STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146116	A. BUILDING _____ B. WING _____	05/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA SALLE COUNTY NURSING HOME	**1380 NORTH 27TH ROAD OTTAWA, IL 61350**

(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	Annual Certification 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 ensure fall interventions were implemented to prevent further falls for one of five residents (R3) reviewed for falls in the sample of 15. Findings include: The facility's monthly fall log dated June 2015 - May 2016 documents R3 fell on the following dates: 7/11/15, 9/30/15, and 12/20/15. R3's fall investigation dated 7/11/15 documents the root cause of R3's 7/11/15 fall as follows: "(R3), due to stocking feet, slipped in urine and slid to the floor beside (R3's) bed." This same report also documents the following new fall prevention intervention was initiated: "(R3) will have non-skid footwear on when in bed." R3's fall investigation dated 9/30/15 documents the root cause of R3's 9/30/15 fall as follows:	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 323	Continued From page 1 "(R3) slipped and slid to the floor beside (R3's) bed." This same report documents no new fall intervention was implemented, and staff education was administered to reiterate the fall intervention, "(R3) will have non-skid footwear on when in bed." R3's fall investigation dated 12/20/15 documents the root cause of R3's 12/20/15 fall as follows: "(R3) slipped and slid to the floor beside (R3's) bed." This same report documents no new fall intervention was implemented, and disciplinary action was administered to facility staff to reiterate the fall intervention, "(R3) will have non-skid footwear on when in bed." On 5/24/16 at 1:47 p.m., E5, Restorative Nurse, stated, R3's fall interventions weren't being followed and R3 should have been wearing nonskid socks at the time of R3's falls on 9/30/15 and 12/20/15.	F 323		
F 332 SS=D	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 failed to administer medications as ordered by the physician for one resident (R19) in the sample of 15 and two residents (R22 and R23) in the supplemental sample reviewed for medication pass. This failure resulted in three medication errors out of 25	F 332		

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F 332	Continued From page 2	F 332		

opportunities for error, for a 12% medication error rate.

FINDINGS INCLUDE:

The facility General Dose Preparation and Medication Administration policy, dated (revised) 05/01/10 directs staff, "Prior to administration of medication, facility staff should take all measures required including, but not limited to the following: Facility staff should verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident...Facility staff should only crush oral medications in accordance with pharmacy guidelines...Facility staff should not administer a medication if the medication label is missing or illegible."

On 05/23/16 at 3:05 P.M., E6 Licensed Practical Nurse (LPN) prepared to administer medications to R22. E6/LPN punched one tablet of Furosemide (diuretic), one tablet of Metoprolol (beta-blocker) and one tablet of Coumadin (anti-coagulant) into a plastic medication cup. Without checking an apical or radial pulse, E6/LPN administered the medications with 60 ML (milliliters) of a medication supplement to R22.

R22's medication card for Metoprolol instructs staff, "Take pulse before administration."

On 05/23/16 at 3:08 P.M., E6/LPN prepared to administer Insulin to R23. E6/LPN wiped the top of the Novolin Insulin bottle with an alcohol swab, injected nine units of air into the insulin bottle and withdrew nine units of Novolin Insulin. E6/LPN then injected the insulin into R23's right arm. The

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F 332	Continued From page 3 Novolin Insulin bottle was dated as opened by staff on 04/14/16. The package insert included with Novolin Insulin includes the following information, "Recommended Storage: Vials, After initial use a vial may be kept at room temperatures below 30 degrees Celsius (86 degrees Fahrenheit) for up to 28 days, but should not be exposed to excessive heat or light." On 05/24/16 at 8:10 A.M., E7 Licensed Practical Nurse (LPN) prepared to administer medications to R19. E7/LPN punched one tablet of Levetiracetam (anticonvulsant) and one tablet of Levothyroxine (thyroid hormone replacement) into a plastic medication cup. E7/LPN poured the two pills into a plastic sleeve, crushed them into a powder and placed the powder into a cup with pudding in it. E7/LPN then went into the facility dining room and spoon fed the pill mixture to R19. R19's medication card for Levetiracetam instructs staff, "Do not crush or chew medication." On 05/26/16 at 9:10 A.M., E2 Director of Nurses verified that staff are to administer medications as ordered by the physician and following the manufacturer's specifications.	F 332		
F 456 SS=F	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced	F 456		

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F 456	Continued From page 4	F 456		

by:
Based on observation, interview and record review the facility failed to maintain water temperatures between 105 to 115 degrees F (Fahrenheit) in three of three resident bathing areas. This failure has the potential to affect all 65 residents residing in the facility.

Findings include:

On 5/25/16 at 9:35am during the environmental tour with E1, Administrator, E9, Environmental Director and E8, Maintenance present, the water temperatures of the resident showers were checked.
E8 stated the water temperature is set at 110 degree F in hot water tank in the boiler room.

On 5/25/16 at 9:35am E8 stated he is checking water temperatures in the resident bathing areas and the hot water tank weekly. E8 stated the temperatures are maintained between 90-100 degrees F.

On 5/25/16 at 9:40am the temperature of the water in the shower in the A wing bathing room was 96 degrees F. At 9:50am the temperature of the water in the shower in the B wing bathing room was 95 degrees F. At 10:05am the temperature of the water in the shower in the D wing bathing room was 85-86 degrees F. E8 checked the temperature of the water using the facility thermometer in the A, B and D wing bathing rooms.

On 5/25/16 at 10:05am E1, E8 and E9 all denied having any resident complaints about the low water temperatures in the bathing areas.

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F 456	Continued From page 5 On 5/24/16 at 11:05am R7, R24, R25, R26, R27 and R28 state the water in the showers is "cold" and the CNA's (Certified Nurse Aide) let the water run awhile, but it still is "barely lukewarm." They all stated they don't like and its not comfortable getting a shower in lukewarm water. The facility Temperature Log dated 2/11/16 to 5/20/16 documents temperatures in the expansion hot water tank ranging from 99 to 109 degrees F. The expansion hot water tank is located in the boiler room and provides hot water to the bathing rooms on each wing (A, B, D) and also to resident rooms. On 5/25/16 at 11:35am E8 stated he checks the water temperatures in the showers weekly, but doesn't log the temperatures. E8 stated the temperatures range from 85 to 90 degrees F and have been that way for "awhile." On 5/25/16 at 12:50pm E3, Assistant Director of Nursing verified that all the residents use the shower rooms to bathe, as there are no showers in the resident bathrooms. The Residents Census and Conditions of Residents dated 5/24/16 and signed by E10, MDS (Minimum Data Set) Coordination documents 65 residents reside in the facility.	F 456		