

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

PRINTED: 03/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/13/2016
NAME OF PROVIDER OR SUPPLIER PEARL PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032		
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F 000	INITIAL COMMENTS	F 000			
F 164 SS=E	<p>Annual Licensure and Certification Survey 483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure privacy for a</p>	F 164		1/29/16	

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

TITLE

(X6) DATE

01/28/2016

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 164	<p>Continued From page 1</p> <p>resident during toileting and cares, during an insulin injection, and failed to maintain confidentiality of private protected health information.</p> <p>This applies to 4 of 13 residents (R8, R9, R11, R13) reviewed for privacy in the sample of 15 and 5 residents (R16, R17, R19, R20, R21) in the supplemental sample.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On January 11, 2016 at 8:50 AM, E4 (Certified Nursing Assistant-CNA) was standing with the door open of the first floor bathroom while R11 was sitting on the toilet. R1's pants were at her ankle and her legs were exposed. <p>R11's physician order sheet states she was admitted on December 21, 2015 with diagnoses of: displaced fracture of fifth metatarsal bone, major depressive disorder, hypertension, and chronic embolism.</p> <p>R11's Minimum Data Set (MDS) states her Brief Interview for Mental Status (BIMS) is 13 (Cognitively intact).</p> <p>On January 12, 2016 at 1:30 PM, R11 stated, "I did not appreciate that the bathroom door was open and people could see me, but what can I do?"</p> <p>On January 12, 2016 at 2:40 PM, E2 (Director of Nursing-DON) stated, "If a resident is using the bathroom, the door should be closed."</p> <p>On January 13, 2016 at 7:20 AM, E1 (Administrator) stated, "The expectation is to</p>	F 164			

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F 164	<p>Continued From page 2 provide privacy during cares. There is not a specific privacy policy."</p> <p>2. On January 11, 2016 at 1:00 PM, E5 (Licensed Practical Nurse-LPN) administered an insulin injection to R8's right abdomen. The door was open and the privacy curtain was not pulled. R8's roommate, R16 was in the room and could see R8's exposed abdomen.</p> <p>On January 13, 2016 at 9:30 AM, E2 stated, "I would expect the nurse to cover the resident, close the door, and pull the privacy curtain while administering an insulin injection."</p> <p>3. On January 12, 2016 at 8:20 AM, E7's (LPN) lap top screen and list of first floor resident blood sugars was visible with resident information on the medicine cart. E7 was not at the medicine cart.</p> <p>On January 13, 2016 at 11:50 AM, E1 stated, "The staff is expected to log out of their computers when they walk away and the clip boards should be covered. This should be done in order to not show resident information."</p> <p>The Illinois Department on Aging Residents' Rights states, "Your medical and personal care are private."</p> <p>4. R9's Minimum Data Set (MDS) dated December 15, 2015, shows R9 requires extensive assist of one person with personal hygiene and is frequently incontinent of urine and bowel.</p> <p>On January 11, 2016 at 1:00 PM, E6 (Certified</p>	F 164			

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F 164	Continued From page 3 Nursing Assistant-CNA) performed perineal care on R9. E6 exposed R9's perineum. R9's window curtain was open. Multiple cars and pedestrians passing by were visualized from R9's room. E6 stated she should have pulled the window curtain when she provided care to R9. On January 12, 2016 at 2:30 PM, E2 (Director of Nursing-DON) stated she expected staff to provide privacy during cares; closing doors and privacy curtains and pulling window curtains closed when resident's beds are near the window. E6 should have closed the window curtain when providing perineal care to R9.	F 164			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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).	F 225		1/29/16	

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F 225	<p>Continued From page 4</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 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to do a thorough investigation of allegations of mistreatment and neglect to prevent reoccurrence and failed to report an allegation of mistreatment to the State Agency (IDPH-Illinois Department of Public Health).</p> <p>This applies to 3 residents (R17, R23, R22) in the supplemental sample reviewed for allegations of abuse.</p> <p>The findings include:</p> <p>1. On January 12, 2016 at 2:45PM, Z2 said on November 13, 2015 E8 (CNA-Certified Nursing Assistant) was rough with R23. I told E1 (Administrator) and E2 (DON-Director of Nursing). E2 said E8 would not be involved in R23's care. R23 told me on Sunday night, (January 10-during the 3rd shift) "E8, the one who was rough with me was in my room."</p>	F 225			

