

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

PRINTED: 09/23/2015
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 09/17/2015
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 221 SS=D	<p>Annual Licensure and Certification Survey 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Facility failed to thoroughly assess the risk versus benefits for the use of side rails for 2 of 3 residents (R4, R11) reviewed for side rails in the sample of 13.</p> <p>Findings include:</p> <p>1. R4's Minimum Data Set (MDS), dated 6/11/2015, documents R4 has severely impaired cognition and requires limited assistance of one staff member for bed mobility.</p> <p>R4's Side Rail Assessment, dated 9/11/2015, documents, in part, "Does the side rail help the resident rise from a supine position to a sitting and/ or standing position? No. Is there a risk to the resident if side rails are used? If yes, please explain. No. Do the side rail alternatives/interventions create more risks that side rail use? If yes, please explain." There was no answer documented.</p> <p>On 9/14/2015 at 3:05 PM, R4 was lying in bed with bilateral half rails raised at the head of the</p>	F 221			

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 221	<p>Continued From page 1 bed.</p> <p>On 9/15/2015 at 8:44 AM, R4 was lying in bed with bilateral half rails raised at the head of the bed.</p> <p>On 9/17/2015 at 10:34 AM, E5, Care Plan/ MDS Coordinator, stated, "The staff use the side rails to hold the pillow behind (R4's) back for positioning. (R4) has never had an injury involving the side rails so there is no risk."</p> <p>On 9/17/2015 at 10:40 AM, E1, Administrator, E2, Director of Nurses (DON) and E3, Assistant Director of Nurses (ADON) all stated, "(R4) has not been properly assessed for the risk versus benefits for the use of side rails."</p> <p>2. R11's MDS, dated 8/9/2015 documents, R11 is totally dependant on 2 staff members for bed mobility and is a mechanical transfer. This MDS also documents that R11 has bilateral upper and lower impairments with range of motion.</p> <p>R11's Side Rail Assessment, dated 8/2/2015, documents, in part, "Does the side rail help the resident rise from a supine position to a sitting and/ or standing position? No. Is there a risk to the resident if side rails are used? If yes, please explain. No. Do the side rail alternatives/interventions create more risks that side rail use? If yes, please explain." There is no answer documented.</p> <p>On 9/15/2015 at 8:25 AM, R11 was in bed with bilateral half side rails raised at the head of the bed.</p> <p>On 9/17/2015 at 10:40 AM, E2 and E3 both</p>	F 221			

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F 221	Continued From page 2 stated, "I don't think she (R11) could use the side rails because she is so contracted."	F 221			
F 279 SS=D	On 9/17/2015 at 10:40 AM, E2 stated, "(R11) has not been properly assessed for the risk versus benefits for the use of side rails." E2 also states, "I am unable to locate a policy and procedure on side rails at this time." 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide complete and comprehensive Care Plans for 3 of 13 residents (R6, R8, R10)	F 279			

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F 279	<p>Continued From page 3 reviewed for care planning in a sample of of 13.</p> <p>Findings include:</p> <p>1. R6's History and Physical, dated 5/23/15, R6 was seen for evaluation of a fever and was diagnosed with a UTI and Sepsis and was admitted to the hospital.</p> <p>R6's Care Plan, dated 6/4/15, did not have any documentation to provide assessment/monitoring addressing R6's recent hospitalization with a diagnosis of UTI and Sepsis.</p> <p>R6's September 2015 Physicians Order Sheet (POS) documents a partial diagnosis of urinary frequency.</p> <p>On 9/17/2015 10:10 AM, E2 Director of Nursing (DON) stated that R6 did not have Urinary Tract Infections (UTI) addressed in her Care Plan and stated that she would expect that UTI's should be addressed in R6's Care Plan if she had had a hospital admission for a UTI.</p> <p>On 9/17/15 at 10:23 AM, E5, Minimum Data Set (MDS)/Care Plan Coordinator, Licensed Practical Nurse (LPN), stated that because R6 has only had one UTI and is not prone to getting them, E5 did not Care Plan R6 for UTI's.</p> <p>2. R8's Nurses Notes, dated 8/15/14, document that R8 fell out of bed and had no injuries noted.</p> <p>R8's September 2015 POS documents a partial diagnosis of dizziness.</p> <p>R8's Care Plan, dated 8/20/15, did not have any documentation to provide assessment/monitoring</p>	F 279			

