

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

PRINTED: 04/18/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2016
NAME OF PROVIDER OR SUPPLIER ROSEVILLE REHAB & HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
(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 Licensure and Certification.	F 000			
F 157 SS=D	Licensure Survey for Subpart S: SMI 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157			

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 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to notify the physician of a resident not receiving a prescribed medication affecting one resident (R24) in the supplemental sample.</p> <p>Findings include:</p> <p>The facility's Medication Administration Policy dated 7-3-13 states, "If the medication is not available for a resident, call the pharmacy and notify the physician when the drug is expected to be available. Notify the physician as soon as practical when a scheduled dose of a medication has not been administered for any reason."</p> <p>On 4-11-16 at 11:45 a.m., E4 (Licensed Practical Nurse) attempted to give R24 a scheduled dose of Carbidopa/Levodopa 25 mg (milligrams)/100 mg tablet. This medication was unavailable in the facility. At this time E4 stated, "(R24) was out of this medication this morning, also."</p> <p>On 4-12-16 at 8:30 a.m., E4 stated, "(R24) missed four scheduled doses of carbidopa/levodopa. (R24) missed the Sunday (4-10-16) 4:00 p.m. dose, and all three doses on Monday (4-11-16). I did not notify the physician of (R24) missing the scheduled doses of carbidopa/levodopa."</p> <p>On 4-12-16 at 8:45 a.m., E2 (Director of Nursing) stated, "The doctor should be notified of a</p>	F 157			

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F 157	Continued From page 2 medication being unavailable to give to a resident immediately." On 4-13-16 at 1:10 p.m., Z1 (R24's Physician) stated, "I would want to know the next business day if (R24) is out of carbidopa/levodopa. If (R24) is out of carbidopa/levodopa it could cause (R24) to have increased tremors, but nothing else significant." R24's Progress Notes dated 4-10-16 8:00 a.m. through 4-11-16 at 9:00 a.m., do not include documentation of R24's Physician being notified of R24's missed doses of carbidopa/levodopa.	F 157			
F 170 SS=C	483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide mail delivery on Saturdays. This failure has the potential to affect all 61 residents residing in the facility. Findings include: On 4-12-16 at 2:00 pm, R2, R3, R5, R11, R12, R19, R25, R27, R28, R29, R30, and R31 stated they do not get mail on Saturdays. On 4-13-16 at 1:45 pm, E1 (Administrator) confirmed that the residents do not receive mail	F 170			

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F 170	Continued From page 3 on Saturdays. On 4-13-16 at 1:55 pm, Z2 (Clerk of Post Office) stated, "the facility requested not to get mail on Saturdays...no one to accept the mail...but we do have a rural carrier that delivers mail on Saturdays." The facility's Resident's Rights document, dated February 2007, states the following: Your facility must deliver your mail to you promptly, and promptly send mail out for you. The Centers for Medicare & Medicare Services, Resident Census and Conditions of Residents dated 4-11-16 documents the resident census as 61 residents.	F 170			
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	F 225			

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F 225	<p>Continued From page 4</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify the Administrator immediately of potential abuse, investigate potential abuse, and report to the State Agency for three of seven abuse allegations reviewed. This had the potential to affect R33, R34, R38.</p>	F 225			

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F 225	<p>Continued From page 5</p> <p>Finding include:</p> <p>1. A facility Grievance/Complaint Report, dated 10/28/15, documents that on 10/28/15 R33 reported that R33 had money missing from R33's purse, and R33 reported this to E15 (Social Services Director).</p> <p>On 4/13/16 at 1:30 p.m., E1 (Administrator) stated, "I do not have an investigation for this, and I did not report it to the State Agency."</p> <p>2. A facility Incident form, dated 8/18/15, documents, "(R34) was sitting at the nurses' station when an unidentified resident walked past (R34). As the unidentified resident walked by (R34), (R34) started cussing saying you fucking cunt, you fucking bitch. As the unidentified resident was trying to sit down (R34) knocked the chair away from the unidentified resident causing the unidentified resident to spill her coffee on the ground. (R34) was asked to stop and to go back to (R34's) room. (R34) then came at (E19 Certified Nursing Assistant) trying to get (R34's) hands around (E19's) neck. (R34) had his hands around (E19's) neck for a few short seconds. (E19) was able to get away from (R34). (R34) proceeded to go back down to (R34's) room."</p> <p>On 4/13/16 at 1:30 p.m., E1 (Administrator) stated, "The State Agency was not notified about (R34's) incident on 8/18/15.. I didn't do an abuse investigation for it. I do not know who the resident was that (R34) yelled at."</p> <p>3. The facility Incident Report form, dated 8/31/15, documents that on 8/28/15 a resident to resident altercation occurred when (R38)</p>	F 225			