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F 225	<p>Continued From page 5</p> <p>On January 13, 2016 at 10:00AM, R23 said "He [E8] lifted me up and it scared me. He didn't use the stand lift. I was afraid he was going to drop me. He works on the 3rd shift and I had my light on. He is still working here. He came in the other night and asked me what I needed. I said, "Nothing from you!"</p> <p>On January 13, 2016 at 8:10AM, E2 said about the November 2015 incident, "E8 works the night shift, R23 put on the call light and E8 went in to help her. R23 said she needed to go to the bathroom and E8 was rushing her and needed to go slow because her left arm does not move well. R23 said, "I don't want him to be my aide." I talked with E8 and thought it was a customer service issue and needed to let R23 have more time. I talked with the nurses and told them if a call light went off in R23's room, E8 was not to go into the room, either another CNA or the nurses would answer her call light. Z2 told E2 that this weekend on the night shift (Sunday), E8 answered R23's call light. R23 said she didn't need help from E8. E2 talked to E8 on the telephone on Monday (January 11) and he told E2 that the reason he answered R23's light was because his partner was on break. E8 was told not come into work Monday night. He is suspended at this time." E2's investigation dated November 18, 2015 shows an interview with R23, E8 and 2 staff. There were no residents interviewed and the allegation was not reported to IDPH. E2 said, "On Monday (January 11), R17 had a complaint about E8's attitude when he answered his call light R17 said [E8 is] "always in a rush or lets out a sigh." E2 said, "I did an initial report on R17 because this was a second instance involving E8. We should have</p>	F 225			

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F 225	<p>Continued From page 6 investigated R23's allegation as abuse."</p> <p>On January 13, 2016 at 8:50AM, R17 said, "The other morning at 3:30AM I needed to be changed. He had an attitude like he was upset I had [put on the call light]. He started rolling me around. I told him he needed to change the cannula. He said, "What the f--k is a cannula?" He was throwing me around pretty rough. Parts of me are pretty tender. I told him it hurt. He didn't respond he just kept working, changing me. I know I'm a big guy but he was hurting me. It was Sunday the 10th in the morning. I told E1 and E2 about it. I was more perturbed than anything when he hurt me. My left leg is very tender when he was rolling me it really hurt that leg. Made me feel like I was inconveniencing him."</p> <p>The facility's initial report for R17 dated January 11, 2016 shows R17 said E8 was rude during care. R17 reported E8 "made him feel stupid." R17 requested that E8 no longer provide care to him. E8 suspended pending full investigation.</p> <p>2. A fax dated May 8, 2015 from the facility to Illinois Department of Public Health showed, "On May 7, 2015 at approximately 6:30 PM we received an allegation of possible neglect of one of our residents, R22. An investigation was initiated at that time. A follow up report will be sent within 5 working days."</p> <p>The abuse investigation for R22's allegation of abuse on May 7, 2015 did not show any interviews with R22, other residents or staff. A note (no date) with the May 7, 2015 abuse investigation for R22 showed a note to the assistant administrator that stated, " R22 received a suppository on first shift and May 7, 2015 and claims she was never toileted and was told a couple of different times that the CNA</p>	F 225			

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F 225	Continued From page 7 (certified nursing assistant) would be right back and never came back. R22's daughter was extremely upset." The note (no date) further stated that two CNA's took R22 to the bathroom and "found R22 had been sitting in soiled clothing and an extremely dirty brief. R22 stated she asked several times before going outside this afternoon to go to the bathroom and was told okay hold on I'll be right back." On January 13, 2016 at 9:00 AM, E3 (Assistant Administrator) stated, "I called E13 (previous Administrator) last night and she doesn't know where the interviews are. They are not with the investigation and I know you need to see them." On January 12, 2016 at 2:35 PM, E1 (Administrator) stated he was the Abuse Coordinator for the facility and when an abuse investigation is done interviews are done with the resident, the person making the allegation, staff members, other residents and possible witness'.	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 and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow its policy for prevention, protection, investigating and reporting of mistreatment and neglect. This applies to 3 residents (R17, R22, R23) in the	F 226		1/29/16	

