

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

PRINTED: 01/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145789</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - GENESEO VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>704 SOUTH ILLINOIS STREET GENESEO, IL 61254</b>		
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F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>Annual Licensure and Re-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 care plan for one of thirteen residents ( R15) reviewed for care plans in a sample of 13. FINDINGS INCLUDE: The facility policy, dated September 2012, instructs staff, "Each resident will have an individualized comprehensive plan of care that will include measurable goals and timetables</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 directed toward achieving and maintaining the resident's optimal medical, nursing, physical, functional, spiritual, emotional, psychosocial and educational needs. Through use of department assessments, the Resident Assessment Instrument and review of the physician's orders, any problems, needs and concerns identified will be addressed." R15's current Physician Order Sheet, dated January 2016 includes the following diagnoses: Major Depressive Disorder. Also included are the following medications: Zoloft 25 MG (milligrams) one tablet daily. R15's current care plan dated 06/26/15 includes the following focus areas: Impaired Cognition, Anxiety Disorder, Behavior Symptoms. On 01/20/16 at 1:40 P.M., E3 Registered Nurse/Care Plan Coordinator stated, "I do a general psychotropic medication care plan for all residents on psychotropic medications. I'm not sure why (R15) doesn't have a care plan for (R15)'s antidepressant medication, there should be one."	F 279			
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	F 280			

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F 280	Continued From page 2 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 record review and interview, the facility failed to update the careplan for one resident (R17) in thirteen residents whose careplans were reviewed.  Findings Include:  1. The current careplan for R17 dated 10/20/2015 states " The resident has bladder incontinence r/t (related to) Alzheimer disease, inability to communicate needs and physical limitations."  2. The current careplan for R17 dated 10/20/15 also states "The resident has indwelling catheter r/t (related to) open non pressure wound on inner left buttock..."  3. On 01/20/15 at 1:35 P.M. E3 (Careplan Coordinator) stated "both urinary incontinence and urinary catheterization should not be on the careplan, the urinary incontinence part should be removed because 'R17' does indeed have a catheter."	F 280			
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE	F 332			

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F 332	<p>Continued From page 3</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to give medications as ordered for one resident (R2) on the sample of 13 and three residents (R22, R24 and R25) on the supplemental sample. This failure resulted in four medication errors out of 25 opportunities for error, for a 16% medication error rate.</p> <p>Findings include:</p> <p>The facility policy, Medication Administration and Scheduling, (revised 09/2015) directs staff: "A physician's order for any medication is required and must include: diagnosis, name of medication, dose, route, frequency and stop order if indicated. Medications will be administered to the resident according to the 'six rights': right medication, right dose, right resident, right route, right time and right documentation. For medications designed for multiple administrations (e.g., inhalers, eye drops, insulin), a label is affixed in a manner to promote correct administration. Medications will be scheduled to maximize the effectiveness of the medication and avoid potential significant medication interactions such as medication-food interactions."</p> <p>On 01/19/16 at 3:25 P.M., E4/Registered Nurse (RN) prepared to administer a nebulizer medication to R22. E4 removed a plastic vial labeled "Albuterol 0.083%" from a medication package with R26's name on it, squirted the</p>	F 332			

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F 332	<p>Continued From page 4</p> <p>solution into a vial, applied a breathing mask to R22 and turned the machine on. E4 left R22's room, returned to the medication cart and documented administration of the medication. E4 RN then stated, "I gave (R22) one of (R26)'s Albuterol's. They're the same (medication)." R22's current Physician Order Sheet, dated January 2016 includes the following medications: DuoNeb Solution 0.5-2.5 MG (milligrams)/3 ML (milliliters) (Ipratropium-Albuterol) inhale one unit every 4 hours as needed for shortness of breath.</p> <p>On 01/19/16 at 3:50 P.M., E5 Registered Nurse (RN) prepared to administer medications to R2. E5 placed two drops of Artificial Tears Solution into both of R2's eyes. R2's current Physician Order Sheet, dated January 2016 includes the following medications: Refresh Tears Solution 0.5% instill one drop in both eyes three times daily.</p> <p>On 01/19/16 at 4:05 P.M., E4 /Registered Nurse (RN) administered Metformin 500 MG one tablet to R24. R24's current Physician Order Sheet, dated January 2016 includes the following medications: Metformin HCL 500 MG one tablet by mouth two times daily, take with food.</p> <p>On 01/19/16 at 4:13 P.M., E4/Registered Nurse (RN) prepared to administer medications to R25. E4 administered one drop of Neo/Polyxin/Dexameth into R25's left eye. R25's current Physician Order Sheet, dated January 2016 includes the following medications: Maxitrol Suspension 3.5-1000-0.1 (Neomycin-Polymyxin-Dexameth) instill two drops in left eye three times a day until 01/18/2016.</p> <p>On 01/21/16 at 7:50 A.M., E2/Director of Nurses stated, "Nurses are supposed to give medications as ordered by the physician."</p>	F 332			

