for November 2014 lists a diagnosis of Lumbar Vertebral Diskitis/Osteomyelitis. The same MAR showed R5 has an order for Tylenol 325 mg two tablets every four hours as needed for pain, and Percocet 10/325 mg one tablet every four hours as needed for pain. The Mar indicated that in November R5 received Percocet five times and did not receive any Tylenol. R5's Care Plan with a start date of 10/15/14 identified the following problem area: "Alteration in comfort/pain related to history of Lumbar Vertebral Diskitis" with a corresponding intervention "Administer pain medication as ordered". There are no parameters on the Care Plan to indicate when R5 is to receive Tylenol versus when she is to receive Percocet. The Care Plan also does not address assessment of potential pain causing activities such as wound treatment.. On 11/13/14 at 10 am, E2, Director of Nurses, stated, "The Care Plan should say that she is to get Tylenol for pain rated 0-5 and Percocet for pain rated 6-10, we called her physician yesterday and got an order clarifying this. The Care Plan should have also identified activities which could be painful." | F 280 | | | |
| F 465 SS=C | 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL E ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. | F 465 | | | |

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| F 465 | <p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview, the facility failed to provide a privacy curtain and to properly maintain door, dresser, ceiling, shower floor, and cart surfaces. These failures have the potential to affect all 48 residents in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An isolation cart in the hallway by room 303 had a stained laminate top at 10:35 am on 11/6/14. 2. There were three ceiling tiles with brown stains in the dining room at 11:00 am on 11/6/14. 3. There was plastic laminate which was cracked, broken, and in poor repair on the following room doors on 11/7/14 at 10:15 am: 101, 107, 109, 111, 113, 114, 115, 122, 203, 211, 212, 304 and 305. 4. The grout in the tile floors of both (2) women's bathroom shower stalls and both (2) men's bathroom shower stalls was worn and discolored at 10:30 am on 11/7/14. 5. Three ceiling tiles had brown stains, and an area of wood laminate was missing from the closet door in room 205 at 10:40 am on 11/7/14. 6. Knobs were missing from dressers in rooms 114 and 122 at 10:45 am on 11/7/14. 7. There was no privacy curtain for room 216 "b" bed at 1:50 pm on 11/7/14 | F 465 | | | |

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| F 465 | Continued From page 5 The Resident Census and Conditions of Residents form completed 11/6/14 indicated there were 48 residents living in the facility at the time of the survey. E5, Maintenance Director, confirmed that he was working to resolve these issues at 3:00 pm on 11/7/14. | F 465 | | | |