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F 226	<p>Continued From page 8 supplemental sample reviewed for allegations of abuse.</p> <p>The findings include:</p> <p>1. On January 12, 2016 at 2:45PM, Z2 said on November 13, 2015 E8 (CNA-Certified Nursing Assistant) was rough with R23. I told E1 (Administrator) and E2 (DON-Director of Nursing). E2 said E8 would not be involved in R23's care. E8 was to work on the 2nd floor. R23 told me on Sunday night, (January 10-during the 3rd shift) "E8, the one who was rough with me was in my room."</p> <p>On January 13, 2016 at 10:00AM, R23 said "He [E8] lifted me up and it scared me. He didn't use the stand lift. I was afraid he was going to drop me. He works on the 3rd shift and I had my light on. He is still working here. He came in the other night and asked me what I needed. I said, "Nothing from you!"</p> <p>On January 13, 2016 at 8:10AM, E2 said about the November 2015 incident, R23 said, "I don't want E8 to be my aide." I talked with the nurses and told them E8 was not to go into R23's room, either another CNA or the nurses would answer her call light. Z2 told E2 that this weekend on the night shift (Sunday), E8 answered R23's call light. E2's investigation dated November 18, 2015 shows an interview with R23, E8 and 2 staff. There were no residents interviewed and the allegation was not reported to IDPH.</p> <p>E2 said on Monday (January 11), R17 had a complaint about E8's attitude when he answered his call light. I did an initial report on R17 because this was a second instance involving E8.</p>	F 226			

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F 226	<p>Continued From page 9</p> <p>"We should have investigated R23's allegation as abuse."</p> <p>On January 13, 2016 at 8:50AM, R17 said, "The other morning (Sunday, January 10, 2016) at 3:30AM I needed to be changed. He [E8] had an attitude like he was upset I had [put on the call light]. He was throwing me around pretty rough. I told him it hurt. He didn't respond he just kept working, changing me. I told E1 and E2 about it. My left leg is very tender when he was rolling me it really hurt that leg. Made me feel like I was inconveniencing him."</p> <p>The facility's initial report for R17 dated January 11, 2016 shows R17 said E8 was rude during care. R17 reported E8 "made him feel stupid." R17 requested that E8 no longer provide care to him. E8 suspended pending full investigation.</p> <p>The facility's Abuse Prevention Program Facility Procedures (December 2013) shows, Section VI. Protection of Residents: "Employees of this facility who have been accused of abuse, neglect, mistreatment or misappropriation of resident property will be removed from resident contact immediately until the results of the investigation have been reviewed by the administrator."</p> <p>Section VII. Internal Investigation: "Investigation Procedures: The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Residents to whom the accused has regularly worked, will be interviewed to determine whether</p>	F 226			

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F 226	<p>Continued From page 10</p> <p>anyone has witnessed any prior abuse, neglect, mistreatment, or misappropriation of resident property of the accused individual." Section VIII. External Investigation: "When an allegation of abuse, neglect, mistreatment or misappropriation of resident property has occurred the resident's representative and the Department of Public Health's regional office shall be notified."</p> <p>2. A fax dated May 8, 2015 from the facility to Illinois Department of Public Health showed, "On May 7, 2015 at approximately 6:30PM we received an allegation of possible neglect of one of our residents, R22. An investigation was initiated at that time. A follow up report will be sent within 5 working days." The abuse investigation for R22 s allegation of abuse on May 7, 2015 did not show any interviews with R22, other residents or staff. On January 13, 2016 at 9:00AM, E3 (Assistant Administrator) stated, "I called E13 (previous Administrator) last night and she doesn't know where the interviews are. They are not with the investigation and I know you need to see them." The facility's Abuse Prevention Program Facility Procedures (December 2013) showed, "Investigation Procedures: The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Residents to whom the accused has regularly worked, will be interviewed to determine whether anyone has witnessed any prior abuse, neglect, mistreatment,</p>	F 226			

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F 226	Continued From page 11 or misappropriation of resident property of the accused individual." On January 12, 2016 at 2:35PM, E1 (Administrator) stated he was the Abuse Coordinator for the facility and when an abuse investigation is done interviews are done with the resident, the person making the allegation, staff members, other residents and possible witness'.	F 226			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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. This REQUIREMENT is not met as evidenced by: Based on Observation, Interview and Record Review the facility failed to have a care plan for a resident with an indwelling urinary catheter.	F 280		1/29/16	

