

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 04/18/2013
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 000	INITIAL COMMENTS	F 000			
F 221 SS=D	<p>Annual Licensure and Certification Survey</p> <p>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, record review and interview, the facility failed to identify a self-release seat belt as a restraint and failed to provide medical justification for the use of a restraint, for one of three (R3) residents reviewed in a sample of 15.</p> <p>Findings include:</p> <p>On 4/15/13, E1 (Administrator) provided a written list of those residents in the facility with a restraint, which only included R14 and R30. On 4/15/13 at 12:10 p.m., R3 was in the Dining Room eating lunch with a self-release seat belt secured around her waist.</p> <p>On 4/16/13 at 10:18 a.m., E6 (Certified Nursing Assistant) and E7 (Certified Nursing Assistant) transferred R3 from the toilet to the wheelchair. Once seated in the wheelchair, E7 secured a self-release seat belt around R3's waist. E7 asked R3 if she could release the self-release seat belt on her own and R3 replied "no." After a few minutes past, E7 asked R3 again if she was able to release the self-release seat belt and R3</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 again responded, "no."</p> <p>On 4/16/13 at 12:55 p.m. and on 4/17/13 at 12:25 p.m., R3 was observed sitting at the lunch table with the self-release seat belt secured throughout the meal service.</p> <p>A Physician's Order Sheet, dated 4/01/13, documents R3 has the current diagnoses of Anxiety, Dementia and Unspecified Psychosis. A Plan of Care, dated 11/16/12 identifies R3 as being at risk for falls and requires "monitoring" to "reduce potential self injury. A Physical Restraint Elimination Assessment, dated 3/17/13, documents "Describe Behavioral/Medical Symptoms and Risks/Benefits related to continued need for physical restraint: Resident (R3) becomes anxious (at times) - (with) exit seeking behaviors looking for her deceased Husband." A Physical Restraint/Enabler Assessment, dated 1/21/13, documents under Medical Symptoms related to the restraint use, "Dementia (with) Hallucinations" and "Combative (with) agitation (at times)" and does not document that R3 is capable of releasing the self-release belt independently. The Minimum Data Sets, dated 1/14/13 and 11/09/12, document R3 does not have a restraint.</p> <p>The facility Policy and Procedure, titled "Physical Restraint Policy", documents the facility is to "allow residents to be free of physical restraints which are not required to treat the resident's medical symptoms or as a therapeutic intervention. Physical restraints shall not be used for the purpose of discipline or convenience." The "Physical Restraint Policy" further documents, "Physical restraints is any manual method or</p>	F 221			

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F 221	Continued From page 2 physical or mechanical device, material, or equipment attached or adjacent to the resident's body, which the individual cannot remove easily and which restricts freedom of movement or normal access to one's body. They include, but are not limited to: bed rails, self-release waist restraints, soft waist restraints...." On 4/17/13 at 10:00 a.m., E3 (Licensed Practical Nurse/Restraint Assessments) stated that R3's self-release seat belt is not considered a restraint, as R3 "can release it" by herself and that R3 has utilized the self-release seat belt for "quite some time." E3 stated R3 has experienced a recent decline and indicated that could be why R3 was unable to release the seat belt on demand.	F 221			
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to monitor and implement pressure relieving methods and skin checks to help heal and prevent the development of a new pressure ulcer for one of four residents	F 314			

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F 314	<p>Continued From page 3</p> <p>(R13) reviewed for pressure ulcers in the sample of fifteen. This failure resulted in R13 developing an infected stage three pressure ulcer to the left foot.</p> <p>Findings include:</p> <p>R13's pressure ulcer care plan dated 4-14-13, documents interventions of daily skin checks with documentation, a heel protector to R13's right foot, and a boot to R13's left foot at night. R13's quarterly Braden Scales done on 5-1-12, 7-30-12, 9-10-12, 12-10-12 and 3-11-13 document R13 is a high risk for the development of pressure ulcers. R13's treatment orders from July 2012 through April 2013 document R13 did not have daily skin checks initiated until 2-23-13.</p> <p>On 4-16-13 from 10:05 a.m. to 10:55 a.m., R13 was on her right side, in bed, with her bare right foot on the bed. R13's right foot was not elevated off of the bed and did not have a heel protector/boot on it. On 4-16-13 at 10:05 a.m., R13's left foot ulcer measured 1.5 cm (Centimeters) by 1.6 cm by 0.5 cm and had a small amount of blood tinged drainage. R13's skin surrounding the left foot ulcer was slightly red.</p> <p>R13's wound tracking from 3-20-13 to 4-9-13, documents R13 had a facility acquired stage three pressure ulcer on 3-20-13 to the left foot, measuring 2.5 cm by 2 cm by 0.4 cm, with a heavy amount of odorous drainage. A wound culture report collected 3-21-13 of R13's left foot wound, documents the wound to have proteus mirabilis (an infectious organism). R13's</p>	F 314			

