STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145922	A. BUILDING _____ B. WING _____	10/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBDEN REHAB & NURSING CENTER	430 SOUTH FRONT STREET COBDEN, IL 62920

(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 Certification survey	F 000		
F 161 SS=E	483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to maintain a surety bond with an adequate coverage limit. These failures affect 43 of 61 residents with a trust fund account for 7 of 15 reviewed for resident trust fund accounts, R#s (1,2,5,8,9,10,11) in the sample of 15 and R#s (16,18,19,21,23-26,30-35,37,38,40-45,47-52,54-62) in the supplemental sample. Findings include: 1. At 1:30 P.M. on 10/6/15, E1 (Administrator) submitted a form showing the residents who had a resident trust fund account and their balances (R# 1,2,5,8,9,10,11,16,18,19,21,23-26,30-35,37,38,40-45,47-52,54-62). E1 confirmed at that time that the balances were accurate as of 10/6/15. 2. The facility's surety bond with a date of 6/1/2013 shows a coverage limit of $10,000. 3. The total of the account balances presented on 10/6/15 equals a total of $13,398.09.	F 161		
F 280	483.20(d)(3), 483.10(k)(2) RIGHT TO	F 280		

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 280 SS=D	Continued From page 1 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. 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to review and revise care plan interventions to include an antipsychotic medication's Federal Food and Drug Administration (FDA) boxed warning for 2 of 6 residents (R4, R13) reviewed for antipsychotic medication use in the sample of 15. Findings include: 1. R4 is a 72 year old resident with diagnoses that include Dementia with Behavioral Disturbances and Psychosis as noted in a Physician Progress	F 280		

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F 280	Continued From page 2 note dated 7/3/2015. The October 2015 Physician Order Sheet for R4 lists Olanzapine (Zyprexa) 5 mg one time a day. Zyprexa is an antipsychotic medication which carries a Federal Drug Administration (FDA) Black Box Warning which warns healthcare professionals that this medication is associated with an increased risk of death in the elderly patient treated for dementia-related psychosis- as noted at https://www.fda.gov/drugs/default.htm. This Black Box Warning is not included in R4's current Care Plan dated July 2015. This was verified with E7- Care Plan/MDS Coordinator on 10/7/2015 at 3:20 pm. 2. R13 is a 73 year old resident with diagnoses that include Dementia with Behavioral Disturbances and Psychotic Disorder as noted in the October 2015 Physician Order Sheet and the current Care Plan with a review date of 9/2/2015. The October 2015 Physician Order Sheet for R13 lists Risperdal 2 mg twice daily. Risperdal is an antipsychotic medication which carries a Federal Drug Administration (FDA) Black Box Warning which warns healthcare professionals that this medication is associated with an increased risk of death in the elderly patient treated for dementia-related psychosis- as noted at https://www.fda.gov/drugs/default.htm. This Black Box Warning is not included in R13's current Care Plan. This was verified with E7- Care Plan/MDS Coordinator on 10/8/2015 at 11:00 am.	F 280		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of	F 282		

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F 282	Continued From page 3 care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide the diet specified in the Plan of Care for 1 of 15 residents (R2) in the sample of 15. Findings include: R2s Plan of Care initiated on 2/11/2015, includes a Focus Area which states that R2 is at risk for complications related to a diagnosis of osteoporosis and to encourage the intake of dairy products. A Focus Area of R2's Care Plan, initiated on 2/11/2015, states R2 is at risk for impaired for nutrition and indicates that an order was initiated on 8/19/2015 for servings of whole milk for R2 with lunch and supper. This diet order is included in R2's Physician Order Sheet for 10/2015. R2's Menu Card, placed on the dining room table next to R2's plate at the midday meal did not indicate that R2 was to receive whole milk at lunch. On 10/06/2015 at 12:00 p.m., and on 10/8/2015 at 12:15 p.m., R2 was in the ADAPT Wing dining room, eating lunch. Milk was not served with R2 ' s lunch on either of these days. On 10/6/2015, at 1:50 p.m., R2 stated that R2 did not get milk with lunch. On 10/6/2015, at 12:40 p.m. E8, Certified Nurses Aid, stated that milk is served routinely with breakfast and dinner and is served at lunch only to residents who have an order for it. On 10/8/2015, at 1:20 p.m., E5, Dietary Supervisor, verified that R2 should be getting whole milk with lunch.	F 282		