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F 279	<p>Continued From page 4 addressing R8's recent fall on 8/15/14.</p> <p>On 9/17/2015 10:13 AM, E2 stated that R8 did not have falls addressed in her Care Plan and she would expect that falls should be addressed in R8's Care Plan if she has had a recent fall.</p> <p>On 9/17/15 at 10:23 AM, E5 stated that because R8 has only had one fall and R8 had just rolled out of bed she had not added falls to R8's Care Plan.</p> <p>3. R10's Electronic Health Record, dated 3/14/13, documents a diagnosis of "history of Urinary Tract Infections (UTI's)."</p> <p>R10's MDS documents R10 is cognitively intact and requires extensive assistance of one staff for hygiene and toileting.</p> <p>R10's Care Plan does not address Urinary Tract Infections.</p> <p>R10's Nursing Notes document R10 was treated for Urinary Tract Infections on the following dates: 2/12/15, 3/9/15, 3/28/15, 6/15/15, 7/18/15, and 8/20/15.</p> <p>On 9/16/15 at 1:25 PM, E2, Assistant Director of Nursing (ADON), stated there is nothing on R10's Care Plan that addresses R10's Chronic Urinary Tract Infections.</p> <p>On 9/17/15 at 10:23 AM, E5 stated "(R10) is not Care Planned for UTI's-not sure why --everyone else in the building seems to be, but (R10) does not."</p> <p>On 9/17/15 at 10:15 AM, E1, Administrator stated</p>	F 279			

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F 279 F 441 SS=D	<p>Continued From page 5</p> <p>the facility does not have a policy for Care Plans.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(a) Infection Control Program 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 (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>	F 279 F 441			

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F 441	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Facility failed to change gloves to prevent cross contamination for 1 of 13 residents (R4) reviewed for infection control in the sample of 13.</p> <p>Findings include:</p> <p>1. R4's Minimum Data Set (MDS), dated 6/11/2015, documents R4 has severely impaired cognition status. This same MDS documents that R4 requires limited assistance of one staff member for bed mobility.</p> <p>R4's Physician's Orders, dated 08/31/2015, document, "Cleanse open area to left hip with wound cleanser. Apply Santyl ointment and cover with island dressing. Daily and as needed. Cleanse open area to coccyx with wound cleanser. Apply Santyl ointment and cover with island dressing. Daily and as needed."</p> <p>On 9/15/2015 at 9:50 AM, E4, Registered Nurse (RN), donned gloves, removed old dressing from R4's left hip, cleansed the wound with wound cleaner, applied Santyl to the wound and then covered the wound with a new island dressing. With the same gloves, E4, removed the dressing on the coccyx, cleansed the wound with wound cleanser, removed gloves and washed hands. E4 then donned new gloves and finished the treatment."</p> <p>On 9/15/2015 at 9:55 AM, E4, stated, "I realized I</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>should have changed my gloves before I cleaned the wound. I also realized that I went from one wound to the other with the same gloves which you never do. I was just nervous."</p> <p>On 9/15/2015 at 10:10 AM, E3, Assistant Director of Nurses (ADON), stated "Staff should never use the same gloves when removing an old soiled dressing then applying a clean dressing. Also staff should never use the same gloves to treat 2 different wounds."</p> <p>The facility Handwashing policy and procedure, dated 12/28/2011, documents, in part, "After giving resident care remove soiled gloves, wash hands and put on new gloves prior to continuing care."</p>	F 441			