

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

PRINTED: 11/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND MANOR NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 NORTHWEST THIRD CASEY, IL 62420</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  Annual Licensure and Certification Survey	F 000			
F 312 SS=D	Licensure Survey For Subpart S: SMI 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide oral and nail care for one resident (R20) reviewed for grooming and oral care in the sample of fifteen.  The findings include:  1. R20's November 2013 Physician Order Sheet lists diagnoses that includes Cerebral Vascular Accident, Hemiparesis, Gastroesophageal Reflux Disease, and Dysphagia, oral stage. The quarterly Minimum Data Set (MDS) dated 11/05/13 documents R20 is cognitively intact, and is totally dependent on one staff for activities of daily living such as eating, grooming and hygiene. R20 has one sided impairment of her upper extremities. R20 has an order for gastrostomy tube (G-tube) feedings and an order for pleasure feedings of pureed food with honey thick liquids 10 bites of food and 10 sips of liquid three times per day. The MDS documents R20 has broken natural teeth.	F 312			

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 312	<p>Continued From page 1</p> <p>On 11/19/13 at 3:20 pm R20 was in bed, the gastrostomy tube feeding was running by pump. R20 stated that the tube feeding runs all the time but she also receives pureed food at meal times. R20 stated that she does not get her teeth brushed or mouth swabbed after meals. R20 stated that she would like to have her teeth brushed every day. R20 stated she has some of her own teeth that are broken.</p> <p>On 11/19/13 at 5:00 pm Certified Nurse Aide (CNA) E5 stated that she has worked at the facility since April 2013 and stated that she takes care of R20 and gets her ready for bed. When asked what type of oral care R20 receives, E5 responded " I haven't brushed her teeth..I don't think many of us do..Maybe we could use a swab?"</p> <p>On 11/20/13 at 7:35 am R20 was in bed being fed by CNA E7. When E7 was done feeding R20 she wiped her mouth with a wash cloth. E7 did not provide any oral care.</p> <p>On 11/20/13 at 9:00 am CNA E6 stated that she and E7 are responsible for R20 for the day shift. E6 was asked if R20 receives any oral care. E6 stated that she thinks the night shift swabs R20's mouth when they get her ready in the morning. E6 stated she does not provide any oral care to R20 during the day shift.</p> <p>On 11/20/13 at 9:05 am R20 stated that she did not get her teeth brushed last night ( 11/19/13) or this morning. On 11/20/13 at 9:10 am E7 was asked if she provided any oral care this morning for R20 before or after breakfast. E7 stated she did not. E7 stated she sometimes uses lemon</p>	F 312			

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F 312	<p>Continued From page 2 swabs.</p> <p>Director of Nursing E2 stated on 11/20/13 at 9:15 am that the CNAs should be providing oral care for R20 after every meal with a toothette.</p> <p>R20's Care Plan dated 11/17/13 documents R20 has a G-Tube and pleasure feeding but it does not address the provision of oral care. MDS Care Plan Coordinator E3 acknowledged on 11/20/13 at 9:50 am that she did not address oral care on R20's care plan. E3 stated "Nursing should be providing oral care for (R20) using a toothette or a tooth brush."</p> <p>2. On 11/19/13 at 3:20 pm R20 stated that she would like to get her nails done. R20 stated that no one has offered to give her a manicure in a long time. R20's nails on right hand were long and there was a few remnants of nail polish on some of her nails. R20's left hand was contracted, R20 stated they used to at least paint her thumbnail on that hand. R20 stated on 11/20/13 at 11:00 am that she would like to go to the nail activity, but they don't tell her when it is, she stated she thought it was on Tuesday or Wednesday.</p> <p>R20's Activity Participation records for November 2013-August 2013 shows no participation for Manicures that occur every Wednesday at 12:45 pm each month.</p> <p>E11, Activity Assistant stated on 11/20/13 at 12:00 pm they announce Manicures after lunch on Wednesdays but they do not bring the residents to the activity. E11 stated that nursing should bring any resident that wants to have their nails done to the activity room. E11 stated R20 is up in</p>	F 312			

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F 312	Continued From page 3 the gerichair for lunch and could easily receive nail care.			F 312			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility staff failed to maintain R3's urinary catheter drainage bag below the bladder to prevent urinary back flow. R3 is one of three residents reviewed for indwelling urinary catheters in a sample of fifteen.  Findings include:  R3's Physician Order Sheet (POS) dated November 2013 lists a diagnosis of Stage III Decubitus Ulcer on Sacrum with directions to insert urinary catheter until wound is healed.  On 11/18/13 at 8:40 a.m., R3 was being re-positioned in bed by E6 and E7, Certified Nursing Assistants (CNA's). E7 raised the urinary drainage bag from the right side of the bed frame and passed it over R3's abdomen to E6 who			F 315			