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F 225	Continued From page 6 smacked (R7). An abuse summary, dated 9/2/15, documents, "When asked to move (R7) would not, so (R38) slapped (R7) on the arm, and (R7) slapped (R38) on the chest...(E16 Licensed Practical Nurse) was terminated for failure to report alleged or questionable abuse to the Abuse Coordinator." E16's signed statement, dated 9/2/15, documents, "I was in the dining room doing my medication pass on Friday August 28, 2015, when (R38) came into the dining room. (R38) stated that (R38) wanted to sit down and eat dinner. So I asked (R38) to go sit down in the empty chair at (R38's) table. (R7) was sitting in (R38's) chair. (R38) walked over to the table and started telling (R7) that (R7) had no right to sit in (R38's) spot. (R38) then smacked (R7) on the arm a couple of times and once in the face before I was able to break it up."	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:	F 226			

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F 226	<p>Continued From page 7</p> <p>Based on record review and interview, the facility failed to follow operational policies and procedures regarding reporting to the Administrator, investigating potential abuse, and reporting to the State Agency for three of seven abuse allegations reviewed. This had the potential to affect R33, R34, R38.</p> <p>Finding include:</p> <p>The facility's Abuse Prevention Program policy, dated 11/11/11, documents, "Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment...Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance regardless of their age, ability to comprehend, or disability...Misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent...Employees are required to immediately report any occurrences of potential/alleged mistreatment, neglect, and abuse of residents and misappropriation of resident property they observe, hear about, or suspect to a supervisor and the administrator...Once the administrator or designee receives an allegation of mistreatment, neglect or abuse, including injuries of unknown source and misappropriation of resident property; the administrator will appoint a person to take charge of the investigation...The facility must ensure that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, misappropriation of resident property, and reasonable suspicion of a crime,</p>	F 226			

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F 226	<p>Continued From page 8</p> <p>are reported immediately to the administrator of the facility and to other officials in accordance with State law...The report must be made not later than 24 hours after forming the suspicion. A written report shall be sent to the State Agency...Within five working days after the report of the occurrence a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation, will be sent to the State Agency."</p> <p>1. A facility Grievance/Complaint Report, dated 10/28/15, documents that on 10/28/15 R33 reported that R33 had money missing from R33's purse, and R33 reported this to E15 (Social Services Director).</p> <p>On 4/13/16 at 1:30 p.m., E1 (Administrator) stated, "I do not have an investigation for this, and I did not report it to the State Agency."</p> <p>2. A facility Incident form, dated 8/18/15, documents, "(R34) was sitting at the nurses' station when an unidentified resident walked past (R34). As the unidentified resident walked by (R34), (R34) started cussing saying you fucking cunt, you fucking bitch. As the unidentified resident was trying to sit down (R34) knocked the chair away from the unidentified resident causing the unidentified resident to spill her coffee on the ground. (R34) was asked to stop and to go back to (R34's) room. (R34) then came at (E19 Certified Nursing Assistant) trying to get (R34's) hands around (E19's) neck. (R34) had his hands around (E19's) neck for a few short seconds. (E19) was able to get away from (R34). (R34) proceeded to go back down to (R34's) room."</p>	F 226			

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F 226	Continued From page 9 On 4/13/16 at 1:30 p.m., E1 (Administrator) stated, "The State Agency was not notified about (R34's) incident on 8/18/15.. I didn't do an abuse investigation for it. I do not know who the resident was that (R34) yelled at." 3. The facility Incident Report form, dated 8/31/15, documents that on 8/28/15 a resident to resident altercation occurred when (R38) smacked (R7), and that the State Agency was not notified until 8/31/15. An abuse summary, dated 9/2/15, documents, "E16 Licensed Practical Nurse) was terminated for failure to report alleged or questionable abuse to the Abuse Coordinator." On 4/14/16 at 9:50 a.m., E1 (Administrator) stated, "The incident occurred on 8/28/15, but I wasn't notified until 8/31/15...(E16) should have called me immediately when it happened. It was reported to the State Agency on 8/31/15."	F 226			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by:	F 246			

