

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

PRINTED: 02/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTGOMERY NURSING &amp; REHAB CTR, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9086 IL ROUTE 127, P O BOX 309 HILLSBORO, IL 62049</b>	
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F 000	INITIAL COMMENTS	F 000		
F 164 SS=D	<p>Annual Certification Survey</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the Facility failed to provide privacy during incontinent</p>	F 164		1/31/14

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 164	<p>Continued From page 1 care for 1 resident (R20) in the supplemental sample.</p> <p>Findings include:</p> <p>On 1/15/2014 at 12:57 PM, incontinent care was preformed by E12, Certified Nurses Aide, CNA, and E13, CNA. R20's pants and soiled incontinent brief were removed by E12 and E13 leaving R20 completely exposed from waist down while R20 was laying in bed. E13 left the bedside to wash hands while R20 remained uncovered exposing R20's perineal area. E13 came back to the bedside and wiped R20's groin area once then E13 stated, "I need to go get a bag." E13 then left the bedside, while R20 continued to remain exposed from the waist down. E13 removed her gloves, washed her hands, and then E13 left the room while R20 remained completely exposed from the waist down. E12 remained at bedside waiting for E13 to return. E12 made no attempt to drape R20 while waiting for E13 to return. E13 returned and finished the incontinent care. E13 then left the bedside to wash her hands while E12 stood at bedside while R20 remained completely exposed from waist down until E13 returned and a gown was placed over R20.</p> <p>The Facility policy and procedure for Perineal Care dated 1/2002 documents, in part, "Fold the sheet down to the lower part of the body. cover the upper torso with a sheet. Avoid unnecessary exposure of the resident's body."</p> <p>The Resident's Rights for People in Long Term Care Facilities, revised 3/2011, documents, "Your medical and personal care are private. The facility may not give information about you and your care to unauthorized persons without your permission.</p>	F 164			

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F 164	Continued From page 2	F 164			
F 280	"All newly admitted residents are provided a copy of The Residents' Rights handbook.				
SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280		1/31/14	
	<p>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.</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 individualize the Care Plans for 2 of 17 residents (R7, R11) reviewed for Care Plans in the sample of 19.</p> <p>Finding include:</p> <p>1. R7's Minimum Data Set, MDS, dated 11/7/2013 documents R7's Brief Interview of Mental Statue,</p>				

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F 280	<p>Continued From page 3</p> <p>BIMS, score of 0 with the highest cognition level being 15, and R7 requires extensive assistance of 2 people for bed mobility and is totally dependant on staff for personal hygiene.</p> <p>On 1/15/14 at 4:02 PM, E5, MDS Coordinator, states, that R7's Care Plan is not individualized for R7's pressure ulcer interventions.</p> <p>R7's Wound Assessment dated 12/30/2013 documents: a new Stage II pressure ulcer on coccyx.</p> <p>R7's Care Plan dated 12/30/13 has a problem listed as stage II on coccyx. The interventions listed do not provide a turning and repositioning schedule, treatment for the wounds, or the use of a special airflow mattress.</p> <p>2. The MDS dated 12/27/13 documents R11 needs limited assistance with dressing, toileting, and has an indwelling urinary catheter. The MDS documents R11 has active diagnoses significant for Depression, Psychotic Disorder, Urinary Obstruction and Dementia with Behavior Disturbance, The MDS further documents R 11 scores a zero (severe cognitive impairment) in the BIMS.</p> <p>The Care Plan for Indwelling Catheter with start date 9/4/13 documents as approaches: 'Position collection bag below the bladder but keep bag and tubing off the floor at all times. Resident carries catheter like a purse educated that foley needs to be below the bladder. Resident refuses to wear a leg bag, refuses foley bag cover.</p>	F 280			

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F 280	Continued From page 4 On 1/13/14 at 10:40 AM, R11 was standing in front of the nurses station with his urine bag hooked to his pant belt. On 1/14/14 at 12:55 PM, R11 was noted walking in the 400 and 500 hallway with his urine bag hooked to his belt.  In an interview on 1/15/14 at 1:20 PM, E6, Certified Nursing Aide, CNA, stated, "(R11) is wearing his leg bag today. I tried to help him put the strap on. He was already wearing the leg bag when I saw him. "  In an interview on 1/15/14 at 4:15 PM, E1, Administrator, stated R11 refuses to wear a leg bag and it is care planned. In an interview on 1/15/14 at 4:20 PM, E11, Corporate Nurse, stated if he would wear a leg bag for certain staff he might refuse to wear one with the same staff the next time.  No alternative approaches were initiated or provided to prevent R11 from carrying his urine bag exposed and hooking his urine bag above the level of his bladder.	F 280			
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.	F 315		1/31/14	