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F 280	Continued From page 12 This applies to 1 of 3 residents (R1) reviewed for catheter care plans in the sample of 15. The findings include: On January 12, 2016 at 1:45PM, R1 was in bed and his indwelling urinary catheter drainage bag was in a holder on the side of the bed. On January 12, 2016 at 1:45PM, E7 LPN (Licensed Practical Nurse) stated, "They thought it was a hernia at first but R1 had an abscess (to abdomen). When he went to the surgeon's office and the third stitch was taken out it (surgical site) dehiscd. R1 was urinating upward and the indwelling urinary catheter has helped with healing." Review of R1's current care plan printed from the computer on January 12, 2016 showed he was readmitted to the facility on November 23, 2015 with revisions to the care plan on November 24, 2015 and December 11, 2015 with no care plan in place for the care of his indwelling urinary catheter. The Order Summary Report dated January 12, 2016 for R1 did not show how often the indwelling urinary catheter is to be changed or when it is to be discontinued. A physician notification form dated December 3, 2015 for R1 showed an order for an indwelling urinary catheter due to a dehiscd surgical wound on his abdomen.	F 280			
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.	F 312		1/29/16	

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F 312	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide incontinence care to a resident requiring extensive assistance.</p> <p>This applies to 2 residents (R23, R24) reviewed for incontinence in the supplemental sample.</p> <p>The findings include:</p> <p>On January 11, 2016 at 9:15 AM R24 was observed laying in bed with a red sweatshirt on and an incontinence brief. R24 was laying on two thick bed pads. There was a large ring of urine on the bed pads surrounding R24. R24's incontinence brief was saturated with urine and the plastic of the incontinence brief was stuck to R24's skin. R12's fitted sheet and back of his red sweatshirt were also saturated with urine. E11 (Certified Nursing Assistant-CNA) stated, "There's a quite a bit of urine in his depends. The bed pads are wet with urine." E12 stated, "His urine smells like ammonia." Surveyor noted strong ammonia smell to R24's bed linens.</p> <p>R24's Physician Order Sheet for January 2016 states R24 was admitted on December 17, 2015 with diagnoses of: dementia, difficulty in walking, and enlarged prostate with lower urinary tract symptoms.</p> <p>R24's Minimum Data Set (MDS) for activities of daily living assistance states R24 requires extensive assistance in toilet use and personal hygiene and is frequently incontinent.</p> <p>On January 12, 2016 at 2:30 PM, E15 (CNA)</p>	F 312			

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F 312	<p>Continued From page 14</p> <p>stated, "We check incontinent residents every two hours. I would not expect to see a ring of urine on the bed pads if the resident was changed every two hours."</p> <p>On January 12, 2016 at 2:45 PM, E16 (Licensed Practical Nurse-LPN) stated, "The CNAs changed incontinent residents' briefs every 1.5-2 hours. A ring of urine on the residents bed pads would not happen if the resident was changed every two hours. I have never heard of R24 refusing care."</p> <p>On January 13, 2016 at 9:30 AM, E2 (Director of Nursing-DON) stated, "I would not expect a resident to have a ring of urine on their bed pad if the were checked every two hours. I would think that if a resident's linen smelled like ammonia then the urine was there too long."</p> <p>The facility's Incontinency Care Policy dated September 2014 states, incontinent residents will be check periodically every two hours and provided perineal and genital care after each episode.</p> <p>2. On January 13, 2016 at 11AM during skin check with E10 (Licensed Practical Nurse-LPN) and E6 (Certified Nursing Assistant-CNA) R23 was incontinent of stool.</p> <p>The Minimum Data Set of January 6, 2016 shows R23 is always incontinent of bowel and bladder and requires extensive assistance of 1 staff for toileting.</p> <p>On January 12, 2016 at 2:45PM Z2 said, "On Christmas Day, E2 helped me clean up R23 she was wet from her breast to her knees. On January 6, 2016 E19 (CNA) said she needed someone to help her change R23. I told E19 I</p>	F 312			

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F 312	Continued From page 15 would help. R23's bed was urine soaked with brown rings of urine. R23 doesn't complain. She can usually hold her urine and bowel movements but not for long periods of time."	F 312			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to position a resident's catheter bag in order to prevent back flow of urine into the residents bladder and failed to reinsert an indwelling catheter when accidentally removed. This applies to 2 of 3 residents (R2, R10) reviewed for catheters in the sample of 15. The findings include: On January 13, 2016 at 10:05 AM, R2 was asleep in her bed with her catheter leg bag on. The catheter leg bag was not in a dependent position to prevent the backflow of urine in the tubing. R2's nurses notes dated December 25, 2015 at	F 315		1/29/16	

