

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

PRINTED: 03/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145789	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2015
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - GENESEO VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254		
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F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>Annual Certification Survey</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, and interview, the facility failed to develop a comprehensive care plan for the precautions and the treatment of a drug resistant infection for one resident (R9) of fifteen residents reviewed for care plans in the sample of fifteen.</p> <p>The facility policy, entitled Care Plan [dated September 2012], states, "Care plans also will be</p>	F 279			

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 279	Continued From page 1 reviewed, evaluated, and updated when there is significant change in the resident's condition and/or in accordance with state guidelines." The facility Procedure [policy], entitled Comprehensive Care Plan and Care Conferences [dated 06/2014], states, "The interdisciplinary team will ensure that the care plan is comprehensive by incorporating the following: Physician's orders and diagnoses that are currently being treated." On 3/10/2015, R9's summary sheet, on the facility's online documentation, lists R9's medical diagnoses to include Methicillin Resistant Staphylococcus Aureus (MRSA). R9's laboratory report, dated 03/01/2015, indicates R9's urine contains MRSA. R9's physician's order, dated 3/01/2015, indicates R9 is to be administered Trimethoprim/Sulfamethoxazole one tablet (twice daily/by mouth) for ten days for the MRSA diagnosis. Current careplan for R9 (no date) does not address the current diagnosis of MRSA and the antibiotic treatment plan. On 3/11/2015, at 9:45 a.m., E4 (Nurse Manager) confirmed R9's care plan does not contain documentation on R9's MRSA infection, nor does the care plan address R9's current antibiotic regimen for the MRSA diagnosis. E4 stated, R9's MRSA diagnosis, and antibiotic treatment, should have been added to R9's care plan and [E4] was unsure why the diagnosis and antibiotic regimen was omitted.	F 279			
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	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to administer a medication at the time ordered and failed to administer a medication as prescribed by a physician. There were 30 opportunities with two errors resulting in a 6.66% medication error rate. The errors involved one resident (R13) in the sample of 13 and one resident (R34) in the supplemental sample.</p> <p>Findings include:</p> <p>1. Facility's "Administration of Medication" policy, revised November 2014, states, "Administer medications within at least 60 minutes on each side of ordered time."</p> <p>On 3/11/15 at 11:32 A.M., E7 (Licensed Practical Nurse) administered Carbidopa-Levodopa-Entacapone tablet 50-200-200 milligram (mg) one tablet and Guaifenesin 400 mg tablet by mouth to R13. Upon reconciliation of the current physician orders dated 3/1/15-3/31/15, R13 was also scheduled to receive Ipratropium-Albuterol (DuoNeb) 0.5-2.5 (3)mg/3 milliliter (ml) inhalation at 12:00 p.m.</p> <p>On 3/11/15 at 1:50 P.M., E7 stated E7 marked a scheduled 12:00 P.M. DuoNeb as given at 12:00 P.M. On 3/11/15 at 1:50 pm E7 stated R13 received the DuoNeb at 1:40 P.M.</p> <p>On 3/12/15 at 12:30 P.M. E10 (Registered Nurse Consultant) stated, "The nurses should not mark</p>	F 332			

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F 332	Continued From page 3 a medication as given until it actually is given. If (a medication) is not given within the 60 minute window on each side of the medication, it is considered late." 2. R34's current physician order dated 3/1/15-3/31/15 states, "Pilocarpine HCL (Hydrochloride) Solution 4%. Instill one drop in both eyes three times a day." The same physician order also reads, "Artificial Tear Solution. Instill one drop in both eyes three times a day." On 3/11/15 at 11:54 A.M., E7 instilled one drop of the Pilocarpine HCL solution 4% into each of R34's eyes. E7 waited five minutes, and then grabbed the same bottle of Pilocarpine HCL solution 4%, and instilled one more drop into each of R34's eyes. E7 waited another five minutes, and then instilled one drop of the Artificial Tear Solution into each of R34's eyes.	F 332			
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	F 441			