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F 314	<p>Continued From page 4</p> <p>Physician Order Sheet dated 3-25-13, documents an antibiotic was ordered, for two weeks, to treat R13's left foot wound infection. R13's wound record dated 11-3-12 through 12-3-12 documents R13 had an unstageable facility acquired pressure ulcer to the right foot that was healed on 12-3-12.</p> <p>The Facility's Pressure Sore Prevention Guidelines dated 4/2006 documents that if a resident is identified as a high risk for skin breakdown, as determined by the Braden Scale, daily skin checks should be implemented. The Facility's Preventative Skin Care Policy dated 10/2006, documents pillows and or bath blankets should be used to slightly elevate pressure areas off of the mattress and pressure relieving devices may be used to protect heels.</p> <p>On 4-16-13 at 10:30 a.m., E3 (Licensed Practical Nurse/Wound Nurse) stated R13's stage three wound to the left foot was identified on 3-20-12. E3 states, "When the wound to the left foot was discovered it was already a stage three, very stinky, and red." E3 states, "I don't know why it wasn't found until it was already a stage three and I don't think the staff elevated the left foot enough to keep pressure off of it." E3 also states, "I think the heel protector was not placed properly and her (R13) left foot rubbed wrong."</p> <p>On 4-16-13 at 10:55 a.m., E3 states, "they (the staff) should of had a boot on her (R13) right foot to keep her foot off of the bed and avoid pressure to that foot."</p> <p>On 4-16-13 at 2:40 p.m., E2 states, "I know her</p>	F 314			

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F 314	Continued From page 5 (R13) Braden Scale has shown her (R13) being a high risk for pressure ulcers from May 2012 until March 2013 and daily skin checks were not started until February 23 rd 2013." E2 states, "daily skin checks should of been done, by the nurses, since May 2012." On 4-16-13 at 9:20 a.m., Z2 (R13's daughter) states, "I think her foot (R13) sore was caused by pressure from the bed." On 4-16-13 at 1p.m., Z1 (R13's Physician) states, "I would of hoped the staff would of found her (R13) pressure area before it was a stage three. Z1 states, "I would expect her (R13) to have heel protectors on to keep pressure off of the bed."	F 314			
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 record review and interview, the facility failed to adequately analyze and identify the root cause of a fall and failed to properly secure a personal body alarm, for one of six (R3) residents reviewed for falls, in a sample of 15. This failure resulted in R3 falling on 10/31/12 and sustaining a right broken femur. Findings include:	F 323			

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F 323	Continued From page 6 A Physician's Order Sheet, dated 4/01/13, documents R3 has the current diagnoses of Anxiety, Dementia and Unspecified Psychosis. A Plan of Care, dated 11/16/12 identifies R3 as being at risk for falls and requires "monitoring" to "reduce potential self injury. The Fall Log documents R3 has fallen on the following dates: 7/18/12, 8/15/12, 8/20/12, 10/09/12, 10/23/12 and 10/31/12. A Fall Investigation, dated 8/20/12, indicates R3 attempted to transfer herself independently from the wheelchair. The Fall Investigation indicates R3 removed the personal body alarm, preventing the alarm from sounding and therefore, not alerting staff to the fact that R3 had stood up from the wheelchair. The Quality Care Reporting form, dated 8/20/12, documents that the new fall prevention intervention to be implemented, after review of the fall, was to reposition R3's personal body alarm to the bottom of the wheelchair and out of R3's reach. A Fall Investigation, dated 10/23/12, documents R3 was found on the floor near her bathroom after attempting to toilet herself. The Quality Care Reporting form, dated 10/23/12, documents R3 had an increase in urinary incontinence and a urinalysis was ordered to determine if the cause of the fall was a Urinary Tract Infection. The 10/26/12 urinalysis result was "mixed growth of 3 or more organisms" and "probable collection contamination", with no identifying treatable infection. The Fall Investigation did not identify any new fall prevention interventions, related to the 10/23/12 fall.	F 323			

