

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

PRINTED: 08/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2014
NAME OF PROVIDER OR SUPPLIER HERRIN REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE HERRIN, IL 62948		
(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 159 SS=B	<p>Annual Licensure and Certification Survey 483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>	F 159			

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 159	<p>Continued From page 1</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide the quarterly reports of resident's funds to the Resident/Power of Attorney for 3 of 3 residents (R2, R5, R6) reviewed for resident's funds in the sample of 10 and 17 residents (R11, R13, R15, R17, R18, R19, R20, R21, R23, R24, R26, R28, R29, R30, R31, R33, R34) in the supplemental sample.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 7/23/14 at 9:30 a.m., during the Quality of Life Assessment Group Interview, R6, R17, and R18 stated that they never have received a quarterly report of the amount of money they have in their accounts, that they did not know how much money they had in their accounts, and that they would like to know how much money they had in their accounts. R6, R17, and R18 went on to say that they did not know that they were supposed to be receiving quarterly reports. On 7/29/14 at 9:45 a.m., E12, Social Service Director, stated that R13's Brief Interview for Mental Status dated 6/6/14 documented that R13 	F 159			

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F 159	<p>Continued From page 2</p> <p>was moderately cognitively impaired. On 7/25/14 at 4:45 p.m., R13 stated that he has never been given a report of how much money he has in his account. R13 went on to say that he used to ask but has quit asking and now he has given up. R13 also said that he has lived at the facility for about 2 years and that he doesn't know how much money he has.</p> <p>3. On 7/25/14 at 3:50 p.m., Z1 (R5's Power of Attorney) stated that he has never seen a statement/report of R5's funds. Z1 went on to say that he has never received any statement of funds in the mail and no one has ever given him a statement of R5's funds.</p> <p>4. On 7/24/14 at 2:00 p.m., Z2 (R15's Power of Attorney) stated that R15 has lived at the facility since October, 2013 and that he has never received a report of his mother's funds. Z2 went on to say that the only thing he gets in the mail from the facility is a bill.</p> <p>5. On 7/24/14 at 3:15 p.m., Z3 (R20's Power of Attorney) stated that she never has received anything to look at or anything to sign regarding R20's funds.</p> <p>6. On 7/24/14 at 2:15 p.m., E8, Business Office Manager, presented this surveyor with a typed paper titled Current Resident's With Trust Funds. There were 20 residents (R2, R5, R6, R11, R13, R15, R17, R18, R19, R20, R21, R23, R24, R26, R28, R29, R30, R31, R33, R34) listed on this paper as having trust funds. At this same time, E8, Business Office Manager, also presented this surveyor with the current Trust Statements for each of the 20 residents. On 7/24/14 at 2:25 p.m., E8, Business Office Manager, stated that</p>	F 159			

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F 159	Continued From page 3 she just started this job in April, 2014 and that she couldn't find anything to show that the Resident's Funds Statements have been mailed out. E8, Business Office Manager, went on to say that the Resident's Funds Statements should have been mailed out and that she would start doing that immediately.	F 159			
F 174 SS=B	7. The facility's undated policy titled Resident Trust Fund Policy Notification and Authorization documents, under the heading Purchases and Withdrawals, "Quarterly statements are issued to all residents detailing account activity". 483.10(k),(l) RIGHT TO TELEPHONE ACCESS WITH PRIVACY §483.10(k) Telephone The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard. §483.10(l) Personal Property The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on interview, observation, and record review, the facility failed to provide access to the use of a private telephone for 2 of 2 residents (R5, R6) reviewed for private phone access in the sample of 10 and 5 residents (R13, R14, R17, R18, R25) in the supplemental sample. Findings include:	F 174			

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F 174	<p>Continued From page 4</p> <p>On 7/23/14 at 9:30 a.m., during the Quality of Life Assessment Group Interview, R5 stated that she would like to talk privately on the telephone but that the facility did not provide a private phone. R5 went on to say that the only phone that is available to use is the phone at the nurse's station. R5 also stated that when she is talking on the phone at the nurse's station people bump into her because her wheelchair is so big. R5 said that while she is talking on the phone at the nurse's station, people will listen to what she is talking about. R5 also said that there is a black cell phone on the medication cart but staff always tells her that the phone is "out of minutes". R5 stated that she has asked 4 times to use the cell phone but she never got to use it.</p> <p>On 7/25/14 at 4:15 p.m., R18 said she would like to talk privately on the phone if the facility would provide a private phone.</p> <p>On 7/25/14 at 4:45 p.m., R13 stated that he will not use the telephone at the nurse's station because everyone listens to what he is talking about. R13 went on to say that he would like to talk on the phone but he does not because he cannot talk on the phone privately. R13 also said that he has seen residents talk on the phone at the nurse's station with staff listening, and then later, everyone knew what they had been talking about.</p> <p>On 7/23/14 at 4:00 p.m., when asked about the residents being able to talk privately, E1, Administrator, stated that there was a cell phone on the medication cart that the residents can use. E1 went on to say that the residents can use the telephones in the administrative offices, but when</p>	F 174			

