

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145906	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER DIXON REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 800 DIVISION STREET DIXON, IL 61021		
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F 000	INITIAL COMMENTS	F 000			
F 221 SS=D	<p>Annual Licensure and Certification Survey Complaint Investigation #1610122/IL 82598 - No deficiency cited</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, interview and record review the facility failed to remove bilateral hand mitts, after a tube feeding, as ordered by the physician. This applies to 1 of 1 residents (R12) reviewed for restraints in the sample of 16. The findings include: R12 ' s restraint order dated December 31, 2015 shows may use bilateral soft hand mitts;may remove for care. R12 ' s restraint consent dated December 31, 2015 shows R12 removed her gastrostomy tube two times in two days as the medical symptom requiring restraints. On January 5, 2016 at 4:06 P.M., R12 ' s tube feeding is ordered to be administered from 6:00 P.M. to 6:00 A.M. daily. On January 12, 2016 at 10:39 A.M., hand mitts are ordered to be worn only when tube feeding is in progress. The January 2016 treatment administration record (TAR) shows documentation of use of bilateral hand mitts all three shifts.The facility restraint use policy dated January 2007 shows restraints will be utilized only when necessary to treat medical</p>	F 221		2/5/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/01/2016

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	Continued From page 1 symptoms. R12 ' s restraint care plan shows mitts were initiated December 31, 2015 and ordered to be reduced on January 12, 2016. R12 ' s medication administration record (MAR) shows the tube feeding was stopped at 6:00 A.M. on January 14, 2016. On January 14, 2016 at 8:20 A.M., R12 was in bed with mitts on. On January 14, 2016 from 8:20 A.M. to 8:38 A.M., E6 (Certified Nursing Assistant-CNA) and E7 (CNA) dressed and provided incontinence care for R12 with the mitts on as she lay flat in bed. At 8:38 A.M., E6 removed the hand mitts from both of R12 ' s hands. On January 14, 2016 at 8:38 A.M., E6 said he always works this wing and R12 ' s tube feeding is done when he starts work but the mitts are not removed until R12 is in the chair and ready to go to the dining room. On January 14, 2016 at 9:05 A.M., E8 (Licensed Practical Nurse-LPN) said R12 ' s tube feeding ends at 6:00A.M., before she starts her shift. E8 said R12 doesn ' t even need the mitts now but wears them during the day to prevent pulling the feeding tube. On January 14, 2016 at 9:10 A.M., E9 (LPN) said R12 should have the hand mitts on until she is out of bed.	F 221			
F 314 SS=D	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.	F 314		2/5/16	

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F 314	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to identify a pressure sore prior to progressing to a Stage II and failed to identify the cause of the pressure sore.</p> <p>This applies to 1 of 6 residents (R1) reviewed for pressure ulcers in the sample of 16.</p> <p>The findings include:</p> <p>The August 12, 2015 care plan for R1 shows he is at very high risk for skin breakdown and has the potential for pressure ulcer development. The care plan shows R1 had a history of ulcers and requires extensive assist with mobility relating to friction and shear.</p> <p>The December 2015 treatment record for R1 documents weekly skin checks are to be performed on Wednesday evenings. The December 23, 2015 weekly skin check for R1 shows he has no changes to his skin and no areas of concern were identified. The December 24, 2015 pressure ulcer weekly wound evaluation describes a Stage II pressure ulcer located on the right inner ankle. The wound was measured at 1 cm x 2.1 cm x 0.1 cm.</p> <p>On January 12, 2016 at 11:00 AM, R1 was sitting in broda chair with his feet on a high back enclosed foot rest. He had a heel boot on his right foot. R1 was alert and disoriented to person, place and time. R1 was unable to state why he only had one heel boot on his foot.</p> <p>On January 13, 2016 at 3:00 PM, E2 Director of</p>	F 314			

