

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

PRINTED: 06/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145470</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/16/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HEALTH-HOOPESTON</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>423 NORTH DIXIE HIGHWAY HOOPESTON, IL 60942</b>			
(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			F 000			
F 323 SS=D	<p>Annual Certification Survey</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure R7 was transferred using two staff members and failed to ensure R8 was transferred using two staff members, for two of eight residents (R7, R8) reviewed for falls in the sample of 15.</p> <p>Findings include:</p> <p>1. R8's Physician Order Sheet (POS) dated 6/1/16 documents diagnoses of Dementia and Muscle Weakness. The Care Plan dated 2/6/15 (before the 7/31/15 fall) documents R8 is at risk for falls related to gait and balance problems with an intervention of the use of a mechanical lift and two person assist with transfers. R8's Minimum Data Set (MDS) dated 7/14/15 documents R8 is severely cognitively impaired and totally dependent on two staff for transfers and toilet use. The Fall Scale Risk Assessment dated 7/13/15 documents R8 is at High Risk for Falling.</p>			F 323			

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 323	<p>Continued From page 1</p> <p>The facility's Falls Detail Report dated 7/31/15 documents R8 was being assisted by E5, Certified Nursing Assistant (CNA) with toileting and changing. This report documents R8 slipped out of the sit to stand lift sling and ended up on the floor with no injuries. This same report documents one staff member was with R8 when the fall occurred. The intervention developed after this fall is to use a full (body) mechanical lift for all transfers for R8.</p> <p>On 6/15/16 at 2:17PM E2, Director of Nursing stated she expects the CNAs to use two person assistance if the Care Plan documents that's what's needed. On 6/15/16 at 2:22PM E4, MDS/Care Plan Nurse stated she would expect the staff to use two person assistance for transfers if the Care Plan indicates two persons are needed. On 6/15/16 at 2:30PM E5 CNA stated she was alone with R8 when she fell.</p> <p>2. The Minimum Data Set dated 5/19/15 documents that R7 is moderately cognitively impaired and requires extensive assistance of two staff members for transfers and bathing. The Fall Assessment dated 5/18/15 documents that R7 is at high risk of falling. R7's Care Plan intervention dated 5/27/15 states ".....will bear weight and hold onto handles to transfer with stand lift and two assist."</p> <p>The Occurrence Report dated 6/9/15 documents that on that date E6 Certified Nurses Aide was transferring R7 to R7's wheelchair after a shower and R7's feet slipped out from under R7 and E6 lowered R7 to the floor. The Occurrence Report documents that only one staff member was assisting R7 when R7 fell. The Occurrence Report documents the root cause of the fall as "slipped on floor when standing after</p>	F 323			

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F 323	Continued From page 2 shower.....staff did not follow plan."	F 323			
F 371 SS=F	<p>On 6/15/16 at 2:30 PM E2 Director of Nurses reviewed R7's Care Plan and stated that at the time of the 6/9/15 fall, R7 needed a stand lift and two staff members to transfer. E2 stated E2 does not know why E6 tried to transfer R7 alone.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure that food was protected from potential contamination. This failure has the potential to effect all 72 residents.</p> <p>The findings include:</p> <p>A. The following observations were observed during initial tour of the Dietary Department on 6-13-16 at 10:00 A.M.</p> <p>1. The table mounted manual can opener blade's finish was worn off exposing bare metal. The blade was nicked and metal filings were in the gears. On 6-14-16 at 10:30 A.M., E3, Dietary</p>	F 371			

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F 371	Continued From page 3 Manager stated the facility did not have any replacement blades and E3 ordered new blades and they will be in on 6-17-16.  2. The large mixer had food splashes and splatters present on the food contact surfaces of the cage and guard. The cage and guard are attached above the food bowl. The food contact surface is above the armature.  3. The walk in refrigeration unit ceiling mounted condenser metal fan guard has dust and lint present. The air flow from the condenser blows across the food. The back side of the condenser (in take) had a heavy accumulation of dust present. A damp musty odor was detected and the cardboard boxes were damp and flexible to the touch.  B. The following observations were observed during General Observation tour on 6-15-16 at 9:30 A.M.  1. The microwave oven food compartment roof had dried and moist spills and splatters present. The microwave oven was in the A side dining room.  2. The multiple flavored juice dispenser splash area had dried and moist splashes and splatters present. The juice dispenser is in the main dining room.  According to the facility's "Resident Census and Conditions of Residents" report dated 6-13-16, 72 residents reside at the facility.	F 371			
F 456 SS=F	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	F 456			

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F 456	<p>Continued From page 4</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that the walk in freezer was functioning as designed and the ice formation would not be created and create a potential to fall on to the food. This failure has the potential to effect all 72 residents.</p> <p>The finding includes:</p> <p>During the initial tour of the Dietary Department on 6-13-16 at 10:05 A.M., a large accumulation of ice was present on the ceiling, on food containers, and in the back right side of the walk in freezer.</p> <p>On 6-13-16 at 10:05 A.M. E3, Dietary Manager stated that the ice formation in the freezer has been an ongoing problem and without a result. The local refrigeration servicing company has been at the facility multiple times for the freezer. E3 confirmed this is the only freezer the facility uses for resident food storage.</p> <p>According to the facility's "Resident Census and Conditions of Residents" report dated 6-13-16, 72 residents reside at the facility.</p>			F 456			