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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145968	A. BUILDING ______ B. WING ______	05/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEWANEE CARE HOME	**144 JUNIOR AVENUE KEWANEE, IL 61443**

(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 and licensure	F 000		
F 224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility neglected to provide cares for one (R20) of one resident reviewed for abuse and neglect in the sample of 15. . Findings include: The facility Investigation of Possible Neglect/Abuse, dated 3/31/16, documents "Resident was made to get up at 4:00 am. CNA {Certified Nursing Assistant] did not take resident to the bathroom for several hours. CNA would not let resident lay back down on bed." This report documents R22 witnessed and confirmed R20's complaint. This report also documents, "Resident rights were violated. Neglect was confirmed." R20's Care Plan, dated 3/19/16, documents "Assess Toileting needs and schedule, encourage to request assist for Toileting as needed until baseline needs established, encourage wearing of brief if incontinent." This Care Plan also	F 224		

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 224	Continued From page 1 documents "Observe and assess toileting routine and pattern of incontinence using monitoring log if necessary. Refer to Restorative Nursing for scheduled toileting program or bladder/bowel retraining. Brief while up, pan on bed when sleeping. Provide assist as needed for changing brief, accomplishing peri-care, use of barrier cream as needed and appropriate. Keep call light in reach and answer promptly. Encourage to ask for help until safe toileting ability is established." The undated Certified Nursing Assistant, job description, documents "The Certified Nurse Aide provides personal care and assistance to residents to assure their safety and comfort." and "Cleaning incontinent residents. Turns and positions resident to prevent pressure areas. Assists with standing, lifting, transferring and ambulating residents." This job description also documents "Making frequent checks on resident and responding to residents call for assistance in a timely and appropriate manner." On 5/20/16 at 11:16 am, E3 MDS/CPC (Minimum Data Set/Care Plan Coordinator) stated the facility does not have a policy for toileting "because it's standard of care to turn, reposition and toilet residents every two hours." On 5/19/16 at 3:00 pm, E1 Administrator stated that on 3/30/16 E6 SSD (Social Service Director) reported to (E1) R20's allegation of abuse that E5 CNA (Certified Nursing Assistant) got (R20) up at 4:30 am, didn't take (R20) to the bathroom for several hours and wouldn't let (R20) lay back down in bed. E1 stated R22 (R20's roommate) witnessed the allegation. E1 also stated that E5 was terminated for neglect.	F 224		

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F 224	Continued From page 2 On 5/20/16 at 10:30 am, R22 (R20's roommate) stated E5 CNA got R20 up at 4:30 am, refused to lay R20 back down into bed and refused to take R20 to the bathroom. R22 stated it was three hours before anyone took R20 to the bathroom. R22's MDS, dated 3/3/16, documents R22 is cognitively intact.	F 224		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported	F 225		

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F 225	Continued From page 3	F 225		

to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to report neglect of one (R20) of one resident reviewed for Abuse/Neglect in the sample of 15.

Findings include:

The facility's Investigation of Possible Neglect/Abuse, dated 3/31/16, documents E5 CNA (Certified Nursing Assistant) violated resident rights and Neglect was confirmed for R20.

The facility's Investigation of Possible Neglect/Abuse, dated 3/31/16, documents E7 CNA was aware of R20's allegation of Neglect and received a "write up for failure to report timely."

On 5/19/16 at 3:00 pm, E1 Administrator stated E7 CNA (Certified Nursing Assistant) did not report R22's allegation of Neglect towards R20. E1 also stated E7 received a write up for not reporting the allegation to (E1) right away.

On 5/20/16 at 10:30 am, R22 stated (R22) told E7 CNA about E5 CNA getting (R20) up at 4:30 am in the morning, refusing to lay (R20) back in bed

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F 225	Continued From page 4 and refused to take (R20) to the bathroom.	F 225		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow the facility's abuse reporting policy and procedure for one (R20) of one resident reviewed for Abuse/Neglect in a sample of 15. Findings include: The facility's Abuse Reporting policy documents "Employees are required to immediately report any occurrences of potential/alleged mistreatment they observe, hear about, or suspect to a supervisor or the administrator." On 5/20/16 at 10:30 am, R22 stated (R22) told E7 CNA (Certified Nursing Assistant) that E5 got R20 up at 4:30 am, refused to allow R20 to lay back down in bed and refused to toilet R20. On 5/20/16 at 5/19/16 at 3:00 pm, E1 Administrator stated E7 CNA received a write up for not reporting and allegation of Abuse/Neglect to (E1) right away.	F 226		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315		

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F 315	Continued From page 5	F 315		

Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the facility failed to keep an indwelling urinary catheter off the floor for one (R11) of three residents reviewed for indwelling catheters in a sample of 15.