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F 315	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview an record review the facility failed to follow their policy for Urinary Catheter Care for 2 of 5 residents (R 3, R11) reviewed for Urinary Tract Infections (UTI) in the sample of 19.</p> <p>Findings include:</p> <p>1. The Facility policy on Catheter Care dated August of 2002, documents under general guidelines, " #4. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder. #15. Ensure that the catheter remains secured with a leg strap to reduce friction and movement at the insertion site. #16. Report unsecured catheters to the supervisor."</p> <p>In an interview on 1/16/14 at 10:30 AM, E 11, Corporate Quality Assurance Staff, stated the catheter bag has a back flow valve at the level of the drainage bag, it does not stop urine in the tubing or catheter itself.</p> <p>2. R3's record and laboratory results documents R3 has been diagnosed with, and treated for, urinary tract infections on; 9/21/13, when R3 was admitted to the hospital for urosepsis, 10/13/13, 11/7/13 and 12/17/13.</p> <p>On 1/13/14 at 12:30 PM during a full mechanical lift transfer from the bed to a wheelchair completed by E17 and E18, both Certified Nurses Aides, CNAs, E17 placed the indwelling catheter bag onto the mechanical lift frame, at the point</p>	F 315			

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F 315	<p>Continued From page 6</p> <p>where the sling attaches to the frame. This was at a level higher than R3's bladder. There was cloudy urine and sediment present in the catheter tubing and bag. The catheter tubing was not secured to R3's leg during the transfer resulting in tugging on the catheter. itself. R3 has had previous urethral/penile splitting/trauma related to indwelling catheter use.</p> <p>3. The Minimum Data Set, MDS, dated 12/27/13 documents R11 needs limited assistance with dressing, toileting, and has an indwelling urinary catheter. The MDS documents R11 has active diagnoses significant for Depression, Psychotic Disorder, Urinary Obstruction and Dementia with Behavior Disturbance, The MDS further documents R11 scores a zero (severe cognitive impairment) in the Brief Interview for Mental Status .</p> <p>The Care Plan for Indwelling Catheter with start date 9/4/13 documents as approaches: 'Position collection bag below the bladder but keep bag and tubing off the floor at all times. Resident carries catheter like a purse educated that foley needs to be below the bladder.'</p> <p>The Facility Infection Control Log documents R11 had dysuria on 9/23/13 and was started on Bactrim twice a day for 7 days, had increased confusion and had Escherichia coli and Enterococcus faecalis in the urine on 10/12/13 and dysuria on 12/21/13 and received Bactrim twice a day for 3 days.</p> <p>On 1/13/14 at 10:40 AM, R10 was standing in</p>	F 315			

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F 315	Continued From page 7 front of the nurses station with his urine bag hooked to his pant belt on the side. On 1/14/14 at 12:55 PM, R10 was noted walking in the 400 and 500 hallway with his urine bag hooked to his belt. At both times R11's collection bag was positioned above his bladder.	F 315			
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 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 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.	F 441		1/31/14	



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F 441	Continued From page 8  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prevent cross contamination during incontinence care by not changing gloves from dirty to clean areas, and repeatedly touching a multi- patient use perineal wash bottle with contaminated gloves for 1 of 17 residents (R10) reviewed for infection control in a sample of 19 and 1 resident (R20) in the supplemental sample.  Findings include:  1. On 1/13/14 at 11:20 AM, E6 and E7, both Certified Nursing Aides, CNAs, provided incontinent care to R10. E6 and E7 washed hands and donned gloves. R10's adult briefs was wet and she just had a bowel movement of moderate amount. E6 washed the perineal area, using washcloths wet with no rinse periwash for each stroke. E6 patted dry the area and turned R10 to her side and started cleaning the rectal area which had fecal material with washcloths wet with periwash, then patted the area dry. E10 reached for the clean draw sheet and incontinent pad and have them ready to place under R10. Then E6 took off her soiled gloves, sanitized her hands and put on clean gloves and placed the draw sheet and pad under R10. E6 failed to	F 441			

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F 441	<p>Continued From page 9</p> <p>change her soiled gloves prior to touching the clean sheet and pad initially.</p> <p>In an interview on 1/15/14 at 1:25 PM, E6, CNA, stated she always change gloves at the appropriate times but forgot to change her gloves before touching the clean sheet and pad because she was very nervous at the time.</p> <p>2. On 1/15/2014 at 12:57 PM, urinary incontinence care was preformed by E12, CNA and E13, CNA. E13 removed periwash bottle out of her pocket and placed the bottle on the night side table. E13 performed urinary incontinence care touching the periwash bottle with urine contaminated gloves on multiple times cross contaminating the periwash bottle and the gloves.</p> <p>In an interview on 1/15/2014 at 1:20 PM, E13, stated that she carries the periwash bottle in her pocket and uses it on all of her residents.</p> <p>Review of the Facility policy and procedure for Perineal Care does not address the issue of using a spray periwash bottle and cross contamination.</p>	F 441			