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F 174	Continued From page 5 questioned further, E1 stated that when the administrative staff is not at the facility their offices are locked so their phones would not be available. This would make the administrative staff telephones unavailable in the evenings, at night and on the weekends. On 7/25/14 at 2:45 p.m., E2 Director of Nursing, took the black cell phone from the medication cart. At this same time, the black cell phone was not charged and could not be used. On 7/25/14 at 3:30 p.m., E1 and E2 had the black cell phone that had been located in the medication cart. This black cell phone was not charged and did not have any "minutes" on it. The last call registered on the black cell phone was on 10/14/13. On 7/25/14 at 3:35 p.m., E1 and E2 stated that the black cell phone that was on the medication cart was not usable and had not been used since 10/14/13. On 7/29/14 at 10:00 a.m., E1 presented a list of residents who were able to use the telephone. On this list, R5, R6, R13, R14, R17, and R25 were named as able to use the telephone and not having their own personal cell phone.	F 174			
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 241			

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F 241	<p>Continued From page 6</p> <p>review, the facility failed to provide grooming assistance for two of nine residents (R3, R4) reviewed for dignity in the sample of 10 and two residents (R19, R23) in the supplemental sample.</p> <p>Findings include:</p> <p>1. On 07/22/14 at 9:30 a.m. R3 was wearing a white sweater, red sweater vest and black and white checked pants. On 7/23/14 at the noon meal at 12:15 p.m., R3 was wearing the same clothes as the day before. On 7/24/14 at 9:00 a.m. R3 was again wearing the same clothing.</p> <p>On 07/25/14 at 8:30 am, when R3 was asked if she had been wearing the same clothing several days in a row, R3 stated, "No, I don't think so." At that time, R3 was wearing the same clothing that was observed on the previous three days.</p> <p>On 07/25/14 at 8:50 am, E7, Certified Nurse Aide, stated staff were not aware the resident had been wearing the same clothing four days in a row, and that R3 had an issue with wanting to wear the same clothes over and over if not redirected.</p> <p>R3's Care Plan dated 02/20/14 listed problem areas of impaired cognitive function secondary to Dementia, and activities of daily living self care deficit. A Minimum Data Set dated 05/16/14 showed a Brief Interview for Mental Status score of 1, which indicated R3 has severe impairment in cognitive functioning.</p> <p>2. At the noon meal on 7/24/14, at 12:30 p.m., R23 had long facial hair. On 7/25/14 at 10:00 a.m., R23 continued to be unshaven, with long facial hair.</p>	F 241			

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F 241	Continued From page 7 According to a Grievance/Complaint Form dated 5/4/14, on 5/4/14, Z5, R23's family member, filed a grievance stating R23 needed to be shaved . According to a Grievance/Complaint Form dated 6/19/14, on 06/19/14, Z4, Ombudsman, filed a grievance stating that R19 needed to be shaved. 3. On 7/22/14 at 9:00 a.m., 7/23/14 at 11:00 a.m. and 7/24/14 at 10:00 a.m. R4 had long facial hair and fingernails that needed to be trimmed and were grown over the end of each finger. On 7/25/14 at 1:00 p.m. and 7/29/14 at 9:00 a.m. R4's fingernails remained long and were in need of trimming. At 10:00 a.m. on 7/24/14, E6 (Certified Nurse Aide) said R4 did need to be shaved because he had facial hair. On 7/25/14 at 8:55 a.m., E7 (Certified Nurse Aide) said R4 was dependent on staff to provide grooming and care. E7 said she noticed R4 had long fingernails but did not trim them because R4 was tired. R4's MDS (Minimum Data Set) dated 7/16/14 showed R4 had impaired cognitive skills and was unable to complete the Brief Interview for Mental Status. The MDS also documented R4 required assistance for all Activities of Daily Living. The undated Policy and Procedure titled Care of Fingernails / Toenails documents "the purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections."	F 241			
F 280 SS=E	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	F 280			

