

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

PRINTED: 09/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145921	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2014
NAME OF PROVIDER OR SUPPLIER HITZ MEMORIAL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 201 BELLE STREET, P O BOX 79 ALHAMBRA, IL 62001		
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F 000	INITIAL COMMENTS	F 000			
F 322 SS=D	<p>Certification Annual Survey</p> <p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to properly administer gastrostomy tube (G-Tube) medications and enteral tube feeding for 1 of 3 residents (R2) reviewed for G-Tube care in the sample of 13.</p> <p>Findings include:</p> <p>On 8/19/14 at 12:16 PM, E5, Licensed Practical</p>	F 322			

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 322	<p>Continued From page 1</p> <p>Nurse (LPN) checked G-tube placement on R2 prior to medication administration. E5 administered 3 medications. The first medication was in a liquid form followed by a 30ml water flush; the second and third medications were each crushed and each was placed into individual cups of 30ml water and administered. After all medications were administered via the G-tube, a 150ml water flush was administered. E5 did not administer a 30ml water flush prior to medication administration. E5 did not administer a 30ml water flush after medication administration, E5 administered 150ml water flush instead.</p> <p>On 8/19/14 at 12:30 PM, E5 checked the G-tube placement on R2 prior to administering an enteral tube feeding. E5 administered 120ml of enteral tube feeding. After all feeding was administered a 150ml water flush was administered. E5 administered 120 ml enteral feeding not a 60 ml enteral feeding.</p> <p>On 8/19/14 at 12:20 PM, E5 stated "I put the crushed meds in 30 cc's [cubic centimeters] water each and flushed with 30 cc's water after the liquid medication. I flushed with 150cc's after the medications."</p> <p>Interview on 8/19/14 at 12:40 PM when E5 was asked how much R2 received with the feeding E5 stated "I gave a 120 cc's Jevity and 150 cc's water flush, a total of 270 cc's."</p> <p>R2's Physician's Order Sheet, dated 07/31/2014, documents "30 ML water flush before and after meds per tube." "Jevity 1.5 cal 0.06 gram-1.5kcal/ml oral liquid. Instill 60 ml by g-tube route 6 times per day followed by 150 ml water after each feeding."</p>	F 322			

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F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview the facility failed to administer insulin medication as ordered for 1 of 3 residents (R14) reviewed for insulin administration in the sample of 13.</p> <p>Findings include:</p> <p>R14's Physician's Order Sheet dated 7/31/14 documents "Humalog 100 units/ml Sub-Q, inject 9 units sub-Q before meals. R14 has an order to receive this insulin order three times a day: AM, Noon and Evening medication pass.</p>	F 425			

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F 425	Continued From page 3 R14's dining room Meal Consumption and Fluid Intake record, on 8/19/14, documents that R14 ate 100 percent of her lunch and drank 500 (cubic centimeters) fluid intake. On 8/19/14 at 11:25 AM, R14 was transported to the dining room for the noon meal. After she ate, at 1:57 PM, E5 Licensed Practical Nurse, (LPN) was observed to administer R14's insulin subcutaneously. On 8/19/14 at 11:15 AM, E5 stated, "I have till 2:00 PM to give R14 her insulin." On 8/21/14 at 12:30 PM, E10 (Dietary Manager) stated "Lunch hours are from 11:00 AM to 1:00 PM."	F 425			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the	F 431			

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F 431	<p>Continued From page 4</p> <p>facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to properly label medications for 3 of 5 residents (R2, R7, R10) reviewed for medication pass accuracy in the sample of 13, and 4 of 18 residents (R14, R15, R16, R17) in the supplemental sample.</p> <p>Findings include:</p> <p>1. During the medication pass on 8/19/14 at 12:16 PM, the label on R2's medication card documented "Compazine 10mg give 1 tablet by rectal route every 6 hours."</p> <p>On 8/19/14 at 12:17 PM, E5 Licensed Practical Nurse (LPN) stated, "It says that but we give it through his g-tube."</p> <p>On 8/20/14 at 1:30 PM, Z1 (Medical Director) stated, "That was a one time order when his</p>	F 431			

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F 431	Continued From page 5 g-tube was clogged. It's supposed to be given through his g-tube. I will write a clarification order." R2's Physician Order Sheet, dated 07/31/2014, documents "Compazine 10 mg tablet give 1 tablet by rectal route every 6 hours." 2. During the medication pass on 8/20/14 at 11:30 AM, the label on R15's medication bottle documented, "Dilantin EX 100 mg 2 tablets three times a day." On 8/19/14 at 11:31 AM, E5 stated, "Her order was changed to 100 mg for this medication time. She now gets 200 mg in the morning, 100 mg at noon and 200 mg in the evening." R15's Physician's Order Sheet, dated 7/31/14, documents, "Dilantin Extended 100 mg capsule give 1 capsule (100mg) by oral route at noon."	F 431			
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	F 441			

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F 441	<p>Continued From page 6 of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <ol style="list-style-type: none"> (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. <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> (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. <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 use appropriate isolation technique for 1 of 6 residents (R5) reviewed for infections in the sample of 13.</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>Findings include:</p> <p>On 8/20/14 at 9:45AM, there was a sign on R5's door indicating that R5 was on contact isolation. Outside R5's room was a cart that had gloves and gowns inside. E4 Licensed Practical Nurse (LPN), entered the room without gloves or gown to answer R5's call light. R5 stated that she had some leftover food in her mouth from breakfast and she needed her mouth cleaned out. E4 then opened a cabinet door on R5's bedside table and looked for mouth swabs. E4 stated that there were no swabs and she then left the room with out washing her hands to get swabs for R5.</p> <p>On 8/20/14 at 11:30 PM E4, LPN stated that R5 was in isolation with a diagnosis of Extended spectrum beta-lactamase (ESBL) in her urine. She stated that she is on contact isolation. E4 then stated that she had not gowned and gloved when she had entered R5's room.</p> <p>Review of R5's Care Plan dated 8/13/14 indicate a diagnosis of ESBL in her urine. Review of a Urine Culture dated 7/30/14 shows Organism 1 Escherichia coli ESBL. Review of Physicians Order Sheet dated 8/1/14 shows an order from R5's physician to implement contact isolation precautions related to ESBL in urine. Review of the Facility's Contact Precautions Policy, undated, states that gloves should be worn when entering the room and a gown when entering the room if you anticipate your clothing will come in contact with the patient or environmental surfaces.</p>	F 441			