STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A357	A. BUILDING _____ B. WING _____	07/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SQUARE	620 NORTH OTTAWA AVENUE DIXON, IL 61021

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F 000	INITIAL COMMENTS Annual Licensure & Ceritification Survey Heritage Square is in compliance with the Sheltered Care Facilities Code (77 Illinois Administrative Code 330) for this survey.	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the necessary care and services were provided for a resident with acute and chronic pain, and the facility failed to develop a pain management plan to effectively manage R7's pain. This applies to 1 of 9 residents (R7) reviewed for pain in the sample of 10. The findings include: R7's July, 2015 Physician Order Sheet (POS) shows diagnoses to include " osteoarthritis, right leg pain ongoing 2-3 years, and chronic ache severe pain" . The July, 2015 POS shows an order for " Norco [narcotic pain medication] 5-325mg take one tablet by mouth every 4 hours as needed" , " Tramadol 50 mg 1 orally four times per day as needed for chronic pain" , and " Tylenol 650mg every 4 to 6 hours as needed for	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 309	Continued From page 1 pain" . R7's Minimum Data Set (MDS) of June 8, 2015 shows R7 requires extensive assistance with transfers, dressing, toileting, and personal hygiene. The June 8, 2015 MDS shows R7 has pain that " made it hard to sleep" and " limited day-to-day activities" . R7's pain care plan through August 30, 2015 shows R7 has pain secondary to arthritis which can cause her to become aggressive with staff and resistive to care. This care plan shows an intervention to " Administer my pain medications per my MD order. Inform my MD if my pain changes in locations, intensity, duration, characteristics or aggravating factors." The pain care plan shows an intervention " my pain is alleviated/relieved by ...pain medications. It gets worse when I have a lot of movements." R7's updated care plan through September 30, 2015 shows "I have pain related to my osteoarthritis. I have been cared for at home by my son. He has informed staff that I spent almost my entire day laying in bed in an effort to control my pain ...I am able to answer any and all questions asked of me if I choose to" . The pain care plan through September 30, 2015 shows "Monitor/report to my nurse any sign/symptoms of non-verbal pain: Changes in my breathing (noisy, deep/shallow, labored, fast/slow); vocalizations I may have such as yelling out, silence; any mood/behavior changes, more irritable, restless, aggressive, squirmy, constant motion. I become very agitated and refuse care when I am in pain so be sure to let my nurse know what is going on." R7's admission assessment dated May 29, 2015 shows R7 can be fearful, combative, and agitated/anxious and interventions are to offer pain med if needed.	F 309		

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F 309	Continued From page 2 On July 13, 2015 at 7:50 PM, E4 and E5 (Certified Nurse Assistants - CNA) were in the bathroom with R7 assisting her while she was on the toilet. R7 was sitting on the toilet grimacing and crying stating " ouch ...it hurts" while E5 was taking her shirt off. R7 continued to yell out while E5 slid the shirt over her head and E4 said " I don't know why they put such tight clothes on her, she has really bad arthritis in her arms and legs and they hurt. After putting a gown on R7, E4 and E5 transferred R7 from the toilet to the wheelchair. E4 and E5 then transferred R7 from the wheelchair to the bed and R7 was crying during the transfer. R7 said " yes" she was in pain and said her legs hurt. On July 16, 2015 at 10:40 AM, E7 and E8 (CNAs) were wheeling R7 out of her room in her wheelchair. E7 attempted to lift R7's right leg to readjust it on the wheel chair foot pedal and R7 was whimpering and moaning in the wheelchair and yelled " ouch that hurts" . E7 asked R7 if she needed a pain pill and R7 said " Oh I would think so" . R7 said both her legs hurt, and that the pain pills help with the pain. R7 said her legs hurt when they get her ready for bed, and her legs hurt when they [CNAs] move them. At 10:50 AM, R7 was still whimpering while sitting in her wheelchair. R7's Medication Administration Record shows R7 only received one dose of pain medication on July 13, 2015 at 7:30 AM. R7's July 13, 2015 nurse notes did not have an assessment of R7's pain and did not have documentation that R7 had pain while getting ready for bed. On July 14, 2015 at 2:00 PM, E4 said she told the nurse that R7 was having pain the night before after they put her to bed. E4 said the CNAs are supposed to tell the nurse right away if a patient is having pain. E4 said R7 was in pain and was	F 309		

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F 309	Continued From page 3	F 309		

whimpering while they provided care. E4 said " I know her legs hurt her real bad" .
On July 14, 2015 at 2:10 PM, E2 (Assistant Director of Nursing -ADON) said R7 has chronic pain from degenerative hip problems. E2 said R7 has as needed Ultram [pain med] which " seems to help" . E2 said if R7 is " having pain such as making noises or sounds like she is in pain they should give her Ultram which is usually really effective for her" . E2 said the CNA should report if a resident is in pain and the nurse should then assess the resident and give a pain medication if it is available.
On July 14, 2015 at 2:45 PM, E6 (Registered Nurse - RN) said she was the nurse who cared for R7 on the evening shift on July 13, 2015. E6 said the CNA told her the night before that R7 was having pain and " she went right to sleep is what I was told" . E6 said she did not give R7 a pain medication after the CNA reported she was in pain.
On July 16, 2015 at 10:50 AM, E3 (Assistant Director of Nursing) said E7 is alert and capable of reporting pain. E3 said " every time I have asked her she has been able to report pain" , and she will say " no" if she does not want a pain pill. E3 said R7 is anxious she will be in pain when she moves and tenses when the staff tries to care for her and with transfers.
On July 17, 2015 at 12:40 PM, Z3 (Medical Doctor) said R7 has " significant osteoarthritis that is widespread and has severe degenerative joint disease especially of the right hip that would cause a lot of pain with movement" . Z3 said Tylenol as needed would be safe to give for moderate pain. Z3 said " definitely" if R7 is asking for a pain medication the facility should give the medication, and if R7 is experiencing pain, the nurse should assess for the need to give