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F 323	<p>Continued From page 7</p> <p>Nursing Notes, dated 10/31/12, document R3 was found on the "floor on back, against wooden closet and drawers. Total body assessment completed (with) complaint of pain to left hip and back of head.....(left) hip area (lower leg) appeared shortened and (left) foot rotated outward.....Sent to hospital for (evaluation) and (treatment)." The 10/31/12 Nursing Note further documents R3 was admitted to the hospital with a left femur fracture. A Fall Investigation, dated 10/31/12, documents R3 again attempted to transfer independently to the bathroom. The Fall Investigation failed to contain statements from E22 (Registered Nurse) and E23 (Certified Nursing Assistant), who found R3 after falling on 10/31/12. An Incident Report Form, dated 11/01/12, documents R3 "removed self-release seat belt (and) personal alarm. Attempted to stand (independently).....(diagnosis) (left) femur (fracture)."</p> <p>On 4/17/13 at 10:00 a.m., E3 (Licensed Practical Nurse/Fall Investigator) stated she "did not speak to the Nurse or Certified Nursing Assistant who found (R3)" when she fell on 10/31/12. E3 stated she normally would obtain statements from the staff to enable her to accurately investigate the fall. E3 stated she determined R3 did removed her personal body alarm prior to falling on 10/31/12. E3 stated "had the alarm been placed at the crossbars (low and behind the resident on the wheelchair), (R3) would not have been able to reach it and it would have sounded." E3 stated she did not reviewed the 10/23/12 fall, after determining R3 did not have a urinary tract infection, for an appropriate fall prevention intervention.</p>	F 323			

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F 323	Continued From page 8 The facility Policy and Procedure, titled "Serious Injury Follow-up" identifies a "fall with injury or hospitalization" as a serious incident or unusual occurrence. The "Serious Injury Follow-up", further documents that if a "fall with injury or hospitalization" would occur, staff are to "begin obtaining written statements from the employees on duty. These statements should be written on appropriate forms." The facility Policy and Procedure, titled "Fall Prevention", documents that the facility will "provide for resident safety and to minimize injuries related to falls; decrease falls and still honor each resident's wishes/desires for maximum independence and mobility."	F 323			
F 496 SS=F	483.75(e)(5)-(7) NURSE AIDE REGISTRY VERIFICATION, RETRAINING Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual is a full-time employee in a training and competency evaluation program approved by the State; or the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual.	F 496			

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F 496	<p>Continued From page 9</p> <p>If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to verify out of state healthcare registry information for five of the last ten Certified Nursing Assistants hired with out of state work experience. This has the potential to affect all 55 residents residing at the facility.</p> <p>Findings include:</p> <p>E15's (CNA-Certified Nursing Assistant) Application for Employment dated 1/07/13 shows E15 has worked as a CNA in a neighboring state. E16's (CNA) Application for Employment dated 2/04/13 indicates E16 (CNA) has resided in another state prior to applying for a CNA position at the facility. E17's (CNA) Application for Employment dated 3/29/13 states E17 worked in another state after being certified as a CNA in 1999. E18's (CNA) Application for Employment dated 9/10/12 states E17 has worked as a care giver in another state. E19's (CNA) Application for Employment dated 10/01/12 includes a typed written resume indicating E19 has worked as a care giver in another state. Personnel records for</p>	F 496			

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F 496	<p>Continued From page 10</p> <p>E15, E16, E17, E18, and E19 do not include verification the facility has checked the nurse aide registry in the states indicated on the CNA's applications.</p> <p>The Resident Census and Conditions of Resident form dated 4/15/13 and completed by E20 (Care Plan Coordinator) states the current resident census is 55.</p> <p>On 4/16/13 at 4:20 p.m., E2 verified she performs the state CNA registry checks for new hires but indicated she does not check the registries of other states. E2 stated, "I am going to tell you I do not check the other state registries." On 4/18/13 at 12:10 p.m., E2 reported all CNAs are assigned on a rotating basis through out the facility every two weeks.</p>	F 496			