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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 observations and record review the facility failed to prevent access to potentially hazardous compounds to 4 of 15 residents (1, 4, 8, 13) in the sample of 15 and R#s (18, 23, 31, 35, 36, 47, 49, 54, 58) in the supplemental sample. Findings Include; 1. The White wing soiled utility room was unlocked and unoccupied at 10:01 A.M. on 10/6/15. A 1 gallon container of bathroom cleanser was observed on the counter of this room. The warning label for this product states "Keep out of reach of children. Danger" 2. The personal care room was unlocked and unoccupied at 10:15 A.M. on 10/6/15. A container of hair color was observed in an unlocked cabinet in this room at that time. The warning label for this product states "Keep out of reach of children" . 3. On 10/7/15, E2 (Director of Nurses) provided a list of ambulatory, confused residents in the facility who might have access to these	F 323		

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F 323	Continued From page 5 compounds, which included R#s (1, 4, 8, 13, 18, 23, 31, 35, 36, 47, 49, 54, 58).	F 323		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to include and utilize individualized non-pharmacological behavioral interventions for 1 of 12 residents (R13) reviewed for behaviors in the sample of 15.	F 329		

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F 329	Continued From page 6 Findings include: 1. R13 is a 73 year old resident with diagnoses that include Dementia with Behavioral Disturbances and Psychotic Disorder with Delusions as noted on the October 2015 Physician order Sheet. R13 has a history of prior psychiatric hospitalization as noted on a hospital psychiatric Discharge Summary dated 12-2-14. It indicates that the hospital behavioral center noted that R13's restlessness seemed to stem from wanting to fix or work on things and that allowing R13 opportunities to engage in activities where R13 could work on things helped with his restlessness, and that R13 was given a "play drill" that he would often carry around. The Discharge Summary indicates that allowing R13 to walk the halls at times and giving R13 an activity such as coloring sheets or a peg board were also helpful. The nurses notes reviewed from July 9, 2015 through October 5, 2015, include documentation on three dates where R13 was administered Ativan 0.5 mg (milligrams) intramuscularly (IM) for behaviors as ordered, after contacting R13's Physician. The dates in the nurses notes are 8/28/15, 9/4/15 and 9/26/15. Behavior tracking sheets for R13 for August and September 2015 include tracking for behaviors of destroying facility property, and verbal and physical aggression towards staff. Interventions include to verbally redirect, monitor closely when agitated, offer diversional activities, redirect to a less stimulating environment to assist in calming resident and contacting physician if unable to redirect. Documentation in the nurses notes and on the behavior tracking for the above three dates does not indicate that any non-pharmacological	F 329		

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F 329	Continued From page 7 interventions were attempted prior to contacting the physician and receiving an order for an IM psychotropic medication. R13's Care Plan and Behavior Tracking do not include individualized approaches for R13 using suggested (or other similar) interventions from the 12/2014 hospital discharge summary. E3, Social Service Designee, stated on 10/7/2015 at 1:10 pm that staff are expected to use other approaches prior to calling the physician and obtaining a medication order to deal with behaviors. E3 verified that there were currently no specific diversional activities on the care plan. E3 indicated that in the past R13 has had a small toolbox that was given to him. On October 8, 2015 at 1:30 PM, R13 was observed wandering throughout the facility, appearing agitated with E8, Certified Nurses Aide walking 1 on 1 behind him. R13 was observed several other times throughout the survey frequently wandering in the hallways, at times with staff walking with him 1 on 1 as agitation increased. Staff were not observed to offer R13 any type of diversional activities at these times.	F 329		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		

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F 371	Continued From page 8	F 371		

This REQUIREMENT is not met as evidenced by:
Based on observations, interview, and record review the facility failed to properly maintain the dishmachine, maintain easy access to the handwash sink and keep food contact surfaces clean and sanitary. These failures have the potential to affect all 61 residents of the facility.

Findings Include;

1. There was no chlorine residual detected during the sanitization rinse, when the dishmachine was checked at 8:49 A.M. on 10/6/15. E5 (Food Service Supervisor) stated she would contact the company for repairs at that time .

2. There were 2 trash cans and a mop bucket on the floor preventing easy access to the handwash sink at 8:49 A.M. on 10/6/15. There was an additional observation that a fan with a dirty screen was suspended on the wall blowing on this sink at that time.

3. A paint brush was observed with large globs of dried butter on it's bristles sitting in a container of dried butter at 9:08 A.M. on 10/6/15. The aluminum foil covering was also in contact with the dried butter at that time.

4. A package of disposable gloves were observed being stored next to an unmarked spray container in the chemical cabinet at 8:58 A.M. on 10/6/15

5. A box containing single service plates and cups were observed being stored on the floor in the storeroom at 8:58 A.M. on 10/6/15.