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F 246	<p>Continued From page 10</p> <p>Based on record review and interview, the facility failed to answer call lights in a timely manner for three of 15 residents (R5, R11, R12) reviewed for accomodation of needs, and three residents in the supplemental sample (R19, R25, R29).</p> <p>Findings include:</p> <p>Resident Council Minutes dated 3-15-16 at 3:00 p.m. documents, "Complaints: Certified Nursing Assistants are turning off call lights and forgetting to come back to assist."</p> <p>Resident Council Minutes dated 1-20-16, documents, "Complaints: Cannot handle the call lights and sometimes lights are on for 45 minutes. Just not enough staff."</p> <p>On 4-12-16 at 2:00 p.m. during the resident group interview, R5, R11, R12, R19, R25, and R29 voiced concerns that their call lights are not being answered timely.</p> <p>On 4-12-16 at 2:05 p.m., R19 stated, "Every night in the middle of the night I push my call light and it takes staff 45 minutes or more to answer it."</p> <p>On 4-12-16 at 2:08 p.m., R12 stated, "It takes the staff 50 minutes or more on 1st and 2nd shift, before I get my call light answered."</p> <p>On 4-12-16 at 2:10 p.m., R5 stated, "It take the staff forever to answer my call light on all the shifts. I usually wet my pants before the staff answer it."</p> <p>On 4-12-16 at 2:12 p.m., R29 stated, "The call lights are a problem here. If you are not</p>	F 246			

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F 246	Continued From page 11 important, then it takes over an hour at times to get your call light answered. We (the residents) have voiced this concern in every resident council meeting, but it never gets resolved. No one ever gets back to us with a resolution." On 4-12-16 at 2:30 p.m., R11 stated, "The main concerns of the residents who attend resident council, is that the call lights are not answered quickly, or the staff turn off the call light and never return. The staff do not let us know what they are planning on doing to fix the problem." On 4-12-16 at 2:35 p.m., Z5 (family member) stated, "Last week I observed (R25's) call light being on for over 45 minutes before someone helped him. I do (R25's) laundry and notice that his laundry is always soaked in urine, so I know they are not getting to him in time." On 4-12-16 at 10:15 a.m., E12 (Activity Director) stated, "I attend all of the resident council minute meetings. The residents have complained about call lights not get answered every month since December, 2015. Call light complaints have not been resolved. I have not typed call light complaints into all of the resident council minute meetings."	F 246			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.	F 278			

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

PRINTED: 04/18/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2016
NAME OF PROVIDER OR SUPPLIER ROSEVILLE REHAB & HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 ROSEVILLE, IL 61473		
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F 278	<p>Continued From page 12</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to accurately complete a MDS (Minimum Data Set) for two of fifteen residents (R5, R32) reviewed for MDS accuracy in the sample of fifteen.</p> <p>Findings include:</p> <p>1. R5's Nurses notes, dated 3/15/16 at 4:00 p.m., documents, "(R5) has complaints of right flank pain with increased urgency and frequency of urination. New order to collect urine for urinalysis."</p> <p>R5's Urine Culture Results, dated 3/19/16,</p>	F 278			

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F 278	<p>Continued From page 13</p> <p>documents that R5 had Escherichia coli and Proteus mirabilis present in R5's urine.</p> <p>R5's Medication Administration Record, dated 3/2016, documents that R5 received Cipro (antibiotic) 250 mg (milligrams) by mouth twice a day from 3/21/16 to 3/28/16 for a UTI (Urinary Tract Infection).</p> <p>R5's MDS, dated 4/4/16, documents in Section I Active Diagnoses that R5 did not have a UTI in the last thirty days.</p> <p>On 4/13/16 at 10:10 a.m., E3 (Care plan Coordinator) stated, "(R5) had a diagnosed UTI on 3/19/16. (R5's) MDS should have been coded that (R5) had a UTI."</p> <p>2. R32's Wound Visit report, dated 12/10/15, documents that R32 has an unstageable pressure ulcer to R32's left heel.</p> <p>R32's MDS, dated 12/14/15, documents in Section M Skin Conditions that R32 has one unstageable pressure ulcer.</p> <p>R32's Treatment Administration Record, dated 3/2016, documents that R32 was receiving a treatment to the left heel.</p> <p>R32's MDS, dated 3/14/16, documents in Section M Skin Conditions that R32 has one unstageable pressure ulcer, and the pressure ulcer was not present on the prior assessment.</p> <p>On 4/13/16 at 10:10 a.m., E3 (Care plan Coordinator) stated, "(R32's) unstageable pressure ulcer to the left heel is the same</p>	F 278			

