

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

PRINTED: 09/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/26/2015
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-HOOPESTON			STREET ADDRESS, CITY, STATE, ZIP CODE 423 NORTH DIXIE HIGHWAY HOOPESTON, IL 60942		
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F 000	INITIAL COMMENTS	F 000			
F 226 SS=D	<p>-Complaint #1564565/IL79548</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to operationalize their Abuse Prevention policy by failing to ensure staff identify, report and investigate a bruise of unknown origin for one (R1) of three residents reviewed for bruises.</p> <p>Findings include:</p> <p>The facility Abuse Policy dated 4/23/14 documents the following: "Employees or agents shall identify and report all incidents or allegations involving.....resident bruises and injuries of unknown origin....immediately to the Administrator....After an initial report, the Administrator or designee shall investigate all alleged incidents....The facility shall notify the Illinois Department of Public Health (IDPH) of any injury of unknown source...The investigation shall include, if possible: Interviews with all involved parties, Signed statements from those persons...the time and date the injury was first discovered...."</p> <p>Hospital Records dated 8/21/15, document that</p>	F 226			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/04/2015

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 226	<p>Continued From page 1</p> <p>R1 arrived to the Emergency Room with a "black eye and injuries to the left lower leg."</p> <p>The facility Physician Order Sheet dated August 2015 documents the following diagnoses for R1: Multiple Myeloma, Congestive Heart Failure, Muscle Weakness and Difficulty In Walking.</p> <p>A facility report dated 8/21/15, titled "Occurrence Report" documents that a bruise under R1's left eye was noted by E6, Certified Nursing Assistant (CNA) on 8/18/15 (three days prior).</p> <p>On 8/25/15 at 11:05 am E1, Administrator stated that E1 was unaware of the bruise until Monday (8/24/15). E1 stated that the bruise under R1's left eye was noted Tuesday (8/18/15) by E6 and E8, both CNAs. E1 stated that E6 and E8 thought the other had reported the bruise to E7, Licensed Practical Nurse (LPN), when in fact it was not reported. E1 stated "I was not here on Tuesday (8/18/15) or Friday (8/21/15) and the Director of Nursing (E2), was not made aware of (R1's) bruise under the left eye until Friday 8/21/15, when the hospital called about (R1's) injury to the leg."</p> <p>E1 stated on 8/25/15 at 11:05 am, that a facsimile of an incident report involving R1's leg injury was sent on Friday 8/21/15 to IDPH. E1 stated "I have not sent one on (R1's) bruised eye, but I will today."</p> <p>On 8/25/15 at 1:25 pm, E7 stated that there had been nothing reported to E7 on R1 by E6 or E8. E7 was not aware of a bruise under R1's left eye.</p> <p>On 8/25/15 at 1:40 pm E11, Registered Nurse and Supervisor, stated that E11 did not notice</p>	F 226			

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F 226	Continued From page 2 R1's "black eye", nor was it reported to E11. In a written statement dated 8/25/15, E8 CNA stated "I thought I had reported R1's bruise under the eye to (E7) while (E7) was passing (medications)." A written statement by E6, CNA dated 8/25/15, states that E6 had noticed R1's bruise on the eye Tuesday 8/18/15, but did not recall reporting the bruise to E7. On 8/25/15 at 11:45 am and 1:50 pm, respectively, E5 and E3, both Certified Nursing Assistants (CNAs) stated that if a bruise, skin tear or suspicion of abuse, was noted on a resident, they would report it to the charge nurse and the charge nurse then reports it to the Administrator. The CNAs do not report to the Administrator. On 8/26/15 at 1:25 pm and 1:35 pm, respectively E14 and E15, both CNAs stated they report bruises, skin tears and allegations of abuse to the charge nurse. E14 and E15, both stated they do not report to the Director of Nursing (E2) or the Administrator (E1). On 8/26/15 at 1:45 pm, E1 acknowledged that the middle person (charge nurse) complicates the reporting and the staff have been trained to report to their charge nurse if (E1) is not in the building. E1 acknowledged that the facility policy was not followed.	F 226			
F 279 SS=D	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	F 279			

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F 279	<p>Continued From page 3 comprehensive plan of care.</p> <p>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.</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a comprehensive Plan of Care included problem statements related to anticoagulation therapy and the potential for bleeding for one (R1) of three residents reviewed for medications in the sample of six.</p> <p>Findings include:</p> <p>The Electronic Physician Order Sheet (ePOS) dated August 2015, documents the following diagnoses and orders for R1: Congestive Heart Failure, Atrial Fibrillation, Multiple Myeloma and History of Deep Vein Thrombosis. The ePOS documents an order dated 7/31/15 for R1 to have Lovenox (anticoagulant) 90 milligram (mg) injections every 12 hours. The Minimum Data Set</p>	F 279			