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F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to properly restrain hair during preparation and serving of food and failed to keep the ceiling fan and vent clean above the kitchen dishwashing area. These failures had the potential to affect all 51 residents that reside in the facility.</p> <p>Findings Include:</p> <p>1. On 01/19/16 at 11:30 A.M., E12 (Dietary Manager) was in the kitchen food preparation area with a hair net on E12's head. The front of E12's hair remained unrestrained with wisps around face and ears. Longer hair was noted to be hanging out of the bottom/back area of E12's hair net.</p> <p>On 01/20/16 at 8:30 A.M., E 12 (Dietary Manager) was in the kitchen in the food preparation area with hair net noted on the back part of E12's head. Wisps of hair noted on E12's forehead and next to both ears. Long hair noted to sticking out under the back of the hair net.</p>	F 371			

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F 371	<p>Continued From page 6</p> <p>On 01/19/16 at 11:30 A.M., E13 (cook) was in the food preparation area preparing lunch. E13 had a hair net covering the back of E13's head. E13's bangs and hair on both sides of the head were unrestrained and exposed.</p> <p>On 01/19/16 at 11:30 A.M., E14 was unloading dishwasher of clean dishes. E14's hair was in a ponytail. The only part of E14's hair that was covered by a hair net was the pony tail. Wisps of long hair noted around face, hanging by ears on both sides and on neck.</p> <p>On 01/20/16 at 8:30 A.M., E13 (Cook) was in the kitchen food preparation and area preparing and serving food. E13 had a hair net on the back portion of E13's head. E13's bangs and hair on both sides of the E13's head were unrestrained and exposed.</p> <p>On 01/20/16 at 9:30 A.M., E12 (Dietary Manager) stated "All hair should be covered by hair nets, the current state of mine and 'E13's' hair nets are not appropriate."</p> <p>2. On 01/19/16 at 11:30 A.M., the ceiling vent above the dishwasher area was noted to have moderate amount of black fuzzy looking material on it.</p> <p>On 01/19/16 at 11:30 A.M., a ceiling fan above the dishwasher area was noted to have a moderate amount of dark black fuzzy looking material on the blades.</p> <p>On 01/19/16 at 11:30 A.M., there was a cart parked underneath the vent and fan that had clean drinking glasses on it.</p>	F 371			

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F 371	Continued From page 7  On 01/20/16 at 9:30 A.M., E12 (Dietary Manager) stated " The fan and vent definitely need cleaned, we try to clean them at least weekly."  The CMS (Centers for Medicare and Medicaid Services) Form # 672 - Resident Census and Conditions provided on 01/19/16 lists the current resident census as 51.  On 01/21/16 at 10:00 A.M. E1 (Administrator) stated "everyone that lives here eats here, we have no one at this time that is fed by any artificial means. "	F 371			
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.  (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.	F 441			