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F 441	<p>Continued From page 4 actions related to infections.</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 record review, observation, and interview, the facility failed to provide a safe and sanitary environment to help prevent the development and transmission of disease and infection for three of nine residents (R9, R13, and R19) reviewed for infection control in a sample of 15 and 13 residents (R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32) of the supplemental sample. Findings include:</p> <p>1. The facility policy, entitled Resident Health Multidrug-Resistant Organisms [MRSA(Methicillin Resistant Staphylococcus Aureus), VRE</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>(Vancomycin Resistant Enterococcus), CRE (Carbapenum Resistant Enterobacteriaceae) and ESBL (Extended Spectrum Beta Lactamase Producing Bacteria)], dated 04/2013, states: "contact precautions are indicated for the following: 1) "Residents with fecal or urinary carriage of multidrug-resistant organisms whose urine or stool cannot be contained in incontinent products, urine bags or ostomy bags"; 2) "Change gloves and wash hands after contact with material that could contain high concentrations of microorganisms"; and 3) "Dedicate resident care equipment when needed".</p> <p>On 3/10/2015, R9's summary sheet, on the facility's online documentation, lists R9's medical diagnoses to include: Dementia and Methicillin Resistant Staphylococcus Aureus (MRSA). R9's laboratory report for urine culture, dated 03/01/2015, indicates R9's urine contains MRSA. R9's physician's order, dated 3/01/2015, indicates R9 is to be administered Trimethoprim/Sulfamethoxazole one tablet (twice daily/by mouth) for ten days for the MRSA diagnosis. R9's careplan does not address the antibiotic nor diagnosis of MRSA.</p> <p>On 3/10/2015, at 1:45 p.m., E5 (Certified Nursing Assistant), provided incontinence care to R9. E5 put on gloves, without washing E5's hands. E5 placed E5's gait belt around R9 and assisted R9 to the bathroom. E5 then: removed R9's urine saturated, incontinence brief by touching the inside of the brief; tossed the incontinence brief in the trash; reached in to R9's shirt pocket and tossed tissue paper in the trash; held on to the gait belt while cleaning R9's peritoneal area with disposable wipes; applied clean incontinence</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>brief; touched R9's arm, walker, sink, and E5's scrub top; and pulled R9's sweat pants up. E5 did not change gloves during incontinence care.</p> <p>On 3/10/2015, at 2:00 p.m., E5 confirmed that E5 did not wash hands, did not change gloves, uses the same gait belt for other residents on the hall that E5 is currently working, and that R9 has MRSA in R9's urine.</p> <p>On 3/10/2015, at 3:05 p.m., E1 (Administrator) confirmed: 1) R9 has MRSA in R9's urine; 2) there is no dedicated equipment used for R9's care; and 3) R9's care is considered standard precautions, per interpretation, of the facility policy.</p> <p>2. Facility's "Blood Glucose Monitoring" policy, revised November 2013, states, "Wipe the intended puncture site with an alcohol pad or wash with soap and water and let dry...Prepare drop of blood."</p> <p>On 3/11/15 at 11:42 A.M., E7 performed a blood glucose monitoring test to R19 's left index finger. Prior to puncturing R19's left index finger, E7 did not swab area with an alcohol swab or clean with soap and water.</p> <p>On 3/11/15 at 11:45 A.M., E7 stated E7 swabs the area only after the puncture is made.</p> <p>3. On 3/11/15, at 10:50 am, E6 (Registered Nurse) dropped a vial of normal saline on the floor prior to changing R13's coccyx dressing. With an ungloved hand, E6 picked up the saline vial off of the floor. E6 then placed clean gloves on without washing hands. E6 removed R13's soiled coccyx dressing, cleansed the wound with the normal saline vial that had been on the floor, and placed a clean dressing over the coccyx</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>wound. No handwashing or glove changing occurred.</p> <p>On 3/11/15, at 2:00 pm, E6 (Registered Nurse) confirmed that hand hygiene should have been performed after picking up the vial of normal saline off the floor and after removing soiled gloves. E6 also confirmed that a new vial of normal saline should have been used.</p> <p>4. On 3/12/15 at 12:35 P.M., E8 (Certified Nurses Aide/CNA) and E9 (CNA) performed incontinence care on R19. While waiting for R19 to finish using the restroom, E8 took a tissue and wiped perspiration from E8's forehead with an ungloved hand. R8 then placed clean gloves on without washing hands. E8 then entered the bathroom to cleanse R19's perineal area with a disposable wipe. After cleaning the area, R8 removed glove from right hand and placed on a clean glove. No handwashing occurred prior to glove change.</p> <p>On 3/12/15 at 12:50 P.M., E8 stated, "I should have washed my hands before placing clean gloves on."</p> <p>The facility's resident roster dated 3/10/15 indicated that there were 14 residents living on the 200 hallway (R9, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, and R32).</p>	F 441			