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F 280	<p>Continued From page 8</p> <p>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 observation, interview, and record review, the facility failed to revise the plan of care to reflect significant weight loss, insomnia, changes in skin condition, and interventions for poor clothing related hygiene for 4 of 10 residents (R1, R3, R7, and R8) reviewed for care plans in the sample of 10.</p> <p>Findings include:</p> <p>1. According to the Weights and Vitals Exceptions record dated 6/18/14, R1 weighed 172 pounds on 1/9/14, 140 pounds on 2/10/14, 138 pounds on 6/9/14, and 146 pounds on 7/3/14. According to the initial Nutritional Assessment dated 9/6/13, R1's ideal body weight is between 149 and 183 pounds.</p>	F 280			

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F 280	<p>Continued From page 9</p> <p>R1's Care Plan with a target date of 8/18/14 states, "R1 admitted to this facility with a weight of 172 and is 70 inches in height. Ideal Body Weight: 149 - 183 pounds. He is currently on a regular diet with thin liquids..." R1's corresponding Care Plan goal is "R1 will maintain adequate nutritional status, appetite without any significant changes in weight through next review." No mention was made of R1's significant weight loss and underweight status.</p> <p>On 7/22/14 at 12:10 p.m., R1 was in the dining room with a regular lunch tray, and a 6 ounce glass of liquid. R1 finished the liquid promptly, and was not offered any additional food or liquids. R1 left the table at 12:50 p.m.</p> <p>2. a) According to an untitled resident weight record, R8 weighed 100 pounds on 4/7/14, 81 pounds on 5/9/14, 81 pounds on 6/5/14, and 83 pounds on 7/7/14.</p> <p>According to R8's Care Plan with a target date of 10/5/14, R8 "has a current weight of 100 pounds...ideal body weight of 90 to 110 pounds." R8's corresponding Care Plan goal is, "R8 will maintain adequate nutrition status without any significant weight changes through next review." R8 was in the dining room at the lunch meal on 7/23/14 at 12:15 p.m. R8 had received a mechanical soft diet, and had pushed away her tray without eating any of her food.</p> <p>b) According to the Care Plan with a target date of 10/5/14 R8 had 2 stage 2 pressure areas. On 7/25/14 at 11:00 a.m., E2, Director of Nurses, stated that the wounds had been healed on 7/3/14, and acknowledged that the Care Plan had not been updated.</p>	F 280			

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F 280	<p>Continued From page 10</p> <p>3. For a period of four days, from 07/22/14 through 07/25/14, R3 was observed wearing the same white sweater, red sweater vest, and black and white checked pants.</p> <p>On 07/25/14 at 8:50 am, E7, Certified Nurse Aide, stated R3 has an issue with wanting to wear the same clothes over and over if not redirected, and that R3 sleeps in her clothing.</p> <p>R3's Care Plan dated 02/20/14 listed a problem area of activities of daily living self care deficit. An intervention for this problem area included "Requires minimal staff participation to dress." Nothing in the problem area or interventions indicated that R3 would choose to sleep in her clothing. A Minimum Data Set dated 05/16/14 showed a Brief Interview for Mental Status score of 1, which indicated R3 had severe impairment in cognitive functioning.</p> <p>4. R7's Admission Record dated 4/16/2014 includes a diagnoses of Insomnia. R7's Physician's Order Sheet for July 2014 includes a diagnoses of Insomnia and an order for Trazodone 50 milligrams at bedtime for Insomnia. R7's Care Plan dated 4/25/2014 does not identify Insomnia as a problem, nor does it list non-pharmacological interventions to be implemented. R7's Care Plan does not identify the need to monitor for effectiveness of R7's medication, possible medication side effects, or to plan for possible gradual dose reduction.</p> <p>On 7/25/14 E5, Care Plan Coordinator, stated that Insomnia should be addressed on R7's Care Plan.</p>	F 280			

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F 282 F 282 SS=D	Continued From page 11 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide communication boards as indicated in the care plan, and to administer a medication at bedtime as ordered by the physician for 2 of 10 residents (R1, R7) reviewed for plan of care in the sample of 10. 1. a) According to R7's MDS (Minimum Data Set) of 4/25/2014, R7 scored a 14 on the Brief Interview for Mental Status section which indicates R7 was cognitively intact. Section B0600, Speech Clarity, of the same MDS describes R7's speech as "Unclear speech-slurred or mumbled words." R7's Care Plan initiated 4/25/2014, indicates that R7 has a "communication problem related to a diagnosis of Cerebral Palsy." Interventions for this problem include "R7 is able to communicate by: using communication board, and gestures." On 7/24/2014 at 9:45 a.m., R7 stated that R7 did not have a communication board but thought it might be helpful and would like to try it. On 7/25/2014 at 8:30 a.m., E5, Care Plan Coordinator, stated that E5 had added the	F 282 F 282			

