STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	INITIAL COMMENTS	F 000		
F 323 SS=G	Annual Licensure and Certification Survey 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323		

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, the facility failed to provide safe supervision and utilization of devices for one of four residents reviewed for falls (R7) and one of five residents reviewed for side rails (R4) in the sample of ten, by failing to secure the mechanical lift (R7), and failure to utilize a safe side rail and pad the side rail as directed (R4). This failure for R7 resulted in a fall out of the mechanical lift, requiring hospital treatment and sutures.

Findings include:

1. According to the current Physician's Order Sheet for 8/2012, R7 has multiple diagnoses including Cerebrovascular Accident, history of Brain Tumor, Seizure Disorder and Dementia. The Minimum Data Set dated 2/6/12 assesses R7 with severe cognitive impairment and totally dependent on staff for all activities of daily living. R7 was assessed on 3/10/12 as a high fall risk. The careplan last reviewed on 8/9/12 states that

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 323	Continued From page 1	F 323		

R7 is transferred by mechanical lift with 2 staff persons.

Nurses notes written by E3 (nurse) for 4/27/12 at 6:15pm state the following: ". . .Found res. on floor under {mechanical} lift, Rt (right) flank over leg of {lift}; head face down on floor {with} blood coming from laceration of mid-center forehead. 2.5cm (centimeter) {by} 1.0cm laceration. . . ." The physician was called and R7 was sent to the hospital.

Hospital emergency records dated 4/27/12 show that R7 had a 3cm laceration that required 3 subcuticular sutures and 8 skin sutures. R7 returned to the facility the same evening.

The Fall Documentation sheet and the Investigation Report for falls dated 4/27/12 state that while being transferred per mechanical lift by E13 and E14 (Certified Nurse Aides/ CNAs), the "strap on hook came loose" and R7 fell to the floor. The interventions to prevent falls is "All CNAs are to read manual regarding lift." The written statement by E13 dated 4/27/12 states that "the top hooks was hooked on blue on the pad and the bottom was hooked on purple as we was moving him to the bed. The left bottom hook came undone and he fell forward and to the left. "E14's written statement dated 4/27/12 stated that the sling "was placed on the first loop on the top and the third on the bottom as we were taking him up the left bottom {sling loop} snapped off. . . ." E3's written statement dated 4/27/12 states that when E3 arrived in the room "Res was found on Rt side.. . . . 3 hooks on {lift} were secure. Rt top hook was off. . . ."

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F 323	Continued From page 2	F 323		

On 8/14/12 at 12:20pm, E3 stated that it appeared that the loops on the lift sling were not secured correctly. E3 demonstrated on the sling that the correct color loops for top and bottom are to be secured, and then the top black "rescue loop" is also secured, so that if the colored loop slips, there is the top loop to stop a fall.

On 8/15/12 at 2:00pm, E14 stated that on the day of the fall, E13 had asked for help in transferring R7 after supper from the wheelchair to bed. E14 stated that when E14 arrived in the room, E13 had already placed the sling loops on the mechanical lift. E14 stated that she noticed one of the loops was not secured correctly and she fixed it. E14 stated that she did not check all the loops to see that they were double-looped, and "she wished she had." E14 stated that as they were lifting R7 up from the chair the left loop came loose and R7 fell onto the floor. E14 stated that the sling loops are always to be double-looped.

On 8/15/12 at 2:15pm, E2 (Director of Nursing) stated that the cause of the fall was that staff did not correctly secure the sling to the mechanical lift.

2. R4's Physician Order Sheet dated August 2012 list diagnoses of Dementia, Parkinson's Disease, Osteoarthritis, Restless leg syndrome, Osteopenia, and Anemia. R4's Minimum Data Set (MDS) dated 5/14/12 identifies R4 with severe cognitive impairment, requires extensive assistance of staff for transfers, is non ambulatory and utilizes bedrails. R4 is assessed with limited range of motion on both sides and has balance impairment.