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F 371	Continued From page 9 6. At 8:59 A.M. on 10/6/15, a pink plastic container with no handle was being used as a scoop for the bulk container of oats. Staff would not be able to use this utensil without their hands coming into contact with the food product. 7.. The Resident Census and Conditions of Residents form completed by the facility on 10/6/15, indicates that there were 61 residents in the facility	F 371		
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations , record review, and interview the facility failed to maintain the building and it's furnishings clean, orderly, odor free, and in good repair. These failures have the potential to affect all 61 residents of the facility. Findings include: 1. The middle dining room was observed to be dark and not well lit at 11:10 A.M. on 10/6/15. One of the four flourescent light fixtures was not working properly at that time, E4 (Licensed Practical Nurse) was observed to move her medication cart from this room to the nurse's station, where she stated that there was not enough light in that room.The fluted metal base of	F 465		

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F 465	Continued From page 10	F 465		

one of the dining room tables in this room was observed to be extremely dirty at this time.

2. There were large accumlations of dust and lint observed behind the washers and dryers in the laundry room at 10:10 A.M. on 10/6/15. The handwash sink in this room was full of mop heads at that time. There was no soap available at this sink at that time. A sign posted on the wall states to not put anything in the sink. 2 bags of soiled linen were observed on the floor of the soiled linen room at that time.There was an approximate 1/2 inch gap to the outside around the perimeter of the exterior door of the laundry room at that time . This door could not be easily pulled completely closed. The floor of the water heater room in the laundry was observed to be extremely dirty at that time.

3. The floor and wall surfaces were observed to be damaged around the hopper in the White wing soiled utility room at 10:01 A.M. on 10/6/15. The door to the water heater in this room was also damaged at this time. The spray hose for the hopper was observed laying in the bowl of the hopper at that time.

4. The grab bars and stool were loose at 9:54 A.M. on 10/6/15. in Bathroom #56. The paint was chipped above the sink in this room at that time.

5. 2 bags of clothing were observed being stored on the floor, and 5 boxes of clothing were observed being stored on chairs in the personal care room at 10:15 A.M. on 10/6/15. A dirty and dusty blow dryer and a dusty unmarked hair brush were observed in this room at that time.

6. A strong pervasive urine odor was detected in

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F 465	Continued From page 11 the front dining room at 1:19 P.M.on 10/6/15. 7. The base of the exterior door was observed to be rusty and deteriorated. in Room #72 at 9:25 A.M. on 10/6/15. This door could not be easily closed, resulting in an approximate 1/8 inch gap around the perimeter of the door.The cover of the brown recliner in this room was ripped, exposing the stuffing in 2 locations at that time. A black tray table in this room was observed to be dusty and dirty at that time. 8. There were no mirrors in bathroom#s 37 and 38 on Blue wing at 10:20 A.M. on 10/6/15. 9. The vent covers on the ceilings on all 3 corridors were observed to be covered with lint and dust throughout the day on 10/6/15. 10. The Resident Census and Conditions of Residents form completed by the facility on 10/6/15, indicates that there were 61 residents in the facility.	F 465		
F 469 SS=C	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations and record review, the facility failed to maintain the building free of flies. These failures have the potential to affect all 61 residents of the facility.	F 469		

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F 469	Continued From page 12 Findings include: 1. Two Fruit flies were observed in the dishwashing area of the kitchen at 9:02 A.M. on 10/6/15. 2. Four flies were observed in the kitchen area at 11:05 A.M. on 10/6/15. 3. Two flies were observed in the front dining room area at 11:27 A.M. on 10/6/15 . 4. Four flies were observed on one of the mirrors in the middle dining room at 10:40 A.M. on 10/6/15. 5. During all of these observations, there were no attempts made by staff to control these flies. 6. Four of the six dumpster lids were observed to be open at 10:45A.M. on 10/6/15. Ten flies were observed in and around the dumpster at that time.There was no plug in the dumpster at this time, and paper and debris were observed on the ground in that area.These items would be considered a potential attractant site for flies. 7. Potential entrance sites for the flies were observed at 10:10 A.M. and 9:25 A.M. on 10/6/15. These include the exterior doors in the laundry room and Room #72 , both of which are difficult to close completely, and were observed to have sizable gaps between the door and the frames. 8. The Resident Census and Conditions of Residents form completed by the facility on 10/6/15, indicates that there were 61 residents in the facility	F 469		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBDEN REHAB & NURSING CENTER	**430 SOUTH FRONT STREET COBDEN, IL 62920**

(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