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F 315	Continued From page 4 continued to hold the drainage bag in this position, approximately 18 inches above the bladder. Yellow cloudy urine flowed back down the tubing into R3's catheter entry site.  On 11/18/13 at 8:44 a.m., E6 stated " I don't usually do that, I know not to let the urine flow backwards."  The facility policy titled, Daily Peri-Cath (perineal-catheter) Care and dated January 3, 2013 states " Be sure to keep the catheter drainage bag below bladder level at all times to prevent back flow of urine that could cause an infection."	F 315			
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	F 441			

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F 441	<p>Continued From page 5</p> <p>isolate the resident.</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: Based on observation, record review and interview staff failed to wash their hands after providing resident care, while feeding a resident, handling soiled resident equipment and soiled linens to prevent cross contamination. The facility therapy department failed to use an effective disinfectant for resident equipment. This affected three residents (R3, R7, R20) reviewed for infection control in the sample of 15 and sixteen (R21-36) residents in the supplemental sample.</p> <p>The findings include:</p> <p>1. On 11/19/13 at 7:45 am Certified Nurse Aide (CNA) E6 was feeding R7 breakfast. R7 kept putting her head down while E6 was trying to feed her so E6 would occasionally use her bare hand on R7's forehead while giving R7 a bite of food. On 11/19/13 at 8:15 am E6 was holding R7's head up while she was giving R7 a drink with a</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>nosey cup. E6 then used her bare hands to put food into her own mouth while she was feeding R7. E6 did not wash her hands, before continuing to feed R7. On 11/19/13 at 8:35 am E6 confirmed that she had been eating a cookie while feeding R7. Director of Nursing E2 stated on 11/20/13 at 1:20 pm that staff should wash hands after eating, but they should not be eating at all while feeding residents.</p> <p>2. On 11/18/13 at 9:40 am CNA E8 gloved and rinsed out the commode bucket into the rim flush sink. There was urine and feces in the bucket. E8 used her gloved hand to swish out the commode bucket while spraying it with the hose. E8 then used her wet, contaminated gloves to open the drawer in the soiled utility room to obtain the sanitizer spray bottle. After E8 sprayed sanitizer on the commode bucket, she walked out of the room with the same wet gloves on and obtained the key from the Nursing Substation to lock the sanitizer drawer. E8 touched the door handles and drawer handles as well as the key lanyard contaminating the surfaces with her soiled gloves. E8 did not change gloves or wash hands until she was completed with her task.</p> <p>The facility "Handwashing and use of Hand Sanitizer Policy" dated November 20, 2013 stated "It is the policy of this facility to prevent the spread of infections or communicable disease by using the following guidelines according to the CDC (Centers for Disease Control):...When should you wash your hands? ..Before eating food...After changing depends/disposable undergarments... After touching garbage."</p> <p>3. On 11/18/13 at 9:05 am the Therapy</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>Department was toured with Certified Occupational Therapist Assistant (COTA) E10. E10 stated that the resident therapy equipment is disinfected after use with a spray disinfectant. E10 had a full pump bottle of a spray that was labeled a quaternary disinfectant. The manufacturer directions listed 1:128 dilution or 640 parts per million (ppm) quaternary ammonium for disinfection. E10 sprayed some of the disinfectant on a quaternary ammonium test strip to check the concentration. The test strip showed no reaction indicating zero part per million of quaternary disinfectant. COTA E10 stated at that time she did not know when the disinfectant was last refilled as the bottle was not dated. E10 stated "Housekeeping takes care of it". Housekeeping/Maintenance Director E9 stated on 11/20/13 at 12 Noon that he didn't even know that they were supposed to be providing the disinfectant for the therapy department.</p> <p>The Therapy Department Daily Therapy Schedule dated 11/20/13 lists sixteen residents (R21-R36) currently receiving therapy services.</p> <p>4. On 11/18/13 at 8:48 a.m., E6, Certified Nurses Assistant (CNA) repositioned R3 and removed linen soiled with bloody wound drainage. E6 exited the room without removing her dirty gloves contaminating R3's door handle, the linen room door jam and a housekeeping cart. At 8:50 am E6 acknowledged that she should have removed her soiled gloves before leaving R3's room.</p>			F 441			