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F 323	Continued From page 3 On 8/13/12 at 11:20am R4 was seated in a high back wheelchair with footrests, right wheelchair arm bolster, and a pelvic restraint. Per interview with Director of Nurses E2 on 8/14/12 at 12:55 pm R4 is "like a noodle" and utilizes the restraints and bolsters for positioning and to prevent scooting down in the wheelchair. R4's Fall Risk Assessment dated 05/17/12 showed R4 is high risk for falls. R4's Nurse's notes dated 6/11/12 document "not sleeping past three nights, restless....she tries climbing out of bed, hanging legs over side of bed, staying in a lying position." Notes dated 6/24/12, 6/25/12, 7/13/12, documents R4 restless in bed at night often, desires to get up at 2 am. Nurse's notes dated 12/18/11 documented R4 attempted to climb out of bed and caught hand on siderail and received two skin tears. R4 also had a fall out of bed per 11/20/11 nurse's notes with the 1/2 rails in place and received an skin tear and abrasion. R4 was diagnosed with a right spiral ulnar fracture on 1/09/12. The facility investigation of the injury of unknown origin dated 1/9/12 documented a physician assessment of a "billy club fracture caused by hitting a hard object that could have been caused by the bedrail." On 8/13/12 at 1:15 pm Certified Nurse Aide E15 and E7 were coming out of R4's bedroom. E15 stated they had just laid R4 down. R4 was in bed on her back with the head of the bed slightly elevated. Bilateral 1/2 bedrails were in the upright position on the bed. The rail against the wall was fully padded, however the bedrail on the outside was not padded. There were wide spaces between the bars of the bedrails from 5-7 inches	F 323		

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F 323	Continued From page 4 wide that could allow R4 to place an arm, leg or head through. The center opening was 7 inches wide and 15 inches high. R4's head was next to this opening. On 8/13/12 at 1:45 pm, R4 was in bed, leaning toward the unpadded rail and at 2:00 pm was in the same position. On 8/13/12 at 4:20 pm R4 was awake in bed lying on her back. R4 had her knees bent and used her feet to push herself up. The outside rail was not padded. R4's care plan dated 5/21/12 states R4 uses a side rail as an enabler that does not limit movement or accessibility. The 1/2 bilateral side rails are to be padded for safety as R4 has diagnosis of Dementia, Parkinson's and is a high fall risk. The care plan lists R4 at risk for bruising and skin tears and documented R4 was able to turn and reposition self in bed at night. It did not address R4's history of restlessness, attempts to get out of bed, or past history of injuries from bedrails. On 8/14/12 at 1:15 pm R4 was asleep in bed with the outside rail in the upright position and unpadded. R4 was again in bed on 8/14/12 at 3:30 pm,and 3:55 pm. On 8/14/12 at 3:55pm Director of Nurse's E2 was shown R4's bedrail and informed of the potential for entrapment and also the lack of padding. E2 stated that R4 should not have that type of bedrail. E2 stated R4 had been moved to the current room on Friday (8/10/12) and staff did not bring the bed with the correct padded rails to the new room.	F 323		
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of	F 332		

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F 332	Continued From page 5 medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to give medications in accordance with the Manufacturer's specifications and as ordered by the Physician for one resident(R8), in the sample of ten and three residents(R13,R14,R11) on the supplemental sample. There were six medication errors out of 43 opportunities for error, resulting in a 13.9% error rate. Findings include: 1. On 8/13/12 at 11:35am E3, LPN(Licensed Practical Nurse), gave Oyster Calcium 500mg(milligrams) with Vitamin D one tablet to R11. E3 did not give R11 any food when giving the medication. R11's noon meal was served at 12:05pm. The label on the medication package states, "Take with food/meal." The Physician's Order dated 1/27/12 states to take Oyster Calcium with Vitamin D, take one tablet by mouth daily with meals. The 2007 8th edition of Lexi-Comp's Drug Reference Book Handbook states Oyster Calcium with Vitamin D "should be given with meals to increase absorption." 2. On 8/13/12 at 4:00pm E4, LPN gave R13 Oyster Calcium with Vitamin D 500mg and	F 332		

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Metformin 1000mg. E4 did not give R11 any food when giving the medication. At 5:30pm. the supper meal had not yet been served.

The label on the medication package for the Oyster Calcium with Vitamin D and Metformin states, "Take with food/meal."

The 2007 8th edition of Lexi-Comp's Drug Reference Book Handbook states Metformin "may cause GI[gastrointestinal upset] ; take with food to decrease GI[gastrointestinal upset]."

3. On 8/13/12 at 4:05pm E4, LPN, gave R8 Metformin 500mg and Coreg 12.5mg. E4 did not give R8 any food with the medications. At 5:30pm the supper meal had not yet been served.