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F 315	<p>Continued From page 16</p> <p>2:16 PM states, "Resident's urinalysis came back, resident has a urinary tract infection. Nurse practitioner ordered Bactrim and Ampicillin (Antibiotic)."</p> <p>R2's laboratory report dated December 25, 2015 states urine culture showed her urine contain the bacteria called Escherichia Coli and Enterococcus Species.</p> <p>On January 13, 2016 at 9:30 AM, E2 (Director of Nursing-DON) stated, "The resident's catheter leg bag goes on when the resident gets up and comes off when they go to bed."</p> <p>On January 13, 2016 at 10:25 AM, E11 (Certified Nursing Assistant-CNA) stated, "Residents catheter leg bag comes off when the resident lays down."</p> <p>On January 13, 2016 at 12:30 PM E10 (Licensed Practical Nurse-LPN) stated, "If a resident is laying down with a catheter leg bag, you run the risk of urine backflow and urinary tract infections. When the resident naps, the catheter leg bag is switched."</p> <p>The facility's Urinary Catheter Care policy dated May 2014 states, catheters shall be positioned to maintain a downhill flow of urine to prevent a back flow of urine into the bladder or tubing during body position.</p> <p>2. The Nurses Notes dated December 30, 2015 at 12:52 AM for R10 showed, "Resident was very upset when nurse entered her room, she stated that the previous shift pulled her indwelling urinary catheter out. The indwelling urinary catheter was on the floor fully inflated. R10 stated</p>	F 315			

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F 315	Continued From page 17 it had been out since 8:00PM. This nurse examined the old indwelling urinary catheter and replaced it with a 16 french with a 10cc balloon." The Medication Administration Record dated December 30, 2015 at 5:34 PM for R10 showed she is on Meropenem (antibiotic) 1 gram intravenously three times per day for pyelonephritis until January 4, 2016. On January 13, 2016 at 9:50 AM, R10 stated, "Some young ones got to giggling and laughing and were careless when putting me to bed (when indwelling urinary catheter came out). When the nurse came in she was mad and apologized. She put a new indwelling urinary catheter in." The Order Summary Report dated January 13, 2016 for R10 did not show the order for R10's indwelling urinary catheter so there is no documentation of the size of the catheter needed, balloon size or how often it needs to be changed. The care plan dated December 31, 2015 and January 4, 2016 for R10 did not show a plan for the care and maintenance of her indwelling urinary catheter. The Order Summary Report dated January 13, 2016 for R10 showed Diagnoses including Multiple Sclerosis, Paraplegia, Sepsis, Chronic Obstructive Pyelonephritis, Pressure Ulcer of Left Buttock, Stage 4 and Neuromuscular Dysfunction of the bladder.	F 315			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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.	F 323		1/29/16	

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F 323	Continued From page 18 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure safe storage of hazardous chemicals. This applies to 8 of 13 residents (R1, R4, R5, R6, R9, R10, R11, R13) reviewed for safety in the sample of 15 and 28 residents (R17-R21, R23, R25-R46) in the supplemental sample. The findings include: This potentially affects all the residents on the first floor. The facility's room assignments dated January 13, 2016 shows R1, R4, R5, R6, R9-R11, R13, R17-R21, R23, R25-R46 reside on the first floor. On January 12, 2016 at 10:34 AM, the key for the soiled utility room was in the key hole. On January 13, 2016 at 12:00 PM, the key for the soiled utility room was in the key hole. The soiled utility room contained the disinfectant Quat Stat. On January 13, 2016 at 9:30 AM, E2 (Director of Nursing-DON) stated, "There is a hook for the soiled utility room key by the nurses station. It should not be kept in the door handle." The Material Safety Data Sheet dated June 25, 2009 for Quat Stat states it is a corrosive liquid. It is very hazardous in case of skin contact or eye contact. It is hazardous in case of ingestion or inhalation.	F 323			

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F 334 F 334 SS=D	Continued From page 19 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal	F 334 F 334		1/29/16	

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F 334	<p>Continued From page 20</p> <p>immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure all residents were offered a yearly influenza vaccine.</p> <p>This applies to 2 residents (R1, R3) reviewed for yearly influenza vaccines in the sample of 5 and 1 resident (R40) in the supplemental sample.</p> <p>The findings include:</p>	F 334			

