

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

PRINTED: 05/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-PERU	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET PERU, IL 61354
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F 000	INITIAL COMMENTS	F 000		
F 159 SS=D	<p>Annual License and Certification</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>	F 159		2/26/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		02/19/2016

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 159	<p>Continued From page 1</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify residents or family members of trust fund balances that were within \$200 of the SSI (Social Security Income of \$2,000.); or when their balance was over the SSI limit for one of three residents (R1) reviewed for Resident Trust Funds in a sample of 23 and two residents (R28 and R29) on the supplemental sample.</p> <p>Findings include:</p> <p>The facility's Trust- Current Account Balance, dated 2/2/16 reflect balances within \$200 over the SSI limit of \$2000.00, and/or over the SSI limit of \$2000.00 for the following residents:</p> <p>Balance R1: \$1961.08 R28: \$2191.97 R29: \$4903.13</p> <p>The facility policy "Procedure for Credits on the IC Accounts," dated 6/15/11, states, "If the resident ends up having more than \$2000.00 at redetermination time, the caseworker will either</p>	F 159			

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F 159	Continued From page 2 do an income exchange or place the resident on a spend-down for a time." On 2/4/16 at 1:05 p.m., E1 (Administrator) stated, "Our corporate policy follows Federal Regulations for Resident Trust Funds that we must notify residents' when their account is reaching \$2000.00 for a spend-down and/or report the amount to the (State Agency)." On 2/4/16 at 11:30 a.m., E10 (Business Office Manager for a portion of resident accounts including R28 and R29) stated, "I haven't reported R28 and R29's amounts to (State Agency) until just now. According to our policy, I should have reported it when the account balances reached \$2000.00. I have verbally told (R29) that (R29's) account was over \$2000.00 but no action has been take for a spend down. I have not told (R28) that (R28's) account was over \$2000.00." On 2/4/16 at 3:40 p.m., E9 (Business Office Manager for a portion of resident accounts including R1) stated, "(R1) hasn't been notified that (R1's) trust fund account is getting close to the SSI allowance of \$2000.00." On 2/5/16 between 9:00 a.m. and 10:00 a.m., both R1 and R28 verified they were not informed of their Resident Trust Fund account balances.	F 159			
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.	F 280		2/26/16	

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F 280	<p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to update care plans for falls, discontinued medication, activity level and failed to use documentation identified in one resident's current MDS (Minimum Data Set) assessment in the resident's care plan for three of 23 residents (R1, R3 and R13) in a sample of 23.</p> <p>Findings include:</p> <p>1. The Progress Notes for R1 dated 1/29/16 document, "Resident observed on the floor in the seated position by the door."</p> <p>The current care plan for R1 dated 2/3/16 does not include any documentation related to R1's fall on 1/29/16.</p> <p>On 2/5/16 at 9:30 AM, E7/Care Plan Coordinator</p>	F 280			

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F 280	<p>Continued From page 4</p> <p>verified R1's care plan did not include an update for R1's fall on 1/29/16.</p> <p>2. The current care plan for R1 dated 2/3/16 documents "Megace Appetite Stimulant" as an intervention on R1's Dietary care plan.</p> <p>The current POS (Physician Order Sheet) for R1, dated February 2016 indicates R1 is no longer on Megace.</p> <p>On 2/5/16 at 10:00 AM, E11/Dietary Manager verified that R1 was no longer on Megace. E11/Dietary Manager stated, "The Megace hasn't been taken off (R1's care plan) yet."</p> <p>3. The current MDS (Minimum Data Set) assessment dated 11/2/15 for R3, documents under activities that R3 enjoys picking out (R3)'s own clothes, reading books and newspapers and listening to music.</p> <p>The current care plan for R3 dated 11/19/15 does not include picking out clothes, music or reading as activity interventions. The current care plan for R3 dated 11/19/15 also documents under activity interventions that R3 will need cues and direction to desired activity location and walks side by side.</p> <p>On 2/2/16 at 11:50 AM, 2/2/16 at 2:35 PM, 2/4/16 at 9:20 AM and 2/5/16 at 9:20 AM R3 was in bed with severe upper and lower extremity contractions.</p> <p>On 2/5/16 at 9:45 AM, E13/Activity Program Director verified that the activities identified on R3's MDS assessment should also be identified in R3's current care plan.</p>	F 280			

