

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

PRINTED: 07/28/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146032</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/21/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>FAIRVIEW NURSING CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>602 EAST JACKSON DU QUOIN, IL 62832</b>			
(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 315 SS=G	<p>Annual Certification Survey 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure proper urinary catheter anchoring for 2 of 3 residents (R3,R7) reviewed for catheter care in a sample of 12. This failure resulted in R3 being hospitalized and treated for gross hematuria.</p> <p>1. On 7/20/2016 at 1:30 PM, urinary catheter care was observed on R3. No urinary catheter anchor was noted upon the start of catheter care. E2, Director of Nurses, was present during the observation and instructed E4, Certified Nursing Assistant to apply an anchor, which she did after care was completed.</p> <p>According to the Admission record, R3 is 65 years old with a diagnosis of: Retention of Urine; Transient Cerebral Ischemic Attack; Urinary Tract Infection, and according to the Physicians Order</p>			F 315			

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 315	<p>Continued From page 1</p> <p>Sheet for July, 2016 had a physician's order, date started June 24, 2015, for a size 16 indwelling catheter to be changed monthly and as needed.</p> <p>According to a nursing note written by E5, Licensed Practical Nurse, on July 18, 2016, it was noted R3's catheter had blood in the catheter tubing. During interview with E5 on July 21, 2016 at 10:10 AM regarding the blood in the tubing noted on July 18, 2016, E5 stated "He (R3) did not have a leg strap (catheter anchor) on at the time and he said 'yes' when I asked him if the tubing had been pulled. The following day at lunch I watched him roll over the bag with his wheel chair. I notified Z1, R3's physician, on the afternoon of July 18, 2016 per fax and heard nothing that day. The following morning (July 19, 2016) I called Z1's office to inquire if they had received the fax and was told yes and was sent a fax that said 'no' in response to any other orders regarding the blood in the catheter tubing. I changed R3's catheter on July 19, 2016 and met a lot of resistance and there was still bleeding in the tubing so I called Z1 again to let him (Z1) know and was told to send him (R3) to the hospital."</p> <p>A nursing note dated July 19, 2016 at 6:35 PM showed R3 was sent to a local hospital on this date.</p> <p>On July 21, 2016 at 11:24 AM, Z1 states "For Catheters it is common for there to be bleeding as a result of it being pulled on or caught on a chair. They notified me and we decided to watch it for a day or two and encourage fluids, the majority of time it will clear up. If there was enough bleeding in the bladder he may not be able to pass the clots from the bladder and it</p>	F 315			

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F 315	<p>Continued From page 2</p> <p>does not surprise me they would have to evacuate the clots from his (R3's) bladder. A catheter sits inside the bladder and when there is trauma by being pulled on it, it bleeds internally and causes clots. He (R3) has the catheter due to urinary retention from a stroke, I am not sure about prostate enlargement. I do know the local hospital had to send him to a larger hospital due to not being able to get the catheter inserted."</p> <p>According to a History and Physical Preliminary report dated July 20, 2016 from a local hospital, "History of Present Illness: ....When his (R3's) initial (indwelling catheter) was removed, the nursing staff was unable to introduce a new (indwelling catheter) due to patient passing numerous clots and inability to place a new (indwelling catheter) and was transferred to (this facility) for urological evaluation with (a local physician). On this same document under Review of Systems "The patient's foreskin was retracted and had some soft tissue swelling around the urethra, passing some bright red blood clots and some drainage as well.</p> <p>A consultation report dated July 20, 2016 lists the following: "Reason for Consultation Patient with history of gross hematuria. The patient is a nursing home patient with a recent CVA (cerebral vascular accident), also with an indwelling urethral catheter with traumatic removal of urethral catheter. Multiple attempts to replace the catheter proved unsuccessful." Under Genitalia on the same document "Gross hematuria at urethral meatus."</p>	F 315			

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F 315	Continued From page 3  2. On 7/19/2016 at 12:20 PM, urinary catheter care was observed on R7. No urinary catheter anchor was noted upon the start of catheter care nor was an anchor applied upon completion of care.  In R7's record, Minimum Data Sets dated 02/02/16 and 06/03/16 indicated R7 has an indwelling catheter present.  On 7/20/2016 at 1:30 PM, an interview was obtained with E2, Director of Nurses, regarding the use of urinary catheter anchors. E2 stated that catheters should have an anchor in place at all times. E2 also stated staff training is in process.	F 315			
F 458 SS=B	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 by: Based on observation, interview, and record review the facility failed to provide 80 square feet of space per resident in multiple resident rooms for 8 of 12 residents (R1 - R5, R7 - R9) reviewed for adequate room size in the sample of 12 and 34 residents (R13 - R46) in the supplemental sample.  The findings include:  On July 19, 2016 at 9:20 AM during initial tour of the facility, Wing A resident rooms 1 through 12,	F 458			

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F 458	<p>Continued From page 4</p> <p>14 and 15, and B wing resident rooms 1 through 13, were noted to be multiple resident rooms and provide only 75 square feet of space per resident bed.</p> <p>On July 19, 2016 at 1:15 PM, E1, Administrator reported that all of the rooms are Medicaid certified, and a room waiver needs to be requested again this year, and there is adequate space provided in these rooms to meet the needs of the residents. There were no interviews from residents or families indicating problems with the waived rooms.</p> <p>According to the Midnight Census Document provided to this surveyor on July 19, 2016 at 9:20 AM, these rooms were occupied by residents R1 - R5, R7 - R9, and R13 - R36.</p> <p>At the time of the survey, there were no observations to indicate there was not sufficient space to meet the needs of the residents residing in these rooms.</p>			F 458			