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

PRINTED: 04/18/2016
FORM APPROVED
OMB NO. 0938-0391

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F 278	Continued From page 14 pressure ulcer coded on (R32's) 3/14/16 MDS and (R32's) 12/14/15 MDS. Pressure ulcer present on previous assessment should have been coded on the 3/14/16 MDS."	F 278			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to invite one resident (R29) on the supplemental sample to care plan meetings. Findings include: The facility's Comprehensive Assessment/Care	F 280			

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

PRINTED: 04/18/2016
FORM APPROVED
OMB NO. 0938-0391

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F 280	Continued From page 15 Planning Policy (undated) documents, "The Care Plan Conference shall be attended by a representative from each discipline involved in the resident's care...be attended by the resident, unless the resident is incapable of understanding the proceedings or chooses not to attend...provide a setting in which to discuss the resident's condition, medications, progress, lack of progress, and changes in or continuance of care plans and programs plans...have an attendance record kept that states the date, persons in attendance-including title/relation to the resident, brief description of the discussion, and resident response, if any." On 4-12-16 at 2:00 p.m., R29 stated, "(R29) doesn't know when (the facility) have care plan meetings for me and have never been invited." R29's Care Plan Attendance Form dated 12-14-15, does not include R29 as attended the care plan. On 4-12-16 at 3:15 p.m., E3 (Care Plan Coordinator) stated, "I have never invited (R29) to a care plan meeting."	F 280			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.	F 318			

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

PRINTED: 04/18/2016
FORM APPROVED
OMB NO. 0938-0391

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F 318	<p>Continued From page 16</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide passive range of motion for one of six residents (R17) reviewed for contractures in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Range of Motion Protocol (undated) documents, "It is the policy to provide Range of Motion exercised for residents who through assessment demonstrate the need to exercise to prevent functional decline in range of motion. Range of motion exercised will be conducted as scheduled by nursing staff based on need determined by assessment of risks. Documentation of response to the range of motion exercised and resident abilities will be documented at least quarterly by licensed personnel."</p> <p>R17's Accumulative Diagnosis Sheet, undated, documents R17 has diagnoses of quadriplegia and left sided Hemiparesis (Weakness of the left side of the body). R17's Occupational Therapy Progress Note dated 10-20-15, documents R17 was discharged from therapy on 10-20-15. R17's current Care Plan and R17's Restorative Nursing Program Documentation dated 10-1-15 to 4-12-16, does not include documentation of R17 receiving passive range of motion, or any other restorative program. R17's Range of Motion Assessments dated 9-12-15, 12-4-15, and 3-7-16, indicate R17's scores high risk for declining in range of motion, R17 has contractures of the left shoulder, elbow, wrist,</p>	F 318			

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F 318	<p>Continued From page 17</p> <p>fingers, and thumb, and this resident is a candidate for Restorative Programming.</p> <p>On 4-11-16 at 10:30 a.m., E5 (Certified Nursing Assistant/CNA) and E6 (CNA) provided perineal care to R17. E5 and E6 then transferred R17 to a high back reclining wheelchair using a mechanical lift. R17's hand was shut with the left third, fourth, and fifth fingers being contracted. During this time, E5 and E6 did not provide passive range of motion to R17. During this time E5 verified that E5 does not do passive range of motion to R17's left hand or fingers.</p> <p>On 4-13-16 at 10:00 a.m., E7 (CNA) and E8 (CNA) provided R17 with perineal cares. During this time, E7 and E8 did not provide passive range of motion to R17. R17's hand remained shut with the third, fourth, and fifth digit being contracted.</p> <p>On 4-13-16 at 10:00 a.m., E7 (CNA) stated, "I have worked here four to five months. I work with (R17) two to three times a week. I have never done passive range of motion to (R17's) left hand or fingers. I never thought to."</p> <p>On 4-13-16 at 10:05 a.m., E8 (CNA) stated, "I have worked here for two years and work with (R17) around two to three times a week. I have never performed range of motion to (R17's) left hand."</p> <p>On 4-13-16 at 8:30 a.m., Z3 (Occupational Therapy Assistant) stated, "Therapy worked with (R17) and did range of motion and splinting to the left hand. (R17) was discharge from therapy on 10-20-15. (R17's) third, fourth, and fifth digits are contracted. While in therapy (R17) tolerated a</p>	F 318			