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F 441	<p>Continued From page 8</p> <p>(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.</p> <p>(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: Facility noncompliance resulted in two deficient practices:</p> <p>A. Based on observation, interview and record review, facility staff failed to wear personal protective equipment during medication administration for four of seven residents (R2, R23, R24 and R25) reviewed for infection control in the sample of 13.</p> <p>B. Based on interview, record review and observation the facility failed to use instruments and supplies in a manner to prevent the transmission of infection and practice good hand hygiene during wound care treatment for one resident (R19) of four residents reviewed for infection control procedures in a sample of thirteen.</p> <p>Findings include:</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>A. The facility policy, Personal Protective Equipment, dated June 2012 directs staff, "Gloves should be worn any time there is reasonably anticipated occupational exposure." The facility policy, Hand Hygiene and Handwashing, dated June 2012 directs staff, "Wash hands with plain soap and water or with anti-microbial soap and water: if hands are visibly soiled, if hands are visibly contaminated with blood or body fluids, before eating, after using the restroom, before having direct contact with residents, after having direct contact with a resident's skin, after having contact with body fluids, wounds or broken skin, after removing gloves."</p> <p>The facility policy, Medication Administration and Scheduling, dated (revised 09/2015) directs staff, "Wash your hands prior to beginning med (medication) pass and following the administration of medication for each resident."</p> <p>On 01/19/16 at 3:40 P.M., E4/Registered Nurse (RN) prepared to administer eye drops to R23. Without performing hand hygiene nor applying gloves, E4 RN placed one drop of Alphagen P Solution 0.1% into R23's left eye and placed one drop of Dorzolamide HCL-Timolol Mal Solution in R23's left eye. E4 returned to the medication cart, returned both eye drop bottles to their storage containers and then documented the administration on the computer terminal. E4 then proceeded down the hall, continuing passing medications.</p> <p>On 01/19/16 at 3:50 P.M., E5/Registered Nurse (RN) prepared to administer medications to R2. Without applying personal protective equipment, E5 poured one tablet of Lactaid into her left hand, picked the tablet up with her right hand and placed it in a medication cup. E5 then shook two</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>tablets of Tylenol into the medication cup. E5 handed the medication cup to R2 who swallowed the pills with f water.</p> <p>On 01/19/16 at 4:05 P.M., E4 prepared to administer medications to R24. Without performing hand hygiene or applying personal protective equipment, E4 pushed one tablet of Cardizem 30 MG into her hand and transferred the tablet to a medication cup. E4 then attempted to punch one tablet of Venlafaxine ER 150 MG directly into the medication cup. E4 missed the medication cup, the pill rolled on top of the medication cart, E4 picked the tablet up from the top of the cart, placed it in the medication cup and handed the medication cup to R24. R24 swallowed the pills with water.</p> <p>On 01/19/16 at 4:13 P.M., E4 prepared to administer medications to R25. E4 administered one drop of Neo/Polymyxin/Dexameth into R25's left eye. E4 returned to the medication cart, removed her gloves and without performing hand hygiene, returned the eye drop bottle to the storage container and documented the administration of the eye drops on the computer terminal. E4 then proceeded down the hall.</p> <p>On 01/21/16 at 7:50 A.M., E2/Director of Nurses stated, "Nurses are to wear gloves when giving an injection, administering eye drops and after removing gloves. Nurses are supposed to wash their hands before and after any contact with a resident. I would expect a nurse to wear gloves if she were going to touch a residents medications."</p> <p>B. On 01/21/16 at 2:00 P.M., E8 (Licensed Practical Nurse) and E9 (Registered Nurse) provided wound care to multiple wounds on R19's right leg and thigh. E9 (Registered Nurse) removed knee dressings soiled with light yellow</p>	F 441			

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(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 441	<p>Continued From page 11</p> <p>drainage and then reached into pocket, removed scissors, used scissors to cut bottom of dressing and then returned scissors to pocket of uniform. E9 cleansed a lower wound and a separate middle wound with same gauze. E9 cleansed the upper most open area with a scrubbing motion repeatedly with same gauze. E8 picked up cleansing solution in a spray bottle, sprayed areas, set the bottle on the bed next to the resident, then put bottle back on "clean field" that was established on top of cart with a drape.</p> <p>While E8 was spraying the wound on R19's inner right thigh, the remote for the TV slid off resident's abdomen and onto the wound, then onto the bed. E8 picked up the remote and placed it back on the resident's abdomen without cleansing the remote, changing E8's gloves or re-cleansing the wound that the remote had touched. When removing a dressing soiled visibly with light yellow drainage, E9 reached into E9's pocket with gloved hand and removed scissors, used scissors to cut bandage and then returned scissors to E9's pocket.</p> <p>On 01/21/16 at 3:00 P.M., E9 stated "I should either had two pairs of scissors already out and considered one pair clean and one pair dirty or I should have stopped and cleaned my scissors, they should have never went in my pocket with my dirty gloved hand while the scissors themselves were contaminated."</p> <p>On 01/21/16 at 3:00 P.M., E8 stated " I should have stopped the dressing change, removed the TV remote when it fell and started all over again so I wouldn't have contaminated the wounds, the resident's hands and her sweater where the remote was lying."</p>	F 441			

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

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F 441	Continued From page 12  The facility policy "Hand Hygiene and Handwashing " revised 11/14 states that hands should be cleaned with soap and water or hand sanitizer after touching equipment or furniture near resident..... after having contact with body fluids, wounds or broken skin."  Leslie Aplin RN Health Facilities Surveillance Nurse	F 441			