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F 309	Continued From page 4 her pain medication and should assess for the causes of the pain. Z3 said the patient should be the primary decision maker and the family the second in deciding whether pain medication is given. Z3 said the facility should not withhold ordered pain medication based on family wishes. The facility Pain Assessment and Control policy dated July 7, 2010 states: Purpose is to ensure comfort and well-being of each resident with the goal of decreasing pain and improving functioning, mood, and sleep. Pain, cannot be proved or disproved. It is therefore whatever the experiencing person says it. As part of the residents' history and diagnosis will be reviewed to determine if resident is high risk for pain. Examples of red flags would be: Rheumatoid or osteoarthritis. Assessment will include interview of the resident and/or family as appropriate regarding pain issues including: Onset and precipitating factors, what causes pain to intensify? Measures to help relieve pain. ***Remember that failure to report pain does not necessarily indicate lack of pain. When a resident verbalizes he is in pain or nurse suspects pain based upon assessment a physician ordered pain medication will be administered. A PRN pain medication will be offered to a resident prior to activities that are likely to exacerbate pain.	F 309		
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	F 323		

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F 323	Continued From page 5 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 observation, interview, and record review the facility failed to ensure a resident was transferred in a safe manner by using a carrier sling with a mechanical stand lift. This applies to 1 of 5 residents (R3) reviewed for transfers in the sample of 10. The findings include: The July 2015 Physician Order Sheet (POS) shows R3 has diagnoses to include cerebral vascular accident, and Parkinson 's disease. The June 17, 2015 Minimum Data Set (MDS) shows R3 requires extensive assistance with transfers, dressing, hygiene, bathing, and toileting. R3s restorative program shows "sit to stand [mechanical lift] for toileting and cares - USE CARRIER SLING ...Assist to the bathroom every 3 hours and as needed during waking hours ..." R3 's Activities of Daily Living (ADL) care plan through October 1, 2015 shows "toileting: using carrier sling assist with toileting every 3 hours during waking hours and as needed". R3 's Restorative Assess "ADL 's Progress Notes" dated March 25, 2015 shows "Continues with transfer program baring weight up to 10 seconds on left leg. Sit to stand [mechanical lift] with carrier sling for toileting and long periods of standing". The June 17, 2015 Restorative Assessment shows "no change in ADL status since last quarter [March 25, 2015].	F 323		

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F 323	Continued From page 6 On July 13, 2015 at 7:15 PM E14 and E15 (Certified Nurse Assistants - CNA) attached the standard mechanical stand lift sling to R3. E14 fastened the standard sling around R3 's back and chest. E14 had R3 hold onto the hand bars and raised R3 from her wheelchair to a partially standing position. R3 's knees were bent and her buttocks leaning backwards while E14 wheeled R3 across the room to the bathroom. R3 was lowered to the toilet. After providing HS (Bedtime) cares, E14 applied the same standard sling to R3 placing it under her arms and fastening it in the front across her chest. E14 raised R3 to a partially standing position. R3 's knees were bent and her buttocks leaning backwards while E14 wheeled her across the room to her bed. E14 lowered R3 into bed and removed the sling. On July 14, 2015 at 10:00 AM, E8 (CNA) said the restorative nurse determines which sling is used for the stand lift and R3 is supposed to be transferred with the carrier sling because she can bear weight for a longer time with the leg straps. On July 14, 2015 at 10:30 AM, E11 (CNA) said the carrier sling gives R3 more support during the transfer because the strap goes under her legs. E11 said the carrier sling helps prevent her [R3] from hanging by her arms and prevents her legs from giving out. On July 16, 2015 at 9:00 AM, E7 and E10 (CNAs) said R3 is transferred from her wheelchair to the toilet with the mechanical sit to stand lift using the carrier sling. E7 and E10 said the carrier sling goes under R3 's legs because she cannot bear weight for a long time. E7 and E10 said the carrier sling takes the weight off R3 's legs without putting strain on her arms, shoulders, and back while she is being transferred. E7 and E10 said R3 cannot stand long enough to transfer her	F 323		

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F 323	Continued From page 7 with the regular sit to stand sling (chest sling). On July 16, 2015 at 9:30 AM, E12 (Restorative Nurse) said the standard sit to stand sling is used for residents who can bear full weight on at least one leg, and has a good sitting balance. E12 said the carrier sling is used on R3 because she can only stand for approximately 10 seconds and the straps between her legs on the carrier sling will catch her if her legs give out. E12 said R3 does not qualify to be transferred with the standard sit to stand sling because it is not safe for her and the carrier sit to stand sling is used when R3 goes to the toilet because it is such a long distance to be on the lift. Facility documentation submitted on July 16, 2015 composed by E12 and E1 (Administrator) shows resident 's daughter "voiced concerns about using the carrier sling. We explained this resident does not qualify to use the standard sling ...It was determined we were all using the most appropriate transfer methods for this resident [R3]. We will continue to care plan and use the carrier sling. The aides on second shift were reporting not using the carrier sling ..." The facility policy "Resident Handling Policy dated May 2009 shows Resident transfer status will be tagged in the resident 's room to inform staff of the appropriate transfer to use and screening will be performed on all residents to assess transfer and ambulation status. The transfers will be designated into one of the following categories ...sit to stand with carrier sling ...sit to stand with standard sling. The April, 2013 facility Stand Procedure for Medicare Stand shows: carrier sling: this sling provides full seat support for those residents with decreased or no weight bearing capability. The resident should have independent sitting balance for use from or to the bed.	F 323		

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