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F 282	<p>Continued From page 12</p> <p>intervention of the communication board to R7's Care Plan because E5 sometimes could not understand R7. E5 confirmed that R7 did not have a communication board and that E5 thought that it had been implemented.</p> <p>b) R7's Physician Order Sheet for July 2014 includes a diagnoses of Insomnia. An order for Remeron 15 milligrams one-half tablet at bedtime for Insomnia was written on R7's May 2014 Physician's Order Sheet on May 29, 2014. This medication was scheduled for and documented as given at 5:00 p.m. on R7's Medication Administration Record's of May 29, 2014 through June 30, 2014. This medication was scheduled to be given at 8:00 a.m. on R7's July 2014 Medication Administration Record, and documented as given at that time. R7 received this medication at 8:00 a.m. from July 1, 2014 through July 25, 2014.</p> <p>On July 25, 2014, E5 received a telephone order from Z6, R7's Physician, which clarifies the indication for this medication as an appetite stimulant.</p> <p>On 7/24/2014 at 9:45 a.m., R7 stated that she was still having some difficulty with sleep, both with falling asleep and staying asleep.</p> <p>On 7/25/2014 at 8:30 a.m., E5, Care Plan Coordinator stated that the physician order written on 5/29/2014 does state that the medication is for "Insomnia" and should have been given at R7's bedtime, not 5:00 p.m. or 8:00 a.m.</p> <p>2. According to the Care Plan with a target date of 8/18/14, R1 is deaf and uses a communication board to communicate with staff. The</p>	F 282			

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F 282	<p>Continued From page 13</p> <p>corresponding goal states, "R1 will maintain current level of communication function with communication board through next review date." Corresponding interventions include: 1) Anticipate and meet needs; 2) Encourage resident to continue stating thoughts even if resident is having difficulty. Focus on a word or phrase that makes sense or responds to the feeling resident is trying to express; and 3) Use communication board techniques which enhance interaction: Allow adequate time to respond. Repeat as necessary, do not rush, request feedback, clarification from the resident, to ensure understanding, face when speaking and make eye contact....ask yes/no questions if appropriate, use simple, brief consistent words/cues, use alternative communication tools as need such as communication book/board, writing pad, gestures, signs, and pictures.</p> <p>On 7/22/14 at 12:10 p.m., R1 was in the dining room with a lunch tray, and 6 ounces of liquid in a small glass. R1 did not have a communication board or any other communication device with him. R1 promptly finished all of the liquid in the glass and began eating his meal. At 12:30 p.m., R1 lifted his glass and looked into it, attempted to drink out of the empty glass, and set it back down again.</p> <p>At 12:35 p.m.. on 7/22/14, R1 picked up his cup and walked to the other side of the table. R1 set his cup down on the other side of the table and squatted down, reaching under the table and attempting to manipulate hardware in the table leg. E10, Certified Nurse Aide (CNA), walked over to R1 and took him by the hand, attempting to guide him back to his seat. As R1 stood, he pointed toward the glass. E10 stated, "It's okay,</p>	F 282			

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F 282	Continued From page 14 it's okay," without looking where R1 was pointing. R1 again motioned toward his glass, unnoticed. E10 assisted R1 to another table and directed him to sit in a chair. At 12:50 p.m., R1 left the dining room without receiving any other fluids with his meal. On 7/23/14 at 12:15 p.m., R1 had his lunch tray and a foam 8 ounce cup, which was empty. R1 was observed again through lunch, until 12:45 p.m. R1 did not have a communication board or any other communication device. Throughout the meal R1 intermittently picked up his empty cup and attempted to drink out of it. R1 did not receive any more fluids. R1's room was observed at 10:30 a.m. and 3:40 p.m. on 7/22/14 and 10:00 a.m. and 1:00 p.m. on 7/23/14, and intermittently through the survey. No communication board or any other communication device were observed in the room at any time.	F 282			
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	F 315			

