

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

PRINTED: 08/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145691		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2014	
NAME OF PROVIDER OR SUPPLIER HALLMARK HOUSE NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2501 ALLENTOWN ROAD PEKIN, IL 61554			
(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 221 SS=D	<p>Annual Licensure and Certification Survey.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to assess and monitor the use of side rails for one of one residents (R13) reviewed for siderails in the sample of 15.</p> <p>Findings include:</p> <p>On 08/11/14 at 6:30 A.M. R13 laid in bed with bilateral full siderails in the up position.</p> <p>On 08/12/14 at 9:50 A.M., E2 (Director of Nursing), stated R13 "tends to throw legs over the side of the bed and doesn't have control over (R13's) legs."</p> <p>R13's medical record contained no consent for siderail usage, nor any assessment for the use of siderails.</p> <p>On 08/12/14 at 1:00 P.M. E2 stated, "An employee who doesn't work here any longer always did the siderail assessments, and now I am trying to play catch up." E2 was unable to provide an initial siderail assessment or indication of ongoing assessment for usage of siderails for</p>			F 221			

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 221	Continued From page 1 R13. The facility's undated policy for Restraints states "Siderail use is addressed in the same manner as any other restraint", and "Side rails used as an enabler must be supported by documentation."			F 221			
F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>			F 278			

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F 278	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview, record review and observation, the facility failed to document and monitor a skin issue for one of five residents (R9) reviewed for pressure ulcers in the sample of 15. On 08/13/14 at 9:40 A.M. R9's coccyx had a 2 centimeter open area surrounded by multiple small reddened open areas. On 08/12/14 at 1:15 P.M. E8 (Licensed Practical Nurse/Wound Care Nurse) stated that R9's coccyx area is "denuded" and "dressing is for protection." E8 stated she did assess R9's buttock/coccyx area "last week (08/05/14) and again this morning (8/12/14)." E8 stated she "doesn't normally measure non pressure areas but does usually chart on them." R9's Nursing Notes dated 08/05/14-08/12/14 document no assessment of R9's buttock/coccyx wound. R9's most recent wound care note was dated 04/14/14. On 08/12/14 at 1:30 P.M. E2 (Director of Nursing) stated "there should be something (documenting R9's wound) on the chart, in the nurses notes or wound care notes."	F 278			
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279			

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F 279	<p>Continued From page 3</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 interview and record review, the facility failed to develop care plans specific to advance directives for 15 of 15 residents (R1 - R3, R6, R7, R9, R13 - R21) reviewed for care plan accuracy in the sample of 15.</p> <p>Findings include:</p> <p>The current care plans for R1 - R3, R6, R7, R9, and R13 - R21's do not address the residents' Advance Directive status. The 15 residents' care plans were dated as follows: R1 - 06/05/14, R2 - 06/05/14, R3 - 07/09/14, R6 - 07/31/14, R7 - 07/16/14, R9 - 07/10/14, R13 - 06/12/14, R14 - 06/05/14, R15 - 06/05/14, R16 - 06/12/14, R17 - 07/31/14, R18 - 08/02/14, R19 - 07/24/14, R20 - 06/17/14, and R21 - 06/12/14.</p> <p>On 08/12/14 at 1:05 p.m., E6, Care Plan</p>	F 279			

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F 279	Continued From page 4	F 279			
F 441 SS=E	<p>Coordinator, verified R1 - R3, R6, R7, R9, and R13 - R21 currently do not have advance directive care plans in place. E6 stated the facility currently does not care plan the Advance Directive status for any of their residents.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</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>	F 441			

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F 441	<p>Continued From page 5</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 interview, observation and record review, the facility failed to prevent cross-contamination following incontinence care for four of six residents (R1, R2, R6, and R19) reviewed for incontinence care in the sample of 15.</p> <p>Findings include:</p> <p>Facility's Handwashing Policy (dated 11/08/07) states, "Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items...wash hands/alcohol gel after gloves are removed, between resident contacts, and when otherwise indicated to avoid the transfer of microorganisms to other resident's environments."</p> <p>Facility's Incontinence Care Policy dated 09/07/06 documents, "Remove gloves. Discard into designated container. Wash hands."</p> <p>1. On 08/11/14 at 9:00 a.m., E3 and E4, Certified Nursing Assistants (CNA's), provided incontinence care to R6. E3 and E4 did not change their soiled gloves after performing incontinence care on R6, or before beginning to assist R6 to get dressed.</p> <p>On 08/11/14 at 9:25 a.m., E3 and E4 both verified</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>not changing gloves or washing their hands after providing incontinence care to R6.</p> <p>On 08/12/14 at 9:05 a.m., E2, Director of Nursing, stated that E2 expects all facility staff to change gloves and wash their hands after completing incontinence care and before providing any additional cares to a resident.</p> <p>2. On 8/11/2014 at 8:30 a.m., E3 and E4 (CNAs) provided incontinence care to R1. E3 and E4 did not change soiled gloves after performing incontinence care on R1, or before beginning to assist R1 with dressing. E3 and E4 proceeded to transfer R1 by use of a mechanical lift with the same soiled gloves worn during incontinence care.</p> <p>At this time, E3 and E4 verified they should have removed soiled gloves after incontinence care was completed on R1 and before assisting R1 to dress and transfer.</p> <p>3. On 8/13/2014 at 1:05 p.m., E7, CNA, provided incontinence care to R19. R19 was incontinent of bowel. E7 failed to change soiled gloves during incontinence care of R19. With soiled gloves, E7 touched the bedside drawer, clean wash cloths, bathroom door, bathroom faucet, bathroom soap dispenser, clean lift pad, barrier cream, and clean blankets.</p> <p>On 8-13-14 at 1:13 p.m., E7 stated, "I realize I didn't change my gloves."</p> <p>4. On 8/12/14 at 11:45 a.m., E6, CNA, cleansed feces from R2's buttocks. Still wearing the same contaminated gloves, E6 applied R2's incontinent brief, touched R2's clothing and dressed R2, put</p>	F 441			

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F 441	Continued From page 7 on R2's shoes, and transferred R2 to her wheelchair. On 8/12/14 at 11:50 a.m., E6 stated, "I don't know if I was supposed to change gloves after cleaning R2."	F 441			