The label on the medication package for the Metformin and Coreg states, "Take with food/meal." The Physician's Order dated 1/14/12 states Metformin 500mg, take one tablet by mouth 3 times daily with each meal.

When asked why he did not give the medications with food/meal as recommended, E4 stated on 8/14/12 at 11:55am that he usually leaves at 4:30pm so he needs to give the medication before he leaves.

The 2007 8th edition of Lexi-Comp's Drug Reference Book Handbook states Coreg "should be taken with food to minimize the risk of orthostatic hypotension."

4. On 8/14/12 at 11:55am E3, LPN, gave R14 Trental and Lorazepam.

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F 332	Continued From page 7 The Physician's Order dated 7/16/12 states Ferrous Sulfated 325mg , take one tablet by mouth daily at 12 noon. E3 stated on 8/14/12 at 12:30pm that she missed giving the Ferrous Sulfate to R14.	F 332		
F 441 SS=F	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.	F 441		

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F 441	Continued From page 8 (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: A. Based on observation, interview and record review staff failed to use a disinfectant effective against Clostridium difficile spores for environmental cleaning and failed to use a dedicated gait belt for one of one resident (R1) reviewed for isolation in the sample of ten. Staff provided direct care to R1 and then without changing her clothing prepared food in the Dietary Department. Infection control procedures specific to Clostridium difficile and specific to each department were not available for staff use. These conditions have the potential to affect all 36 residents residing at the facility. Findings include: 1) R1's lab report dated 8/8/12 shows R1 was positive for Clostridium difficile. R1's Physician's Orders show he was started on Flagyl 500 milligrams twice daily on 8/7/12 and the dose was increased to three times daily on 8/9/12. R1's Minimum Data Set dated 6/29/12 documents that R1 is frequently incontinent of bowel. On 8/15/12 at 2:20pm E2, Director of Nursing (DON)/Infection Control Preventionist indicated R1 was in isolation with Contact Precautions for the Clostridium Difficile infection.	F 441		

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On 8/13/12 at 11:10 AM E10 Housekeeper used a general purpose Ph neutral solution to clean the floor in R1's room. E10 used Clorox Cleanup Cleaner with Bleach to clean the toilet, sink basin, bedside table top and the top of the chest of drawers.

Housekeeping Supervisor, E12 stated on 8/14/12 at 3:30 pm that staff use the neutral floor cleaner for mopping floors in isolation rooms and if there is urine or feces on the floor they can also use the Clorox or Comet bleach sprays on the floors. These bleach products come in ready to use containers and do not require dilution.

E12 pointed out an undated policy posted on the wall in the housekeeping storage room entitled "Environmental Disinfection C.diff" which stated the "the CDC recommends using a 1:10 dilution of EPA-registered germicidal bleach for ..environmental disinfection.

The labels for the Clorox spray and the Comet spray were reviewed on 8/13/12 at 3:30 pm.. The Comet did not list the conscentration of the bleach, nor any organisms it was effective against. The manufacture label on the Clorox Clean-up listed Sodium Hypochloride 1.84%. The label listing did not state that the conscentration was effective for Clostridium Difficile (C-diff) spores. E12 was shown the label for a gallon jug of conscentrated Clorox Germicidal Bleach. It contained 6.15 % Sodium Hypochloride. It specified it was effective against C.diff spores at a dilution of 1:10 ratio which is 6150 parts per million (ppm) chlorine.

On 8/15/12 at 8:15 am E12 stated that she

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contacted the vendor and manufacturer of the Clorox and they did not have any information that verified Clorox Clean Up was effective for C. diff.

2. On 8/13/12 at 11:55 AM E8 Certified Nursing Assistant (CNA) use a gait belt to transfer R1 from his bed and walk with him to the dining room. After R1 was seated at the dining table E8 removed the gait belt from R1's waist and placed it around her neck. E8 did not wear a gown or gloves. On 8/14/12 at 12:30 PM E11 Dietary Manager stated that on 8/13/12 after completing her shift as a CNA, E8 worked in the Dietary Department preparing food for the residents. E11 indicated that E8 did not change her clothing between providing direct care to R1 and preparing food. On 8/15/12 at 2:20 PM E2 Director of Nursing (DON)/Infection Control Preventionist stated she would expect staff to wear a gown anytime while caring for a resident with Clostridium Difficile.