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F 279	Continued From page 4 dated 8/6/15 documents that R1 receives anticoagulation medication. The facility Plan of Care dated 8/4/15 has no documentation in directing staff that R1 is receiving anticoagulation medication. Therefore, the Plan of Care does not alert staff to potential signs and symptoms of unusual bleeding due to anticoagulation therapy. On 8/26/15 at 11:30 am E10, Registered Nurse and Care Plan Coordinator stated "Yes (R1's) anticoagulation therapy, along with the signs and symptoms of potential bleeding, should have been included in the Plan of Care. I just missed it." E10 stated "we are suppose to put this in the Care Plan so that staff are alerted if there is any potential bleeds."	F 279			
F 323 SS=E	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 observation, interview and record review the facility failed to ensure safe transfers on five occasions, using a mechanical stand lift for one (R2) of two residents reviewed for transfers in the sample of six.	F 323			

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F 323	<p>Continued From page 5</p> <p>Findings include:</p> <p>R2's Electronic Physician Order Sheet dated 8/1/15 - 8/31/15 documents the following diagnoses: History of Diseases of the Muscular System and Connective Tissue, Chronic Kidney Disease, Diabetes Type II, Atherosclerotic Heart Disease, Atrial Fibrillation and Hyperlipidemia.</p> <p>R2's Minimum Data Set dated 1/6/15 and 7/7/15 document R2 requires extensive assistance in transfer, is unable to steady self without staff assistance during transitions and walking.</p> <p>R2's Plan of Care dated 6/8/15 documents the following: "I (R2) have a loss of skin integrity related to medication side effects and fragile skin, assess placement of arms and legs prior to transfer to avoid injury." Plan of Care revised 6/22/15 "do not transfer from room into bathroom, take me by wheelchair into bathroom prior to transfer with (mechanical) stand lift."</p> <p>R2's Skin Assessment dated 7/3/15 documents that R2 is at risk for skin impairment.</p> <p>R2's Fall Risk Assessment dated 7/3/15 documents R2 as being at moderate risk for falls.</p> <p>R2's Occurrence Report dated 6/4/15 at 11:00 am, documents the following: "staff used a (mechanical) stand lift to transfer (R2) into a shower chair. Bumped leg during transfer. Left lower leg, 2.0 (centimeter) cm by 2.0 cm purple bruise with a hard knot."</p> <p>R2's Occurrence Report dated 6/7/15 at 2:00 pm, documents the following: "staff used a (mechanical) stand lift to transfer (R2) from the</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>bathroom to her room chair. (R2) bumped her hand on the door, 0.3 cm by 0.3 centimeter skin tear and bruise, medial, left hand. Steri-strips applied."</p> <p>R2's Occurrence Report dated 6/22/15 at 10:45 am, documents the following: "while transferring (R2) to the bathroom on the (mechanical)stand lift, finger hit the doorway to the bathroom. Large, purple blood blister type area to right fifth digit. Area swollen and tender to touch. X-ray ordered for right fifth digit. R2's x-ray report dated 6/22/15 documents no fracture to right, fifth digit.</p> <p>R2's Occurrence Report dated 8/07/15 at 10:48 am, documents the following: " (R2) received a bruise to the outer aspect of (R2's) left hand, 1.5 cm by 1.5 cm, while being transferred from (R2's) bathroom to (R2's) room in the stand lift. (R2's) hand bumped the door."</p> <p>On 8/26/15 at 1:45 pm E14 and E15, Certified Nursing Assistants (CNA) positioned R2 in the wheelchair, outside the bathroom door, in R2's room. E14 and E15 applied safety straps then E15 raised R2 to a standing position on the mechanical stand lift. E15 guided R2 through the bathroom door as E15 turned the lift to place R2 on the toilet.</p> <p>On 8/26/15 at 12:35 pm, R2 stated "I (R2) have a problem with the machine (mechanical stand lift) they use to transfer me. I'm always getting bumped in the doorway. I have a new bruise here from this morning (R2 shows a purple bruise to her left, pinky finger).</p> <p>On 8/26/15 at 2:45 pm, E10, Registered Nurse /</p>	F 323			

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F 323	Continued From page 7 Care Plan Coordinator stated "I don't know why the CNA's are not transferring (R2) as the interventions on the Care Plan state. They should be taking (R2) by wheelchair into the bathroom prior to using the (mechanical) stand lift, as the care plan says. "	F 323			