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F 315	<p>Continued From page 15</p> <p>by: Based on record review and interview the facility failed to obtain a physician's order for the frequency of an indwelling catheter change and failed to provide a diagnosis for an indwelling catheter for 1 of 1 resident (R4) reviewed for catheter use in a sample of 10.</p> <p>Findings include:</p> <p>R4's Minimum Data Set dated 7/16/14 documents that R4 was admitted 7/9/14 from an acute care hospital with an indwelling catheter. There is no diagnosis listed on the Indwelling Foley Catheter Assessment for R4 dated 7/9/14. R4's Initial Plan of Care with the date of 7/9/14 lists the indwelling catheter as an approach under Bowel and Bladder Habits. The Admission Assessment Note with the date of 7/9/14 documents the use of an indwelling catheter but does not document the reason.</p> <p>R4's Physician's Order Sheet dated 7/9/14 through 7/31/14 documents R4 has an order for #18 indwelling catheter, catheter care every shift and change catheter bag weekly.</p> <p>On 7/23/14 at 2:30 p.m. E2 (Director of Nursing) reviewed the record and said she did not see any diagnosis for the indwelling catheter in the medical record nor an order to change the catheter monthly and as needed.</p> <p>At 10:10 a.m. on 7/25/14, E5 (Licensed Practical Nurse) informed surveyor that the facility subsequently obtained a "clarification order" for the indwelling catheter on 7/23/14, which added a diagnosis of Urinary Retention and stipulated that the catheter be changed every month and as</p>	F 315			

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F 315	Continued From page 16 needed.	F 315			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to follow its policy when checking placement for a gastrostomy tube, and administering medication, and failed to maintain elevation of the head of the bed for one of one residents (R4) reviewed for feeding tubes in the sample of 10. Findings include:	F 322			

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F 322	<p>Continued From page 17</p> <p>According to R4's Minimum Data Set dated 7/16/2014 Section C1000 Cognitive Skills for Daily Living, R4 is moderately cognitively impaired. This same document indicates that R4 requires extensive assistance of two people for bed mobility.</p> <p>On 7/23/2014 at 8:45 a.m., R4 was lying in bed with gastrostomy tube in place and a continuous feeding running through the tube. The head of R4's bed was raised approximately 10-15 degrees. On 7/23/2014 at 8:45 a.m., E9 LPN (Licensed Practical Nurse) stated that the head of the bed should have been raised higher and that it normally was.</p> <p>E9 checked for proper placement of the gastrostomy tube by checking for residual stomach contents with a 60 cc (cubic centimeter) syringe. E9 stated that he does not check for tube placement with a stethoscope if residual stomach contents are obtained. E9 administered six crushed medications simultaneously, diluted in water, through the gastrostomy tube by placing the solution in a syringe and pushing it through the tube with the plunger of the syringe.</p> <p>The facility policy titled "Medication Administration via Feeding Tubes " with a revision date of April 2001, states "Verify tube placement by forcefully injecting air into the tube while listening to the abdomen with stethoscope for bubbling sound," and "Unclamp the tube and allow medications to flow by gravity into tube while adding enough water to flush medications through tube."</p> <p>On 7/24/2014 at 8:55 a.m., E2, Director of Nursing stated that the medications should have been administered separately, not mixed</p>	F 322			

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F 322	Continued From page 18 together, and should have been given by gravity and not pushed through syringe.	F 322			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to coordinate assessments and information and provide recommended and ordered services to prevent weight loss for one of three residents (R8) reviewed for weight loss in the sample of 10. Findings include: According to the Face Sheet dated 3/28/14, R8 was admitted to the facility on 3/28/14. According to the Physician's Order Sheet for July 2014, R8 had a diet order for a mechanical soft diet, fortified pudding with meals, and offer cookies with 8 ounces of (a 2 calorie per cc -cubic centimeter - nutritional formula) between meals three times per day. According to an untitled resident weight record, R8 weighed 100 pounds	F 325			

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F 325	<p>Continued From page 19 on 4/7/14, 81 pounds on 5/9/14, 81 pounds on 6/5/14, and 83 pounds on 7/7/14.</p> <p>According to R8's Care Plan with a target date of 10/5/14, R8 "has a current weight of 100 pounds...ideal body weight of 90 to 110 pounds. She is on a mechanical soft NCS/NAS (No Concentrated Sweets/No Added Salt) diet with 20 ounces (a 2 calorie per cc -cubic centimeter - nutritional formula) with meals."</p> <p>On 7/24/14 at 11:30 a.m., the tray card specifying parameters for R8's meals stated, "NAS (No Added Salt) mechanical soft diet." Under the "breakfast" tab, the card read, "bananas oatmeal, 2 ounces (a 2 calorie per cc -cubic centimeter - nutritional formula) three times a day with meals, dislikes eggs." Under the "lunch" and "supper" tabs the card read, "likes (fast food) hamburgers, 2 ounces (a 2 calorie per cc -cubic centimeter - nutritional formula)."</p> <p>According to a RD (Registered Dietitian) Note dated 7/13/14, R8 "eats better at restorative table with cueing and being fed as needed."</p> <p>On 7/23/14 at 12:10 p.m., R8 was sitting at a regular lunch table with 3 peers. By 12:15 p.m., R8's 3 peers had all received and were eating their lunches. At 12:20 p.m., 2 of R8's peers had eaten all their food, and one had left the table. R8 received her lunch at 12:20 p.m. At 12:25 p.m., R8's lunch, which consisted of ground liver, beans, mashed potatoes, bread, and a piece of cake had been moved toward the center of the table, and R8 had a piece of cake in front of her. The lunch did not include the fortified pudding stipulated on the July 2014 Physician's Order Sheet. E3, Dietary Worker, stood nearby. No</p>	F 325			