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F 334	Continued From page 21 On January 12, 2016 at 3:30PM, E17 (Registered Nurse-RN) stated nursing staff "missed" offering and giving the yearly influenza vaccine in October/November 2015 to three residents: R1, R3 and R40. The facility Immunization Tracking Log dated 2015/2016, shows R1, R3 and R40 did not receive the 2015-2016 influenza vaccine (offered and given in October/November 2015 to the residents). The facility's Influenza Immunization policy dated August, 2014 shows "The facility will conduct an aggressive influenza immunization program annually...the Director of Nursing or designee will coordinate the influenza immunization program."	F 334			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in	F 431		1/29/16	

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F 431	<p>Continued From page 22</p> <p>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to label multi dose medication vials with an open date and expiration date. The facility failed to dispose of expired and discontinued medications.</p> <p>This applies to 5 residents (R19, R31, R47, R48, R49) reviewed for medications in the supplemental sample.</p> <p>The findings include:</p> <p>On January 11, 2016 at 1:15 PM, the second floor hall medication cart contained multi dose insulin vial. R47 had two vials of Humalog insulin open. Vial #1 was dated December 2, 2015 (open for 40 days) and vial #2 was dated December 3, 2015 (open for 39 days). R48 had one vial of Humalog open with an open date of December 3, 2015 (open for 39 days). E5 (Licensed Practical Nurse-LPN) stated, "The insulin is good for 28</p>	F 431			

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F 431	<p>Continued From page 23</p> <p>days after they are opened." The second floor medication refrigerator had a multi use tuberculin vial that was open with no open date recorded. There was a multi use influenza vaccine vial open with no open date recorded. E5 stated, "We usually date multi use vials with an open date."</p> <p>On January 11, 2016 at 2:00 PM, the first floor medication cart contained multi dose insulin vials. R31 had a vial of Lantus open with no open date recorded. R19 had a vial of Novolog open and Lantus open, neither with an open dated recorded. The first floor medication refrigerator contained a bottle of liquid Vancomycin (antibiotic) for R19 that had an expiration date of December 16, 2015. E7 (LPN) stated, "R19 is not on that medication." The first floor refrigerator also contained two boxes of Novolog flex pens with expiration dates of September 24, 2015 and September 12, 2013 for R49 and a box of Levemir flex pen with a dispense date December 1, 2014. E7 stated, "R49 is deceased. We are supposed to send medications back to the pharmacy when residents are discharged."</p> <p>On January 13, 2016 at 9:30 AM, E2 (Director of Nursing-DON) stated, "Insulin, influenza, and tuberculin vials should be dated with an open date. Insulin is good for 30 days after opening. We should destroy medications if the residents medication is discontinued, the resident discharges, or the resident passes away."</p> <p>The Insulin Storage and Stability from the insulin manufacturer dated July/August 2002 states Humalog, Lantus, and Novolog are good for 28 days.</p>	F 431			
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		1/29/16	

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F 441 SS=D	Continued From page 24 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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441			

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

PRINTED: 03/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/13/2016
NAME OF PROVIDER OR SUPPLIER PEARL PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH KIWANIS DRIVE FREEPORT, IL 61032		
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F 441	Continued From page 25 This REQUIREMENT is not met as evidenced by: Based on Observation, Interview and Record Review the facility staff failed to wash her hands after providing incontinence care for a resident and prior to touching contact surfaces to prevent contamination of the surfaces. This applies to 1 of 15 residents (R18) reviewed for infection control in the sample of 15. The findings include: On January 11, 2016 at 1:05PM, E18 CNA (certified nursing assistant) was providing care for R18 who had been incontinent of stool. E18 had gloves on and threw the soiled linen and incontinence brief on the floor. E18 covered R18 up with a sheet and lowered his bed. E18 picked the soiled linen and incontinence brief up from the floor and walked over to the garbage. There wasn't a liner in the can so E18 walked through the adjoining bathroom to another resident's room and put the soiled linen and incontinence brief in bags. E18 tied the bags, came back into R18's room, grabbed the mechanical lift and left R18's room with the bags and the same gloves on her hands. On January 12, 2016 at 9:15AM, E18 stated, "Dirty linen and the incontinence brief is not supposed to go on the floor." E18 stated she should have washed her hands before she left the room and confirmed R18 had been incontinent of stool. The facility's Incontinency Care Policy (September 2014) showed after staff provide care for resident's they are to "remove gloves and wash hands." The facility's Infection Control Policy (September 2014) showed, "All facility personnel shall adhere to the Infection Control Program in the	F 441			

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F 441	Continued From page 26 performance of their daily assignments. Handwashing is essential."	F 441			