

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

PRINTED: 04/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145979</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GIBSON COMMUNITY HSP ANNEX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>430 EAST 19TH GIBSON CITY, IL 60936</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 323 SS=D	<p>Annual Licensure and Certification Survey 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a safe transfer using a mechanical lift for one of one resident (R2) reviewed for assistive devices in the sample of 8.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet (POS) dated April 2015 documents the following diagnoses: Charot-Marie-Tooth Type Muscular Dystrophy, Major Depression with Psychotic Features, Anxiety, Neuropathy, Generalized Pain, Back Pain, Osteoporosis and Peroneal Muscle Atrophy with Urinary Frequency.</p> <p>R2's Minimum Data Set (MDS) dated 1/22/15 documents that R2 is cognitively intact, has impairment of bilateral upper and lower extremities (contractures) and is totally dependant on staff for transfers.</p>	F 323			

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 323	<p>Continued From page 1</p> <p>R2's Care Plan dated 1/20/15 documents that R2 is no longer able to walk due to R2's disease process and requires a mechanical lift with a toileting sling (opening from the waist down with thigh straps) for transfers.</p> <p>On 4/7/15 at 1:35 pm, E3, E4 and E5, Certified Nursing Assistants (CNA's) transferred R2 off of the bedside commode using the mechanical lift. While R2 was suspended in the air, E3 washed R2's buttocks and rectum then turned away from R2 to search for barrier cream. E4's hand was placed on the top of the mechanical lift bar frame and E5 held R2's urinary catheter drainage bag. R2 remained suspended 4 feet above the floor without physical staff support. The mechanical lift waist safety belt was loosely fastened and dangled between R2's legs as R2 slipped down in the sling. R2's contracted arms and hands were forced upward causing both shoulder areas to shrug above R2's jaw line as the sling cut into R2's axillary (arm pits). E2, E3, and E4 did not respond to R2's position change until R2 stated "It hurts, I can't do this any longer." E3, E4 and E5 then transferred R2 to the bed.</p> <p>On 4/8/15 at 1:42 pm, E3 stated "(R2) is not usually in the sling that long and the (sling) belt should have been tightened so it (sling) wouldn't ride up like that."</p> <p>On 4/8/15 at 1:30 pm, E9, Physical Therapist stated, "the toilet sling would not be safe if the staff do not follow the manufacturer's guidelines when using it. The seatbelt should be snug around the waist to prevent the sling from riding up."</p> <p>On 4/8/15 at 3:00 pm E2, Director of Nursing</p>	F 323			

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F 323	Continued From page 2 stated, "The toilet sling seatbelt should have been fastened securely to prevent the sling from riding up. All three CNA's are new."	F 323			
F 371 SS=F	The undated manufacturer guidelines document "the toileting slings have a waist buckle which helps hold the sling in place during transfer." 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to monitor to ensure that potentially hazardous hot food was rapidly cooled to 41 degrees F. or below to prevent foodborne illness. This has the potential to affect all residents.  The findings include:  On 4/7/15 at 9:30 am a warm steam table pan of cooked sausage links and patties was stored in the refrigerator. The pan was tightly covered with plastic wrap. The wrap was labeled 4/7/15 and there was no time on the label. At 11:15 am the covered pan of sausage was still in the	F 371			

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F 371	<p>Continued From page 3</p> <p>refrigerator and there was no documentation on the cooling log. At 2:45 pm the pan of sausage was taken out of the refrigerator and the internal temperature of the sausage patties and links measured 46 degrees F. E6 Dietary Manager, who was present at the time, confirmed there was no evidence of temperature monitoring on the cooling log. E6 stated at that time, the staff must have been saving the left over sausage to make sausage gravy for breakfast the next day. E6 voluntarily discarded the sausage at that time.</p> <p>E6 stated on 4/7/15 at 3:00 pm they serve biscuits and gravy in the cafeteria twice a week and they always send some to the Annex Dining Room for the residents on those days because there are several residents who like biscuits and gravy. E6 stated Biscuits and Gravy are also on the planned menu a couple times per month.</p> <p>The House/Annex Menu for 4/8/15 planned for residents to receive Biscuits and Gravy at breakfast.</p> <p>The cooling log dated 4/6, and 4/7/15 did not document any temperature monitoring for the sausage. The directions on the log states: "Place thermometer in potentially hazardous food so thermometer can easily be read. Begin recording every hour beginning at 140 degrees F. Food shall be cooled from 140 F to 70 degrees F. within 2 hours: and from 70 F. to 41 F. within 4 more hours or within a total of 6 hours."</p> <p>The facility policy "Cooling of Potentially Hazardous Foods" dated 7/2013 states, "Potentially hazardous food shall be cooled to 41 F. within approved guidelines to assure safety of food...Items to be cooled will be loosely covered</p>	F 371			

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F 371	Continued From page 4 to allow hot air to escape."  The Resident Census and Conditions of Residents form dated 4/7/15 showed a census of 11 residents in Certified beds.	F 371			