

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

PRINTED: 09/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2014
NAME OF PROVIDER OR SUPPLIER GOLDEN GOOD SHEPHERD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 101 PRAIRIE MILLS ROAD GOLDEN, IL 62339	
(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 164 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident's</p>	F 164		

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 164	Continued From page 1 visual privacy during toileting/incontinence care for one of nine residents (R3) reviewed for privacy in a sample of 10. Findings include: On 9-23-14 at 1:50p.m. E8 and E9 (Certified Nurse Aides) were in R3's room assisting R3 with toileting/incontinence care. E8 and E9 used a mechanical lift to assist R3 to stand. Without closing R3's privacy curtain or picture window blinds, E8 and E9 removed R3's pants and soiled incontinence brief before seating R3 on the bed side commode. Once R3 was finished using the toilet, E8 and E9 used the mechanical lift to stand R3 in order to cleanse R3's buttocks and perineal area while R3's window blinds and privacy curtain remained open. A Quality of Life-Dignity policy (undated) states, "Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures." On 9-24-14 at 1:30p.m. E3 (Assistant Director of Nurses) stated, "Staff should close the door, privacy curtain, and window shade ..." during incontinence care.	F 164			
F 252 SS=E	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F 252			

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F 252	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and observation the facility failed to provide a smoke free environment for four residents (R19,R20,R21 and R22) of ten on the sample and one resident on the supplemental sample (R12).</p> <p>Findings include:</p> <p>During Group Interview on 09/25/14 at 8:45 A.M. R19 stated, "There are way too many staff on the front porch smoking at one time." R21 stated "Sometimes, I cant even go out there because they are all sitting at all the tables and smoking." R20 and R22 verbally agreed about these events happening. R19 said, "We tell E1/Administrator and (E1) says (E1) will take care of it, but nothing ever changes."</p> <p>On 09/25/14 at 1:00P.M. R12 stated, "Management and staff will go out to the front of the building and smoke, and "I can see this from my big window, I can't open my window because it will let the smoke in."</p> <p>On 09/25/14 at 9:30 A.M. E1 stated that E1 expects residents and staff to follow the state guideline of being away from doorways or windows by at least 15 feet. On 09/25/14 at 3:30 P.M. E1 stated R12's air conditioner had to be removed because (R12) was complaining about having to smell the smoking area directly out of (R12's) window.</p> <p>On 09/26/14 at E13 (Maintenance Director) measured distance from front door to table where residents allege staff is smoking. Table was</p>	F 252			

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F 252	Continued From page 3 measured to be 13 feet away from front door, with a bank of resident windows following the wall directly behind it.	F 252			
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 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 interview and record review the facility failed to revise a care plan for one resident (R12) of 10 residents reviewed for care plans in a sample of 10. Findings include: Nurses Notes, dated 8/30/14, document R12's	F 280			

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F 280	Continued From page 4 wheel chair tipped over resulting in R12's falling to the ground. Fall Care Plan for R12, dated 9/25/14, states, "(R12) is at high risk for falls..." and does not indicate R12 had a fall on 8/30/14 or include any revisions. On 9/25/14 at 1:45 pm, E2 DON/Director of Nursing stated the nurses do the resident care plan updates as needed. E2 also stated if an Incident Report Form had been completed (E2) would have followed up to ensure R12's care plan had been updated, "but there wasn't one." On 9/25/14 at 2:15 pm, E3 ADON/Assistant Director of Nursing stated, "Generally the Charge Nurse updates the care plan as needed or whoever does the incident report would update the care plan."	F 280			
F 371 SS=F	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 interview, record review and observation the facility failed to serve food under	F 371			

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F 371	Continued From page 5 sanitary conditions. This has the potential to affect all 40 residents in the facility. Findings Include: On 09/25/14 at 11:40A.M. E10 (Dietary Aide) entered the main dining room wearing gloves while pushing a cart with coffee, water, sugar, creamer and utensils on it. E10 went from table to table dispensing drinks, opening packets of cream and sugar and stirring coffee. E10 then pulled out a dining room chair for a visitor then wiped her gloved hands down the front of her pants. E10 stopped and spoke with someone sitting in a chair and wrapped her arm around the seated person while still wearing soiled gloves. E10 began to serve lunch that included chips from a bag and inserted her soiled gloved hand into the bag to dispense chips to plates on numerous occasions. E10 did not wash hands, sanitize hands or change gloves during the serving of lunch. On 09/25/14 at 12:00P.M. E6 (Dietary Manager) stated it is "unacceptable to touch self, others or any other surface and then touch food without washing hands." The Form CMS 672, Resident Census and Conditions, dated 9-23-14 documents that at the time of the survey there were 40 residents living in the facility.	F 371			
F 441 SS=D	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	F 441			

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F 441	<p>Continued From page 6 to help prevent the development and transmission of disease and infection.</p> <p>(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.</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 prevent cross-contamination during incontinence care for</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>one (R3) of nine residents reviewed for incontinence care in a sample of 10.</p> <p>Findings include:</p> <p>On 9-24-14 at 2:00p.m. E8 and E9 (Certified Nurse Aides) were providing toileting and incontinence care to R3. E8 and E9 applied gloves then removed R3's pants and soiled incontinence brief before transferring R3 to the bedside commode for toileting. Once R3 was finished toileting, E8 and E9 assisted R3 to stand. Without cleansing R3's buttocks or perineal area, E8 and E9 pulled R3's pants up over R3's buttocks which was covered with a large amount of BM (Bowel Movement). E8 and E9 realized R3's buttocks/perineal area had not been cleansed and removed R3's pants. E9 proceeded to cleanse R3's buttocks and perineal area. Without removing the soiled gloves or performing hand hygiene, E9 applied a clean incontinence brief to R3. E8 and E9 redressed R3 in the same pants that had been pulled up over R3's soiled buttocks without checking R3's pants for soiling.</p> <p>A Hand Hygiene policy (undated) states, "Hands should be thoroughly disinfected before and after providing resident care."</p> <p>On 9-24-14 at 1:30p.m. E3 (Assistant Director of Nurses/Infection Control Nurse) stated facility staff are to wash hands and apply gloves, "...before providing care, then remove the dirty gloves and wash their hands," before touching the resident or the resident's belongings. On 9-25-14 at 8:00a.m. E3 stated facility staff should ensure residents are not redressed in soiled clothing following incontinence care.</p>	F 441			