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

PRINTED: 04/18/2016
FORM APPROVED
OMB NO. 0938-0391

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F 318	Continued From page 18 splint to the left hand for approximately 30 minutes, and range of motion before and after the splint placement. (R17) has confusion, so it took coaching of (R17) to keep the splint on. The certified nursing assistants should do range of motion to the left hand. A range of motion restorative program should be implemented to (R17) at least three to four times a week." On 4-13-16 at 10:15 a.m., E3 (Care Plan Coordinator) verified that R17 had never had any restorative programs or a passive range of motion program since R17 was discharged from therapy, instructing the staff to do passive range of motion to R17's left upper extremity, left hand, or left fingers. E3 verified that R17 has a contractures to the left hand/fingers. On 4-13-16 at 2:30 p.m., E3 (Care Plan Coordinator) verified that E3 does R17's Range of Motion Assessments. E3 verified that R17 has contractures to the left shoulder, elbow, wrist, fingers, and thumb. E3 verified R17 should have had a restorative program, but did not.	F 318			
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility had a medication error rate of 26.9%; 7 errors in 26 opportunities for errors	F 332			

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

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F 332	<p>Continued From page 19 affecting two residents (R17, R18) in the sample of 15, and two residents (R10, R24) in the supplemental sample observed during medication administration.</p> <p>Findings include:</p> <p>The facility's Metered Dose Inhaler Administration policy dated 10/07 documents, "Instruct resident to tilt head back and exhale normally, thereafter inserting mouthpiece into mouth, close lips and start to inhale, press inhaler and slowly inspire, hold breath for four to ten seconds. Repeat procedure as ordered by waiting one minute between puffs of the same medications.</p> <p>The facility's Administration of Medication Via A Feeding Tube policy dated 4/07 documents, "The tube (gastrostomy tube) is to be flushed with five cc (cubic centimeter) of warm water between crushed and liquid medications."</p> <p>1. R10's Physician's Orders Sheets (POS's), dated 4/2016, document R10 has an order to receive ibuprofen 200 mg (milligrams) two tablets by mouth three times a day with meals.</p> <p>On 4/11/16 at 11:49 a.m., E9 (Licensed Practical Nurse/LPN) administered ibuprofen 200 mg (milligrams) two tablets by mouth to R10. R10 had not eaten nor was served lunch and no food was sitting in front of R10 when E9 administered R10's medication.</p> <p>On 4/13/16 at 1:45 p.m., E2 (Director of Nursing)</p>	F 332			

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F 332	<p>Continued From page 20</p> <p>stated, "Yes if the order states to give a medication with food, the nurse should wait to give the resident their medication until they have gotten their food."</p> <p>2. R17's POS's and Medication Administration Records (MAR's) dated 4-5-16 through 4-30-16, document the following: Metoclopramide (Reglan) five mg per gastrostomy tube three times daily at 6:00 a.m., 12:00 p.m., and 6:00 p.m. Gabapentin 400 mg one capsule per gastrostomy tube three times daily at 6:00 a.m., 12:00 p.m., and 6:00 p.m. Tylenol 325 mg take two capsules per gastrostomy tube four times daily at 6:00 a.m., 12:00 p.m., 6:00 p.m., and 12:00 a.m. Sucralfate one gram/10 milliliters (ml) take 10 ml per gastrostomy tube four times daily at 6:00 a.m., 12:00 p.m., 6:00 p.m., and 12:00 a.m.</p> <p>On 4-12-16 at 11:18 a.m., E4 (Licensed Practical Nurse/LPN) poured Reglan five ml into a cup. E4 then poured Sucralfate 10 ml into the same cup as the Reglan. E4 proceeded to crush two Tylenol 325 mg tablets, and mixed the tablets with the Reglan and Sucralfate. E4 then opened up one Gabapentin capsule and poured the capsule into the Reglan, Sucralfate, and Tylenol. E4 used a stick and mixed all three medications together in one cup, flushed R17's gastrostomy tube with 30 cc of water, and administered the liquid containing all four of R17's medications to R17 all at once. E4 did not flush R17's gastrostomy tube with five cc's of water between each medication.</p> <p>On 4-12-16 at 1:55 p.m., E2 (Director of Nursing) stated, "Nurses are to flush gastrostomy tubes with five cc of water between each medication</p>	F 332			