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F 325	Continued From page 20 staff were at R8's table cuing and encouraging or assisting R8 with her meal. When asked, on 7/23/14 at 12:30 p.m., whether R8 had tried her food, E3 stated, "This is every day. Usually what she wants is sweets." When asked whether R8 had been offered a substitute for the food on her plate, E3 stated, "She only likes sweets. She'll eat peanut butter and honey, oatmeal, and some other things sometimes." R8 consumed a small taste of the cake, and left the dining room at 12:40 p.m. When questioned on 7/24/14 at 4:00 p.m., regarding whether R8 was receiving any supplements, E2, Director of Nursing, presented an untitled food consumption log for July 2014 which indicated that R8 was receiving and consuming 4 ounces of the 2 calorie per cc supplement 3 times per day, between meals and at bedtime. E2 acknowledged that R8 had not been receiving the fortified pudding with meals, and stated that this oversight would be immediately corrected. On 7/25/14 at 8:15 a.m., R8 was sitting in the dining room at a regular table with one other peer. R8's breakfast tray included scrambled eggs. R8 did receive fortified pudding at this meal, and ate a small quantity of it. Other than that R8 had eaten none of her food, and her plate had been pushed away. No staff were with R8 encouraging her to eat her meal or supplement.	F 325			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.	F 332			

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F 332	Continued From page 21 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to: administer one ordered medication, give two medications in liquid form, and to administer medications separately through a gastrostomy tube. There were 39 opportunities with 2 errors resulting in a 5.12 % error rate. The errors involved 1 resident (R4) in the sample of 10 out of 17 residents observed during medication administration Findings include: R4's Physician Order Sheet for July 2014 includes orders for: Ferrous Sulfate Syrup 325 mg (milligrams) per tube daily and Multi-Vitamin Liquid 5 ml (milliliters) per tube (gastrostomy) daily, and Famotidine Suspension 40 mg/5 ml, 20 mg per tube BID (twice daily) scheduled for 8 a.m. and 5 p.m. R4's Physician Order Sheet for July 2014, includes orders for 5 additional medications to be administered at 8:00 a.m. On 7/23/2014 at 8:45 a.m., E9, LPN (Licensed Practical Nurse) administered Ferrous sulfate and the Multi-Vitamin in crushed tablet form and administered all medications simultaneously through the gastrostomy tube. The Famotidine suspension was not administered. On 7/24/2014 at 8:55 a.m. E2, Director of Nursing, stated that a physician order should be obtained before administering medications that are ordered in liquid form, in a crushed tablet form. E2 also stated that medications should not	F 332			

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F 332	Continued From page 22	F 332			
F 425 SS=D	<p>be be mixed together, but given separately through a gastrostomy tube.</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to document the date opened on 2 vials of insulin and one pre-filled insulin injection syringe for 3 residents (R27, R29, R32) in the supplemental sample.</p> <p>Findings include: On 7/22/2014 at 4:30 p.m., a vial of Humalog</p>	F 425			

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F 425	Continued From page 23 insulin for R27, a vial of Lantus insulin for R29 and a Novolog pre-filled insulin syringe for R32 were found open and were not labeled with the date opened. On 7/22/2014 at 4:40 p.m. E2, Director of Nursing and E9, Licensed Practical Nurse, stated that all insulin vials and pre-filled syringes should be labeled with the date they are opened. On 7/31/2014 at 3:35 p.m., in a telephone interview, Z7 Pharmacist stated that different types of insulin vary in how long they can be used after being opened and that the pharmacy has a document with this information which she believes has been provided to the facility. Z7 also stated that when insulin is sent to the facility the pharmacy includes a sticker on the packaging that is to be used for recording the date the vial is opened and placed on the vial.	F 425			
F 441 SS=E	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.	F 441			

