

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

PRINTED: 10/08/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145758	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2010
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NAME OF PROVIDER OR SUPPLIER GLENWOOD HEALTHCARE & REHAB.	STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425
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F 000 F 469 SS=F	<p>INITIAL COMMENTS</p> <p>Complaint Investigation 1093311 IL49132 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to have an effective pest control program that maintains screens and openings to prevent flies from entering the facility. 1 of 3 sampled residents R1 was found with maggots in a wound on his left foot.</p> <p>Findings include:</p> <p>During a tour of the facility grounds with E8(maintenance director), on 8/26/10 at 10:30am room B2 was noted with a screen torn/cut at the bottom the entire width of the screen. During the observation tour with E8 outside, food was observed being delivered through the back door of the facility. The delivery person opened the door, and flies were observed entering the facility. The kitchen had two open doors observed directly next to the outside service door. There was no screen or curtain observed at the service door. The service door was observed with a large gap at the bottom of the door. E8 said that there used to be a plastic curtain located at the service door, to prevent insects from entering the facility. During the</p>	F 000 F 469		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 469	<p>Continued From page 1</p> <p>observation with E10 (kitchen supervisor), at 10:48am, a large mixer was observed. There was 2 flies noted to be flying over the mixer. E10 said she needed some type of pest control strip or ultraviolet light to at the service door to prevent insects from entering the facility and the kitchen. Surveyor also observed a fly swatter in the kitchen. E10 said that staff uses the fly swatter to kill the flying insects. On 8/26/10 at 11:25am, surveyor with E8 observed flies in the dining room while residents were sitting waiting for lunch service.</p> <p>On 8/26/10 at 11:00am surveyor accompanied by E6 (certified nurses aide) and E7 (nurse) observed R1 in his room. While in the room with R1 and facility staff, 3 flies were observed landing on R1. R1 was sleep, and easily aroused with verbal stimuli. Flies in R1's room were observed flying and landing on the curtains and other items in the room. During the observation there was another resident noted in bed with a family member. There were 2 flies noted to be flying the area of bed 1.</p> <p>On 8/26/10 at 11:10am Z4 said that she has observed flies in the facility for about 2 or 3 weeks. Z4 said that when she arrived at the facility today on 8/26/10 at about 9:40am there were about 20 to 25 flies in the room shared by R1 and R2. Z4 said that on 8/8/10 she observed about 10 flies in R2's room. Z4 said that she has complained to facility staff about the flies, and the staff use a fly swatter to kill flies.</p> <p>A review of the facility's pest control vendor report dated 8/10/10 notes that insect light traps are recommended for the facility to help eliminate the on-going house fly activity.</p>	F 469			

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F 469	<p>Continued From page 2</p> <p>According to the facility policy "Pest Control" the facility shall be maintained pest free as much as practicable to provide a clean and enjoyable environment for residents. The policy also indicates that all possible appropriate steps must be taken by the facility management and staff to reduce and or/eliminate pests. The policy notes that maintenance supervisor shall routinely inspect the building points of entry. Points of entry such as torn window screens, door gaps, shall be repaired immediately.</p> <p>According to R1's nurses notes dated 8/15/10 11:15am nurse observed drainage, a foul odor and maggots on the bed. The nurse notes that she removed the dressing and observed maggots present on the wound. The nurse indicated that she cleaned the wound with normal saline solution and covered R1's right foot with a dressing and placed a plastic bag over the right foot to contain the specimen. The nursing note indicates that the treatment nurse was notified and R1's attending physician was notified at 10:15am. The note indicates that R1's physician gave orders to send R1 to the hospital for evaluation. The note records vitals signs of temperature 99.6 degrees, pulse 83, respiration 21 and blood pressure of 178/92. The note indicates that R1 was transported to the hospital by ambulance service.</p> <p>According to R1's clinical record on 8/15/10 and on 8/26/10 at 2:00pm with E1(administrator), E7(nurse), the window screen in R1's room was observed with a hole in it. E1 said that he would have maintenance patch the hole immediately.</p> <p>On 8/26/10 at 3:45pm by telephone E12 (nurse),</p>	F 469			

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F 469	<p>Continued From page 3</p> <p>said that she was R1's primary nurse on 8/15/10. The treatment nurse was working on the floor because there was a nurse call off, and she was responsible for doing R1's wound treatment. E12 said that there was some drainage on the right dressing. E12 said that she removed the dressing and R1's right foot was covered with maggots. E12 said that she attempted to clean R1's foot with normal saline solution, but the maggots wouldn't come off of his foot. E12 said that there were too many to count. E12 said that the bottom of R1's right foot was covered with crawling maggots. E12 said that after attempting to clean the foot with normal saline she covered the foot with a 4 x 4 dressing and a plastic bag to contain all of the maggots. E12 said that she notified R1's attending physician and got orders to send R1 out to the hospital. E12 said that she assessed R1's left foot which also has a wound and no maggots were observed. E12 said that E4 provided care of R1. E12 said that R1 denied any pain or discomfort from the maggots covering his foot.</p> <p>E5 (nurse), said that E12 called her to R1's room and she observed maggots covering R1's foot. E5 said that she call the physician and assisted E12 with transferring R1 out to the hospital.</p> <p>According to the hospital records R1 was received at the hospital on 8/15/10 at 11:50am. R1 was noted with bilateral dressings to his feet. The hospital records indicates that R1 was positive for maggots to the right foot, and no maggots were noted on the left foot. The hospital record indicates that R1 was alert and oriented to person place, and time.</p>	F 469			