On 8/14/12 at 12:00 PM E6 CNA assisted R1 to walk to the dining room using a gait belt. After R1 was seated at the dining table E6 CNA removed the gait belt from R1's waist and placed it around her neck. E6 CNA then began serving meal trays to other residents in the dining room. On 8/14/12 at 1:20 PM E6 stated she used her personal gait belt on all the residents she cared for including R1.

On 8/14/12 at 10:25 AM E2 DON was not able to locate a written policy or procedures regarding Clostridium difficile infection. On 8/14/12 at 11:55 AM E4 Registered Nurse (RN) was unable to locate a written procedure for caring for a resident

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in isolation with Clostridium difficile. On 8/14/12 at 11:35 AM E11 Dietary Manager and E12 Housekeeping/Laundry Supervisor were unable to locate written procedures regarding Infection Control for their respective Departments. On 8/14/12 at 11:35 AM E1 Administrator located the policy for Clostridium difficile infection on his computer and printed a copy. The policy dated 10/17/11, Clostridium Difficile (C-Diff) Infection, states a cleaning solution of one part bleach to nine parts water should be used for daily environmental cleaning in a resident room if the resident has a diagnosis of Clostridium difficile. The policy also directs staff to use dedicated medical equipment for a resident with a diagnosis of Clostridium Difficile.

According to the Centers for Medicare and Medicaid Services, Form CMS - 672 (Resident Census and Conditions of Residents) 36 residents reside at the facility.

B. Based on observation and record review, staff failed to remove soiled gloves and perform hand hygiene after direct care for four of five residents (R1,R5, R6, R7) reviewed for incontinence care/catheter care in the sample of ten.

Findings include:

1. On 8/13/12 at 3:15 PM E9 CNA performed urinary catheter care and perineal care for R1 and then without removing her soiled gloves touched the gait belt, R1's shirt and pants, the bed pad, the wash basin, the bathroom door, the trash can lid and her own hair. R1's lab report dated 8/8/12 shows R1 was positive for Clostridium difficile.

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DECATUR REHAB & HEALTH CARE CENTER	136 SOUTH DIPPER LANE DECATUR, IL 62522

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F 441	Continued From page 12 2. On 8/13/12 at 4:15 PM E9 CNA performed incontinence care for R6 and then without removing her soiled gloves touched the blanket, the resident shirt, the wash basin, the side rail and the bag used to store the soap. 3. On 8/13/12 at 4:30 PM E7 Certified Nurse Assistant (CNA) applied gloves and removed R5's incontinent brief, which was wet with urine and brown stained. E7 provided incontinent care to R5. E7, wearing the same soiled gloves, touched R5's clothing, gait belt, and wheelchair. 4. On 8/14/12 at 11:25pm, E5 and E6 (CNAs) did incontinence care for R7. E6 washed R7's buttocks and rectal area. Upon finishing the care, E6 did not remove her contaminated gloves. E6 touched the side rail, the drawer on the bedside table and the mechanical lift and swing before removing her gloves. The facility Handwashing policy dated 12/08 directs staff to "wash hands, as promptly and thoroughly as possible after resident contact and after contact with blood, body fluids, secretions, excretions and equipment or articles contaminated by them is an important component of the infection control and isolation precautions."	F 441		
F 458 SS=C	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced	F 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E848	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 458	Continued From page 13 by: Based on observation and record review the facility failed to provide at least 80 square feet of space per resident in 27 of 27 multiple resident rooms on 2 of 2 resident living corridors. These conditions have the potential to affect all 36 residents residing at the facility. Findings include: Review of documented historical room size information reflects that the double occupancy resident bedrooms do not meet the minimum required square footage. Room sizes are previously measured as follows: Rooms 1 and 2 measure 77.9 square feet per bed. Rooms 3,4,5,6,7,8,9,10,11,12,13, and 16 (currently being used for Physical Therapy),17,18,19,20,21,22,23,24,25,26 and 28 measure 74.3 square feet per bed. Room 27 measures 68.5 square feet per bed. Room 30 measures 77.5 square feet per bed. All resident rooms are certified for Title 19(medicaid). According to the Centers for Medicare and Medicaid Services, Form 672 - (Resident Census and Conditions of Residents) 36 residents reside in the facility.	F 458		