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F 441	<p>Continued From page 24</p> <p>(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.</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 ensure handwashing was performed during the dressing change for 1 of 1 resident (R4) reviewed for dressing change in a sample of 10 and failed to properly sanitize glucose monitors for 3 of 3 residents (R27, R31 and R32) in the supplemental sample.</p> <p>Findings include:</p> <p>1. On 7/24/14 at 10:45 a.m., E4 (Registered Nurse) was observed changing the dressing on R4's Peripherally Inserted Catheter. At no time during the dressing change did E4 wash her hands or clean her hands with alcohol gel.</p>	F 441			

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F 441	<p>Continued From page 25</p> <p>On 7/24/14 at 10:45 a.m., prior to the dressing change, E4 stated that she washed her hands before entering R4's room. On 7/24/14 after the dressing change observation, at 11:10 a.m. E4 asked if it was okay that she used alcohol gel to clean her hands during the dressing change instead of washing her hands with soap and water. E4 said during the dressing change she turned her back to the surveyor and used the alcohol gel to clean her hands. At 11:25 a.m. on 7/24/14, E6 (Certified Nurse Assistant) stated she did not see E4 wash her hands with soap and water or clean her hands with alcohol gel during the dressing change on R4. E6 was present throughout the dressing change procedure.</p> <p>The facility's policy titled Dressing Change, Peripherally Inserted Central Catheter with the date January 2012 documents staff are to wash hands before performing the dressing change, after discarding the old dressing and again after disposing of used supplies and removing the mask and gloves.</p> <p>2. The facility's policy for "Obtaining Blood Glucose Levels" with a review date of May 2014, states, "Clean each glucometer meter with an individual germicidal wipe. Follow the manufacturer's recommendation on container of germicidal wipes for cleaning and drying time. Clean the glucometer before and after each resident."</p> <p>Instructions on the container of the germicidal wipes used by the facility state: "Use a wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet surface. Treated surface must remain visibly wet for</p>	F 441			

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F 441	Continued From page 26 for a full 2 minutes. Use additional wipes if needed to assure continuous 2 minute wet contact time. Let air dry. " On 7/22/2014 at 12:00 p.m., E4, RN (Registered Nurse) obtained the blood testing meter from a drawer in the medication cart. E4 stated that the meter had been previously cleaned. E4 then performed a blood glucose test for R27. After completing the test, E4 briskly wiped the blood glucose meter with a germicidal wipe for approximately 5 seconds. E4 then performed blood glucose tests for R31, R32, consecutively and then cleaned the blood glucose meter in the same manner, not providing a 2 minute wet contact time. On 7/23/2014 at 4:30 p.m., E9 LPN (Licensed Practical Nurse), obtained the glucose meter from the top drawer of the medication cart and performed a blood glucose test for R27. After completing the test, E9 briskly wiped the blood glucose meter for approximately 10 seconds, not providing a 2 minute wet contact time. On 7/23/2014 at 4:30 p.m., after obtaining the blood glucose meter from the medication cart drawer, E9 stated that he presumed that the meter had been cleaned after its last use, and proceeded with the blood glucose test without cleaning the meter prior to use, as instructed in facility policy.	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.	F 458			

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F 458	<p>Continued From page 27</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview, the facility failed to provide at least 80 square feet of floor space per resident bed in 24 of 24 multiple resident rooms in the facility. This failure has the potential to affect all 33 residents in the facility.</p> <p>The findings include:</p> <p>1. During the environmental tour of the facility on 7/22/14 at 9:15 a.m., resident room 2 was being used as an office and resident room 4 was being used as a conference room. Also during this tour, resident rooms 3, 6-8, 11, 15-17, 19, 20, 22-26 all have 2 beds each and only provide 73.4 square feet of floor space per resident bed. Resident rooms 5, 9, 12, 14, 18, and 21 were certified for 2 beds but only had 1 bed each, and also provided only 73.4 square feet of floor space per resident bed. Resident room 10 had 2 beds and only provided 70.4 square feet of floor space per bed.</p> <p>Resident room numbers and residents residing in the undersized rooms were verified using the facility roster dated 7/22/14. Residents residing in these rooms are R1-R9 and R11-R34.</p> <p>At the time of the survey, the space provided in these rooms was adequate to meet the personal and nursing needs of the residents.</p> <p>On 7/24/14 at 4:30 p.m., E1, Administrator, stated that these rooms were Medicare/Medicaid certified and provided less than the required</p>	F 458			

