

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

PRINTED: 08/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/06/2015
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-MENDOTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 FIRST AVENUE MENDOTA, IL 61342		
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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, record review and interview the facility failed to obtain a physician's order documenting a medical symptom to justify the use of a restraint for one of one residents (R1) reviewed for restraints in a sample of 14.</p> <p>Findings include:</p> <p>The facility's Restraint Program Policy and Procedure, dated 3/1/2011, does not have any documentation or definition regarding an appropriate diagnosis to support the use of a restraint.</p> <p>On 8/3/2015 at 11:15A.M. R1 was ambulating in hallway in an enclosed wheeled walker.</p> <p>On 8/4/2015 at 1:00P. M. R1 was sitting in R1's enclosed wheeled walker, and upon request, R1 was not able to lift the bar from the enclosed wheeled walker to release the device.</p> <p>R1's Order Summary Sheet dated, Aug 3, 2015, documents, "(Enclosed wheeled walker), Alzheimer's Dementia, history of falls."</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 R1's Restraint Consent dated, 7/1/2015 documents, " Medical diagnosis for restraint: Alzheimer's Dementia, History of falls, (Enclosed wheeled walker) promotes independence in ambulation." R1's Minimum Data Sheet dated, May 7,2015 documents that R1 utilizes a chair that prevents R1 from rising independently and it is used daily. On 8/4/2015 at 11:35 A. M. E2, DON (Director of Nursing) stated, " Medical symptom for restraint is Alzheimer's Dementia, history of falls and to promote independence." E2 also verified that R1 uses the enclosed walker to prevent R1 from falling.	F 221			
F 279 SS=D	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. 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. 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	F 279			

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F 279	<p>Continued From page 2</p> <p>§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 observation, interview and record review the facility failed to implement a care plan for a significant weight loss for two of 14 residents, (R3 and R8), reviewed for care plans, in a sample of 14.</p> <p>Findings include:</p> <p>The facility's Care Plan Process Policy, dated 08/01/12, documents "Regular Reviews...All plans of care must be reviewed at least every 90 days. Each discipline must have their portion of the assessments completed prior to the care plan meeting day."</p> <p>The facility's Weight Protocol Policy, dated 8/2014, documents "All weights will be compared to prior weights to identify any significant or severe weight changes...Any resident with a significant weight change will be referred to the dietician for assessment of the residents' condition. The dietitian will implement any necessary clinical intervention or make recommendations regarding diet and supplementation to the physician."</p> <p>1. On 8/3/15 at 12:30pm, R8 was in R8's room. R8 was thin and frail. R8's facial cheeks were sunken in and the bony prominence's of R8's arms and hands were significantly distinct and easily visualized.</p>	F 279			

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F 279	<p>Continued From page 3</p> <p>The facility's Monthly Weight Report, documents R8 weighed 163 pounds in February of 2015, and 150 pounds in March of 2015, 146 pounds in April of 2015, 143 pounds in May of 2015, 141 pounds in June of 2015, 134 pounds in July of 2015 and 133 pounds in August of 2015. R8's loss of weight indicates a 14.74 percent weight loss in six months.</p> <p>R8's current nutritional care plan, dated 5/12/15, does not document R8's significant weight loss as a problem with goals and interventions.</p> <p>On 8/4/15 at 1:40 pm, E4, Dietary Manager, verified that R8's current care plan does not address R8's significant weight loss. E4 also stated that any recommendations made by the dietician and any new interventions, concerning R8's weight loss, should have been updated on R8's care plan.</p> <p>On 8/4/15 at 11:40am, E2, Director of Nursing, verified that during R8's most recent care plan meeting, R8's weight loss was not addressed on any of R8's care plans. E2 also stated that E4 should have updated R8's nutritional care plan concerning R8's weight loss or initiated a new care plan specific to R8's significant weight loss, including any new interventions and the dietitian's recommendations.</p> <p>2. On 8/3/2015 at 11:30am, R3 was sitting in the dining room eating lunch, R3 was slowly eating. R3 ate a small portion of lunch, approximately 25%.</p> <p>R3's Dietary notes, dated 1/27/2015, documented: "Med pass supplement 60cc (Cubic Centimeters) two times a day for weight loss."</p> <p>On 3/10/15, E6 (Registered Dietitian)</p>	F 279			

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F 279	Continued From page 4 documented on the Dietary Progress notes, "Weight 160 pounds (#) , down 14 % in 6 months. R3 has lost another 7# since last supplement started 2 weeks ago." On 4/16/2015, E6 also documented in the Dietary Progress note, "Weight 156 #, down 16% in 6 months. R3 continues to lose weight, down 4 # since last month," and on 5/21/2015 E6 documented,"Weight 150 pounds, down 20% in 6 months." R3's Nutrition Assessment, dated 7/17/2015, documented by E5, Dietary Manager indicates, "R3 has lost 5% from 6/2-7/15 and 40% in 1 year." R3's current nutritional care plan, dated 5/12/15, does not document R3's significant weight loss as a problem with goals and interventions. On 8/5/2015 at 9:50am, E2 stated," R3's significant weight loss is not addressed on any of (R3's) careplans."	F 279			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to properly transfer a resident resulting in a fall for one of four residents (R16) reviewed for falls in a sample of 14.	F 323			

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F 323	Continued From page 5 Findings include: The facility's undated Stand Procedure policy documents the following: "Positioning the stand...Lock the wheels of the wheelchair or bed..." The facility's electronic Occurrence Report (printed 8/3/15) documents the following: "4/22/15... (R16)... Fall (Lowered to ground by staff member)." R16's Progress Notes (dated 4/22/15) document the following: "Summoned to (R16's) room. (R16) noted on floor in sitting up position in front of bedside (left) with sit to stand sling secured around (R16) and to sit to stand machine. (R16) was in process of being stood up with sit to stand and two staff assist when (R16) became weak and could no longer hang on to sit to stand handle bars. Brake on bed was not in lock position so bed moved out from behind (R16) when staff tried to lower back to bed..." On 8/4/15 at 1:40 PM, E3 (Assistant Director of Nursing) stated that on 4/22/15, as R16 was being stood up with the sit to stand machine, R16 needed to be set back down. E3 stated that R16 was being lowered back to the bed, and the bed moved because the brakes were not in the locked position. E3 verified that the brakes should have been in the locked position prior to standing R16.	F 323			
F 520 SS=C	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	F 520			

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F 520	<p>Continued From page 6</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to have a Physician or representative present at all of the quarterly Quality Assurance meetings. This failure has the potential to affect all 56 residents at the facility.</p> <p>Findings include:</p> <p>The facility's Quality Assurance Meeting sign-in sheet dated February 5, 2015 does not document a Physician or representative present for the February Quality Assurance meeting.</p>	F 520			

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F 520	Continued From page 7 On 8/5/15 at 12:10 PM, E1 (Administrator) stated that neither the Physician nor a representative was present at the February, 2015 Quality Assurance meeting. According to the Centers for Medicare and Medicaid Services form # 672 (Resident Census and Conditions of Residents) dated 8/3/15 and signed by E1 (Administrator), the facility's current census is 56.	F 520			