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F 280	Continued From page 5 E13/Activity/Program Director also verified that R3 is no longer able to walk to activities and R3's care plan should be updated. 4. The Fall Investigation for R13 dated 6/12/15 documents, "At 1015 [10:15AM] R13 was observed sitting on the floor...The intervention is to have an in-service with staff regarding (R3)'s care plan." The Fall Investigation for R13 dated 7/20/15 documents, "At 1420 [2:20PM] (R3) was observed on the floor...The intervention is to move (R3) to a room near the nurse's station." The current care plan for R13 dated 12/4/15 does not include any documentation of R3's fall on 6/12/15 and does not include the fall interventions identified on R3's Fall Investigation from 7/20/15. On 2/5/15 at 9:30 AM, E7/Care Plan Coordinator verified that R3's fall from 6/12/15 and R3's fall interventions from 7/20/15 were not documented on R3's current care plan.	F 280			
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law).	F 356		2/26/16	

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F 356	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to post the number of licensed and unlicensed staff responsible for resident care per shift on their Daily Nurse Staff postings. This failure has the potential to affect all 111 residents living in the facility.</p> <p>Findings include:</p> <p>On 2/3/15 at 2:30 p.m., the Daily Nurse Staff posting located in the front entrance lobby window did not list the number of licensed and unlicensed staff responsible for resident care per shift on 1/31/16 through 2/3/16.</p> <p>On 2/4/16 at 1:05 p.m., E8 (Medical Records) verified that licensed and unlicensed staff</p>	F 356			

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F 356	Continued From page 7 numbers were not listed on the Daily Nurse Staff posting for the dates of 1/31/16 through 2/3/16. At this time, E8 stated, "I hang the Daily Nurse Staff hours at the beginning of each shift. I wasn't aware that I was supposed to list the number of direct care staff on the daily posting." The facility policy "Directions for Completion of Daily Posting Of Number of Direct Caregivers," dated 5/07, states, "Must record the total, actual number of hours work by each category of caregiver at all hours of the day. See example below: Three Registered Nurses (RNs) worked for four hours each during an eight hour shift, which started at 7:00 a.m. and ended at 3:00 p.m. Two of the RNs worked from 7:00 a.m. to 11:00 a.m. and one RN worked 11:00 a.m. to 3:00 p.m. The facility's posting would show the shift (7:00 a.m. to 3:00 p.m.) the specific work hours (two RNs from 7:00 a.m. to 11:00 a.m., one RN from 11:00 a.m. to 3:00 p.m.), and the total number of RNs on duty during the shift (1.5)" The Centers for Medicare and Medicaid Services "Resident Census and Conditions of Resident", form 672, completed by E12 (MDS Coordinator) on 2/2/16 lists 111 residents are living in the facility.	F 356			
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 to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441		2/26/16	

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F 441	<p>Continued From page 8</p> <p>The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must 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, interview and record review the facility failed to perform hand hygiene after removing gloves during perineal care for a resident in isolation precautions for Clostridium Difficile (C-diff) for one (R24) of 11 residents reviewed for infection control in the sample of 23.</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>Findings include:</p> <p>The Hand-Hygiene Technique policy, revised 3-1-10, documents one of the indications for hand washing as "Known C-diff positive diarrhea."</p> <p>The Glove Use policy, dated 3-1-10, documents "E. Wash hands after removing gloves. Gloves do not replace hand washing." This policy also documents after "B. Removing gloves...5. Wash hands."</p> <p>The Physicians Order Sheet for R24, dated 2/5/16 documents, "Maintain contact isolation d/t (due to) C-diff, every shift."</p> <p>The laboratory requisition for R24's stool, dated 1/21/16, documents R24 is positive for Clostridium difficile.</p> <p>On 2/4/16 at 3:50pm, E6 CNA (Certified Nursing Assistant) performed perineal care for R24. E6 applied gloves, cleansed and dried R24's anterior and posterior perineal areas, removed soiled gloves and applied clean gloves without performing hand hygiene. E6 opened R24's closet door, removed an incontinence brief, put the brief on R24, put R24's pants on, grasped and placed R24's wheelchair next to R24's bed, removed (E6's) transfer belt from (E6's) waist, applied transfer belt to R24's waist and assisted E7 CNA to transfer R24 from the bed to R24's wheelchair. During this time E6 also picked up the soiled bag of linens from R24's bed and placed the bag on the floor. E6 removed (E6's) soiled gloves and applied clean gloves without performing hand hygiene. E6 grasped R24's wheelchair handles and proceeded to push R24 out into the hallway. E6 did not wash (E6's) hands</p>	F 441			

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F 441	Continued From page 10 at any time during these cares. On 2/4/16 at 3:45 pm, E6 CNA stated "I should have washed my hands when switching gloves."	F 441			