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F 458	Continued From page 28 square footage per bed.	F 458			
F 463 SS=E	<p>According to the Resident Census and Conditions of Residents report dated 7/22/14, the facility had 33 residents.</p> <p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH</p> <p>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to consistently provide a functioning call system for the resident bathrooms and several rooms on the B wing and one room on the A wing, for 3 of 10 residents (R1, R2, and R7) in the sample of 10 and 11 residents (R16, R20, R21, R22, R23, R24, R25, R26, R27, R28, and R29) in the supplemental sample.</p> <p>Findings include:</p> <p>At 4:45 p.m. on 7/22/14, surveyor asked R26 whether she used her call button, and R26 responded, "We don't have call buttons." Surveyor then checked around room for call buttons, and found both call buttons, for bed 1 and 2, lying on the floor beneath a nightstand, where they were not visible without moving the stand. Surveyor attempted to activate the call buttons and found both to be non-functioning. When asked at 4:45 p.m. on 7/22/14 what R26 did when she needed assistance, R26 stated that</p>	F 463			

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F 463	Continued From page 29 she would get most things for herself, indicating toward an empty water pitcher and stating that she would like some ice. R26 stated, "I never see any staff down here." At 4:45 p.m. on 7/22/14, surveyor attempted to activate the call system in both bathrooms in the B hall, and found them to be non-functioning. Additionally, the call system buttons were not functioning at Room 22 bed 2, and the call system button was missing from room 10 bed 2. At 4:45 p.m. on 7/22/14, 3 consoles at the nurse's station indicated which residents had activated call lights and were waiting for assistance. The "battery" lights on the consoles corresponding to Hall A and Hall C were flashing. On 7/24/14 at 11:40 a.m., the battery lights continued to flash. When questioned regarding the battery lights, on 7/24/14, E11, Maintenance Director, stated that the orange lights indicated that the batteries were low. When then asked how and where the batteries could be changed, E11 stated that he was not very familiar with the system, and was awaiting additional information. When then asked how often the call buttons were checked and whether there was a log of the information, E11 stated that he checked them once a month but didn't keep a record. According to an untitled facility roster dated 7/22/14, R1, R2, R7, R20, R21, R22, R23, R24, R25, R26, R27, R28, and R29 all resided on B Hall, and R16 resided on the A Hall.	F 463			
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	F 465			

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F 465	<p>Continued From page 30</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain the facility environment and equipment in a safe, functional, and comfortable manner for 3 of 10 residents (R1, R2, R6) in the sample of 10 and at least 5 residents in the supplemental sample (R20, R22, R23, R26, R27).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 7/22/14 at 12:30 p.m., the following conditions were observed: <ol style="list-style-type: none"> a. In rooms 15 and 16 there were large stains on the floor tile. Also in room 15, the wall beneath the air conditioner was damaged and the plaster was crumbling. b. In room 18 the wall was scraped in numerous spots, and uncovered spackle was visible. c. The floor by the nurse's stations was darkened and soiled in places with numerous spots from dried liquids, smudges. d. The kitchen door was badly scuffed and in need of cleaning. e. The dining room floor was darkened and in need of cleaning. 	F 465			

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F 465	Continued From page 31 f. In the dining room, 4 dining chairs with armrests had at least one torn arm rest taped together with duct tape. R6 and R20 both had wheelchairs with damaged armrests which were crackled and rough-edged, and would not be cleanable due to compromised surface and exposed foam. g. Numerous doors throughout the facility were badly scuffed and in need of cleaning and/or paint. h. The sink in the second bathroom on B hall was hanging at a slight angle, and could be easily moved. 2. On 7/22/14 at 4:45 p.m., R26 stated, "It's a shame they let the floors get in this shape." R26 motioned toward the floor of her room, which was heavily soiled with numerous black scuffs. R26 also pointed out a mismatched drawer on the dresser, 2 mismatched cabinet handles, a nail sticking out of the dresser, and cardboard and duct tape used to cover a gap in the window next to the air conditioner. R26 pointed toward the open door to the room across the hall (16) noting that the air conditioner gap was also in poor condition and duct taped, and the furniture and floor were in poor condition. The second bed in room 18 had been stripped down to the sheet, but the sheet remained, very wet with a urine odor. R26 stated, "I was so surprised; I've been very disappointed." 3. On 7/22/2014 at 11:10 a.m., a dried, bright red stain was noted on the floor next to the bed in room 15. On 7/22/2014 at 12:40 p.m., a pad was noted on the floor next to the bed in room 15. The	F 465			

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F 465	Continued From page 32 red stain was still on the floor underneath the pad. On 7/23/2014 at 9:40 a.m., the red stain was still present. At 10:30 a.m., E10, Certified Nurse Aide, stated she was unsure what the stain was from, it did not appear to be food, and she would have Housekeeping take care of it. According to an untitled facility roster dated 7/22/14, R1, R2, R20, R22, R23, R26, and R27 resided in rooms affected by conditions as described above.	F 465			