Findings include:

CDC (Centers for Disease Control) document titled "Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009" states, "Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor."

On 5/17/16 at 9:15 am E8 CNA (Certified Nursing Assistant) removed R11's indwelling urinary drainage bag from the dignity bag under R11's wheelchair, slid the urinary drainage bag on the floor under R11's wheel chair and left the urinary drainage bag on the floor while assisting E9 (CNA) with R11's transfer.

On 5/20/16 at 9:00 am, E3 MDS/CPC (Minimum Data Set/Care Plan Coordinator) stated E8 (CNA)

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F 315	Continued From page 6 should not have placed R11's urinary catheter bag on the floor and the catheter tubing should not be resting on the floor.	F 315		
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 interview and record review, the facility failed to follow fall interventions for one of three residents (R14) reviewed for falls in a sample of 15. Findings include: The facility policy Fall Prevention, undated, states, "All falls will be discussed and comments will be written on the Fall Tracking Form and new interventions will be written on the care plan. The unit nurse will place documentation of any new intervention on the CNA (Certified Nursing Assistant) assignment worksheet." R14's SBAR (Staff Communication Document), dated 9/8/15, documents R14 was found on the floor in R14's room at 7:45 a.m. R14's Fall Care Plan Intervention, dated 9/8/16, states, "Wheelchair at hall during bedtime."	F 323		

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F 323	Continued From page 7	F 323		

R14's SBAR, dated 9/17/15, documents R14 was found on the floor at 6:30 a.m. at the foot of the bed, leaning on R14's wheelchair in R14's room.

R14's Fall Care Plan Intervention, dated 9/17/15, states, "Care need notice on all interventions."

On 5/19/16 at 12:30 p.m., E3 (Care Plan Coordinator) stated, "On 9/26/15, the intervention for (R14's) fall was care need notice. This fall occurred at 6:30 a.m. and (R14) was in bed. (R14) got up and fell between the bed and the wheelchair, so (R14's) wheelchair was in (R14's) room after the interventions was implemented to leave the resident's wheelchair in the hallway when (R14) is in bed on 9/8/15."

R14's SBAR, dated 12/6/15, documents R14 was found on the floor in R14's room in front of R14's wheelchair.

R14's Fall Care Plan Intervention, dated 12/6/15, states, "In common areas when in wheelchair."

R14's SBAR, dated 12/17/15, documents R14 was found on the floor in R14's room in front of R14's wheelchair."

On 5/19/16 at 12:30 p.m., E3 (Care Plan Coordinator) stated, "For the fall on 12/17/15, (R14) was in (R14's) room in (R14's) wheelchair. A CNA was written up due to not following Fall Care Plan Intervention implemented on 12/6/15."

R14's Fall Care Plan Intervention, dated 12/17/15, states, "PT (Physical Therapy) evaluation. Urinanalysis (UA) with culture and sensitivity."

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F 323	Continued From page 8 R14's Physician Order Sheets, dated 12/16/15 through 1/15/16, does not include any orders to complete PT evaluation and UA until 1/6/16. On 5/19/16 at 12:30 p.m., E3 (Care Plan Coordinator) stated, "I do not see the PT evaluation ordered for the fall interventions for fall on 12/17/15...The UA was not completed until 1/7/16." On 5/19/16 at 3:00 p.m., E4 (Resident Care Coordinator) stated, "I talked to the Director of Nurses and she said the UA was not completed on 12/17/15. That's why (R14) had a UA completed on 1/7/16."	F 323		
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 of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (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. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441		

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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.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to obtain three negative culture results prior to removing a resident from isolation precautions for one of seven residents (R14) reviewed for infection control in a sample of 15.

Findings include:

The facility policy Multidrug-Resistant Organisms in Non-Hospital Healthcare Setting, revised 11/30/09, states, "Residents may be removed from isolation after negative results on at least three consecutive occasions, at least one week apart."

R14's local area laboratory urine culture, dated 1/7/16, documents Vancomycin resistant Enterococcus (VRE) present in urine culture.

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F 441	Continued From page 10 R14's Physician Order Sheet, dated 1/12/16, states, "Isolation Precautions due to VRE of urine." R14's local area laboratory urine culture, dated 1/26/16, documents Methicillin resistant Staphylococcus Aureus present in urine culture. R14's local area laboratory urine culture, dated 2/15/16, documents no bacterial growth after 48 hours. R14's Telephone (Physician) Order, dated 2/20/16, stated, "D/C (Discontinue) isolation." On 5/19/16 at 2:00 p.m., E3 (Care Plan Coordinator) stated, "We only obtain one negative culture prior to removing a resident from isolation. Our policy does state we should get three consecutive negatives one week part from each other. According to policy, (R14) should have had two more negative results prior to discharging from isolation."	F 441		