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F 314	<p>Continued From page 3</p> <p>Nursing (DON) stated when someone has a blister or a pressure ulcer the facility looks for a root cause as to aid in healing and prevent any further breakdown. Based on care plan and nursing notes, E2 could not state the cause of the Stage II pressure ulcer located on R1's ankle. E2 stated it would be ideal if a pressure ulcer could be identified at a Stage I, before it opens to become a Stage II. E2 stated a Stage II pressure area would be reddened prior to opening. E2 stated the weekly skin check is performed by the nurse on duty.</p> <p>On January 13, 2016 at 10:00 AM, E6 Certified Nursing Assistant (CNA), stated he routinely cares for R1. E6 said R1 wore tennis shoes when he acquired the pressure ulcer. E6 said R1 would sit in his chair and rub the bottom of his tennis shoe across his ankle and he would also extend his feet beyond his foot rest and rub his ankles on the foot board. E6 stated he has not put R1's tennis shoes on his feet since the pressure ulcer was identified. E6 stated without the shoes, R1 does not cross his ankles and does not extend his legs out like he did when he had the shoes.</p> <p>On January 13, 2016 at 8:30 AM, E11 CNA, stated when a resident is given a shower a skin check is performed, looking for bruises and open areas. E11 said a shower sheet is filled out and marked with the affected area and given to the nurse and the nurse is given a verbal report of any skin issues needing addressed.</p> <p>The facility's November 2010 Pressure Ulcer Prevention policy documents an individual plan of prevention will be developed to meet the needs of the resident. The goal is for the resident to be</p>	F 314			

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F 314	Continued From page 4 free of preventable pressure ulcers. Implementation of interventions will be individualized to meet the specific needs of the resident. Residents at every level at risk are to be managed for friction and shear, by utilizing proper positioning and repositioning. Based on evaluation, the need for reassessment and further changes to the individual resident's plan of care will be determined and acted upon.	F 314			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prevent cross contamination of sanitized dishes. This applies to all 78 residents in the facility. The findings include: 1. On January 12, 2016 at 9:20 A.M., E10 (dishwasher) was processing dishware through a low temperature dishwasher. E10 placed dirty dishes in the washer and then removed the clean items without washing her bare hands. E5 (Account Manager-Certified Dietary Manager) said " she blew it " . E5 said it is her expectation that hands will be washed after handling dirty	F 371		2/5/16	

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F 371	Continued From page 5 dishes and before touching clean ones. The undated facility policy for hand washing shows hands should be washed after handling soiled dishes. The undated facility policy for personal hygiene shows hands should be washed after handling soiled dishes.	F 371			
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 interview and record review the facility failed to have available and administer prescribed blood thinning medication to a resident with a history of a stroke. This applies to 1 of 16 residents (R10) reviewed	F 425		2/5/16	

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F 425	Continued From page 6 for medications in the sample of 16. The findings include: On January 12, 2016 at 1:00 P.M., R10 said she did not receive her Aggrenox medication this morning and this is not the first time the facility ran out of it. On January 13, 2016 at 10:00 A.M., R10 said she is worried she will have another blood clot and stroke if she does not receive her medication regularly. R10 ' s December 7, 2015 Minimum Data Set (MDS) shows a Brief Interview for Mental Status score of 15 which indicates R10 is cognitively intact. R10 ' s electronic medical record shows an active diagnosis of paralysis of the left arm and leg. R10 ' s order summary sheet dated January 4, 2016 shows a current order for Aggrenox ER 12 hour 25/200mg capsule twice daily with an original start date of November 25, 2015. R10 said she already has some left arm and leg paralysis from her previous stroke and does not want another stroke to affect her right side. On January 14, 2016 at 7:40 A.M., E2 (Director of Nursing-DON) said if an ordered medication is not available in the facility the facility ' s pharmacy is contacted and the medication arrives in 1-2 hours. On January 13, 2016 at 9:55 A.M., E9 (Licensed Practical Nurse-LPN) said if an ordered medication is not available at the facility the pharmacy and physician are notified and a progress note is done. E9 said a local pharmacy usually will deliver the medication so it can be given as soon as possible. R10 ' s December 2015 MAR (medication administration record) shows scheduled Aggrenox doses were not available or given once on the 11th, once on the 12th and twice on the 13th. R10 ' s January 2016 MAR shows scheduled Aggrenox was not available or given once on January 12, 2016. Aggrenox.com shows the medication is indicated to reduce the	F 425			

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F 425	Continued From page 7 risk of stroke in patients who have had strokes due to blood clots. R10 ' s medical conditions listed on her December 2015 and January 2016 MAR shows hemiplegia (paralysis) of the left side.	F 425			