

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

PRINTED: 09/30/2015
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 09/23/2015
NAME OF PROVIDER OR SUPPLIER DIXON REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 800 DIVISION STREET DIXON, IL 61021		
(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 278 SS=E	<p>Minimum Data Set Assessment Focused and Staffing Survey.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</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 interview and record review the facility</p>	F 278			

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 278	<p>Continued From page 1</p> <p>failed to accurately assess five of ten residents (R1, R3, R5, R6, R8) reviewed for Minimum Data Set assessments in a sample of ten.</p> <p>Findings include:</p> <p>1. R1's Minimum Data Set assessment (MDS) dated 6/01/15 section I1550 Active Diagnoses documents R1 does not have the diagnosis of Neurogenic bladder. Section M0210 Unhealed Pressure Ulcers from the same MDS documents R1 had an unhealed pressure ulcer during the seven day MDS assessment period (5/26/15-6/01/15). Section M0300 Current Number of Unhealed Pressure Ulcers at Each Stage does not include the stage of R1's pressure ulcer.</p> <p>R1's weekly pressure ulcer assessment dated 5/27/15 documents R1 had a stage 3 pressure ulcer to the sacrum which healed on that date.</p> <p>R1's MDS dated 9/01/15 Section H0100 Appliances documents R1 has an indwelling urinary catheter. Section H0300 Urinary Continence on the same MDS documents R1 is always continent of urine. Section M0210 Unhealed Pressure Ulcers documents R1 had an unhealed pressure ulcer during the MDS seven day assessment period (8/26/15-9/01/15).</p> <p>R1's Diagnosis Report dated 9/22/15 documents R1 has had the diagnosis of Neurogenic Bladder since 2/04/15.</p> <p>On 9/23/15 at 12:50p.m. E3 (Wound Nurse) verified R1 had developed a stage 3 sacral pressure ulcer which healed on 5/27/15, during the seven day MDS assessment period. E3</p>	F 278			

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F 278	<p>Continued From page 2</p> <p>stated R1's pressure ulcer should have been documented as a stage 3 pressure ulcer on the 6/01/15 MDS. E3 also verified R1 did not have any pressure ulcers during the assessment period for the 9/01/15 MDS.</p> <p>On 9/23/15 at 12:15p.m. and 12:25p.m. E4 (MDS Coordinator) stated R1's MDS dated 6/01/15 Sections I and M and R1's MDS dated 9/01/15 contained inaccuracies. E4 stated R1's MDS dated 6/01/15 section I should have included the diagnosis of Neurogenic Bladder and section M0300 should have included the correct stage of R1's pressure ulcer during the assessment period for the 6/01/15 MDS. E4 stated R1's 9/01/15 MDS section H0300 for urinary continence should have been documented as not rated because R1 had an indwelling urinary catheter. E4 stated section M0210 of R1's 9/01/15 MDS should have documented R1 had no unhealed pressure ulcers.</p> <p>2. R3's Minimum Data Set assessments (MDS) dated 6/29/15 and 7/13/15 section H0100 Appliances document R3 has an indwelling urinary catheter. Section H0300 Urinary Continence of each MDS was documented with a dash symbol with the statement that R3's urinary continence was not assessed.</p> <p>On 9/23/15 at 12:15p.m. E4 (MDS Coordinator) stated R3's MDS dated 6/29/15 and 7/13/15 Section H0100 Urinary Continence was inaccurate. E4 stated both of R3's MDS assessments should have been documented as "not rated" for urinary continence to reflect R3's indwelling urinary catheter.</p> <p>3. R5's Minimum Data Set assessment (MDS)</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>dated 9/04/15 Section M0210 Unhealed Pressure Ulcers documents R5 had an unhealed pressure ulcer during the MDS assessment period (8/29/15-9/04/15).</p> <p>R5's weekly pressure ulcer log dated 8/17/15 documents R5 had a stage 2 pressure ulcer which was healed on that date.</p> <p>On 9/23/15 at 12:10p.m. E3 (Wound Nurse) verified R5's stage 2 pressure ulcer was healed as of 8/17/15. E3 also verified R5 did not have any unhealed pressure ulcers during the assessment period for R5's 9/04/15 Minimum Data Set assessment.</p> <p>On 9/23/15 at 1:35p.m. E4 (MDS Coordinator) stated R5's 9/04/15 MDS section M0210 Unhealed Pressure Ulcers was inaccurate. E4 stated R5's MDS section M0210 should have stated R5 has no unhealed pressure ulcers.</p> <p>4. R6's Minimum Data Set (MDS) Section H0100 Appliances dated 9/17/15 documents R6 with an indwelling catheter and Section H0300 documents R6 as occasionally incontinent of urine. On 9/23/15 at 12:10pm, E4 (MDS Coordinator) confirmed R6 has a catheter and section H0300 should be marked as not rated.</p> <p>5. R8's Minimum Data Set (MDS) Section H0100 Appliances dated 7/23/15 documents R8 with an indwelling catheter and Section H0300 documents R8 as always continent of urine. On 9/23/15 at 12:10pm, E4 (MDS Coordinator) confirmed R8 had a catheter at the time R8's 7/23/15 MDS was completed and section H0300 should be marked as not rated.</p>	F 278			

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F 356 F 356 SS=C	Continued From page 4 483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to post daily staffing information and failed to identify actual hours	F 356 F 356			

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F 356	<p>Continued From page 5</p> <p>worked for Registered Nurse hours, Licensed Nurse hours and Certified Nursing Assistant hours when reviewed. This has the potential to affect all 70 residents residing in the facility.</p> <p>Findings include:</p> <p>The Facility Staffing and Census Policy and Procedure dated 1/2007 documents the facility will post staffing on a daily basis at the beginning of each shift including the actual hours worked.</p> <p>On 9/23/15 at 1:30pm, E2 (Administrator) confirmed the first nursing staff begins their shift at 6:30am.</p> <p>On 9/22/15 at 10:20am, the Facility Staffing/Census Information Sheet was posted on the wall at the entrance to the nursing unit and dated 9/21/15. The Facility Staffing/Census Information Sheet did not include the actual nursing staff hours worked.</p> <p>On 9/22/15 at 10:25am, E5 (Medical Records) stated the Facility Staffing/Census Information Sheet is posted after 9:00am each day. E5 confirmed the Facility Staffing/Census Information Sheet does not include actual nursing staff hours worked.</p> <p>On 9/23/15 at 8:55am, the Facility Staffing/Census Information Sheet was posted on the wall at the entrance to the nursing unit and dated 9/22/15. The Facility Staffing/Census Information Sheet did not include the actual nursing staff hours worked.</p> <p>On 9/23/15 at 8:55am E5 stated the Facility Staffing/Census Information Sheet for 9/23/15</p>	F 356			

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F 356	Continued From page 6 was not yet posted because an accurate resident census had not been confirmed. The Facility Data Sheet dated 9/22/15 and signed by E1 (Administrator) documents a facility census of 70 residents.	F 356			