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

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F 332	<p>Continued From page 21 according the facility's Administration of Medication Via a Feeding Tube policy."</p> <p>3. R18's POS's and MAR's dated 4-1-16 through 4-30-16 documents the following: Ventolin 90 mcg (micrograms) inhaler two puffs by mouth four times daily for the Diagnosis of Chronic Obstructive Pulmonary Disease.</p> <p>On 4-11-16 at 12:30 p.m., E4 (LPN) handed R18 a Ventolin Metered Dose 90 mcg (micrograms) Inhaler. R18 then simultaneously administered two puffs of the Ventolin inhaler to self. R18 was not instructed to hold her breath for four to ten seconds, and was not instructed to wait one minute between inhaler puffs.</p> <p>On 4-12-16 at 1:55 p.m., E2 (Director of Nursing) stated, "According to the facility's policy, an inhaler should be administered with one minute between puffs."</p> <p>4. R24's POS's and MAR's dated 4-1-16 through 4-30-16, document the following: Carbidopa/Levodopa 25 mg (milligram)-100 mg two tablets by mouth three times daily at 8:00 a.m., 12:00 p.m., and 4:00 p.m. for the Diagnosis of Parkinson's Disease.</p> <p>R24's MAR's dated 4-11-16 and signed by E4 (LPN), document the following: Carbidopa/Levodopa 8:00 a.m. and 12:00 p.m. not given. Not here (Unavailable in the facility).</p> <p>On 4-11-16 at 11:45 a.m., E4 (LPN) attempted to</p>	F 332			

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

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F 332	Continued From page 22 give R24 a scheduled dose of Carbidopa/Levodopa 25 mg (milligrams)/100 mg tablet. This medication was unavailable in the facility, therefor R24 did not receive the scheduled dose of Carbidopa/Levodopa. At this time E4 stated, "(R24) was out of this medication this morning, also."	F 332			
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH 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. 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. 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure medication availability for one resident (R24) in the supplemental sample.	F 425			

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

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(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 425	<p>Continued From page 23</p> <p>Findings include:</p> <p>On 4-11-16 at 11:45 a.m., E4 (Licensed Practical Nurse/LPN) attempted to give R24 a scheduled dose of Carbidopa/Levodopa 25 mg (milligrams)/100 mg tablet. This medication was unavailable in the facility, therefor R24 did not receive the scheduled dose of Carbidopa/Levodopa. At this time E4 stated, "(R24) was out of this medication this morning, also."</p> <p>On 4-12-16 at 8:30 a.m., E4 stated, "(R24) missed four scheduled doses of carbidopa/levodopa. (R24) missed the Sunday (4-10-16) 4:00 p.m. dose, and all three doses on Monday (4-11-16)."</p> <p>R24's MAR's dated 4-11-16 and signed by E4 (LPN), document the following: Carbidopa/Levodopa 8:00 a.m. and 12:00 p.m. not given. Not here (Unavailable in the facility). R24's Carbidopa/Levodopa dose is circled on the MAR on 4-10-16 at 4:00 p.m., and 4-11-16 at 8 a.m., 12:00 p.m., and 4:00 p.m. (indicating R24 did not receive the doses).</p> <p>R24's POS's (Physician Order Sheets) and MAR's (Medication Administration Records) dated 4-1-16 through 4-30-16, document the following: Carbidopa/Levodopa 25 mg (milligram)-100 mg two tablets by mouth three times daily at 8:00 a.m., 12:00 p.m., and 4:00 p.m. for the Diagnosis of Parkinson's Disease.</p>	F 425			

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F 425	Continued From page 24 On 4-14-16 at 10:25 a.m., Z6 (Pharmacist) stated, "The pharmacy received a refill order for (R24's) Carbidopa/Levodopa 25 mg on 4-11-16. This medication was not re-ordered until 4-11-16. They (the facility) can call our backup pharmacy and the pharmacist will get the medication from another local pharmacy if completely out of medication. There is never a reason why a resident should be out of medication, even on the holidays or weekends. The facility has a policy that the on call pharmacy should be used to acquire medications after hours."	F 425			
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.	F 441			

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F 441	<p>Continued From page 25</p> <p>(b) Preventing Spread of Infection</p> <p>(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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to perform hand hygiene before and after performing a blood glucose monitoring test and subcutaneous injection for two residents (R25, R26) observed during the medication observation on the supplemental sample.</p> <p>Findings include:</p> <p>The facility's Glucose Monitoring policy, dated 4/12/10, documents, "Wash hands and apply gloves. Swab resident finger tip with alcohol wipe, especially where lancet will puncture. Activate the lancet. Gently massage the base of the finger, stroking toward the puncture site. Do not squeeze</p>	F 441			

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

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F 441	<p>Continued From page 26 or apply pressure to site. Place a drop of blood on the chemstrip. Wipe puncture site. Remove gloves, wash hands..."</p> <p>The facility's Subcutaneous Injections policy, dated 4/4/12, documents, "Position resident as needed to administer medication. Wash our hands. Apply gloves..."</p> <p>The facility's Medication Administration policy, dated 7/3/13, documents, "Appropriate hand washing or use of an alcohol based gel must be performed throughout the medication pass. This should occur: Before performing invasive procedures. After any contact with mucous membranes, blood or body fluids, secretions, or excretions..."</p> <p>On 4/11/16 at 11:30 a.m., E9 (Licensed Practical Nurse) applied gloves and performed a blood glucose monitoring test to R25. E9 returned to E9's medication cart and removed E9's gloves. Without washing or sanitizing E9's hands, E9 drew up R25's prescribed insulin in a syringe, applied a new pair of gloves, and administered R25's prescribed insulin per subcutaneous injection to R25's right lower abdomen. E9 removed E9's gloves and did not wash or sanitize E9's hands. E9 pushed E9's medication cart to R26's room, and E9 applied gloves and performed a blood glucose monitoring test to R26. E9 returned to E9's medication cart and removed E9's gloves and didn't wash or sanitize E9's hands. E9 prepared R26's insulin pen, applied a new pair of gloves, and administered R26's prescribed insulin per subcutaneous injection to R26's right lower abdomen.</p> <p>On 4/11/16 at 12:30 p.m., E9 stated, "I should</p>	F 441			

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F 441	Continued From page 27 wash my hands after each blood glucose monitoring test...I should wash my hands after giving an injection."	F 441			
F 514 SS=C	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to retain at least three months of resident's medical record on the resident's active chart. This has the potential to affect all 61 residents. Findings include: This facility's Medical Records Policy "undated" documents, "The order of the medical record will be as identified on Attachment A. The medical record will contain up to six months information for each section of the chart. The original physician's orders and department assessments	F 514			

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F 514	<p>Continued From page 28</p> <p>will be retained in the record...The departments such as Dietary, Physical Therapy, Occupational Therapy, Speech, Activities and Social Services may keep up to one year of documentation...the information removed from the record will be kept in a folder with other active medical records.</p> <p>The facility's Chart Order Guide "Attachment A" (undated) documents, "Physician Orders Sheets (three months only), Telephone Orders (three months only), Physician Progress Note (six months), Monthly Summary (three months), Nurses Notes (three months), MAR (Medication Administration Record), TAR (Treatment Administration Record) (three months), Laboratory/X-ray (six month to one year) and MDS (Minimum Data Set) (Quarterly, Annual and through most current."</p> <p>On 4-11-16 through 4-14-16, all of the facility's resident charts did not contain information in them according to the facility's policy. None of the charts had any Laboratory Tests, MAR's, TAR's, or Physician Progress Notes and contained one month of Physician Order Sheets.</p> <p>On 4-13-16 at 2:45 p.m., E1 (Administrator) stated, "I know that all (resident) charts were thinned too much...we should have had at least three months of information available on the charts."</p> <p>The Centers for Medicare & Medicare Services, Resident Census and Conditions of Residents dated 4-11-16 documents the resident census as 61 residents.</p>	F 514			