

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

PRINTED: 05/04/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/29/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEWIS MEMORIAL CHRISTIAN VLG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 WEST WASHINGTON SPRINGFIELD, IL 62702</b>
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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
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{F 000}	INITIAL COMMENTS	{F 000}		
{F 315} SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to promptly obtain urinalysis resulting in delay of treatment for a UTI (Urinary Tract Infection) and ensure appropriate catheter care for 1 of 3 residents (R2) reviewed for UTI in the sample of 6.</p> <p>Findings include:</p> <p>1. R2's Diagnosis Sheet documents R2 has a diagnosis, in part, "History of UTI."</p> <p>R2's Minimum Data Set (MDS) of 3/28/15 documents R2 has a urinary catheter and requires extensive assistance of 2 for transfers.</p> <p>R2's Care Plan of 4/2/15 documents R2 has a history of UTI with approach, in part; to give</p>	{F 315}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 315}	<p>Continued From page 1</p> <p>antibiotic therapy as ordered. Care Plan documents R2 has potential for complications, such as UTI, related to indwelling urinary catheter, with approach, in part; "Position catheter bag and tubing below the level of the bladder."</p> <p>R2's Nurse's Note of 4/17/15 at 6:03 AM documents thick mucous in R2's catheter and reported to day Nurse to request UA (Urinalysis). R2's Nurse's Note at 9:34 PM documents Z1, R2's Physician, did not call back for UA. The Nurse's Note documents R2's urine was cloudy with mucous and no odor noted.</p> <p>R2's Nurse's Note of 4/21/15 at 6:49 AM documents R2's catheter was changed. The Nurse's Note documents "Thick, milky odorous with numerous amount of sediment upon insertion. Previous UA done 4/4/15 with no new orders. Staff to follow up with PCP (Primary Care Physician) later this shift. Oncoming Nurse made aware." R2's Nurse's Note at 10:00 AM documents called Z1's office and reported R2 having odor to urine, moderate amount of sediment present. R2's Nurse's Note at 3:45 PM document Z1 was called again and message left. R2's Nurse's Note of 8:33 PM documents Z1 did not return call.</p> <p>R2's Nurses Note of 4/22/15 at 11:30 AM documents Z1 was called related to R2's foul smelling and cloudy urine and left a message. R2's Nurse's Note at 12:03 PM documents Z2, Facility Medical Director, paged concerning no return call from Z1. R2's Nurse's Note at 12:30 PM documents Z2 gave order to get UA and C&amp;S (Culture and Sensitivity) stat (immediately) and to call/fax results to PCP.</p>	{F 315}			

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{F 315}	<p>Continued From page 2</p> <p>UA of 4/23/15 document Urine White Blood Count TNTC ( too numerous to count) and C&amp;S of 4/26/15 documents the present of Enterococcus Faecalis bacteria.</p> <p>R2's Physician Order of 4/28/14 documents an order for Augmentin 875 milligram (mg) twice a day for 7 days for UTI.</p> <p>On 4/28/15, at 1:10 PM, E4 and E5, Certified Nurse's Aide (CNAs) transferred R2 from her recliner to her bed using a mechanical standing lift. E4 lifted R2's catheter bag and hooked it right below the arms of the lift putting the bag at R2's neck line when she was sitting in the recliner. White cloudy urine was observed to back flow in the tube towards R2's bladder. E5 took the catheter bag and dragged the bag and tubing on the floor of the lift during the transfer and when R2 was placed in bed the catheter tubing was dragged across the bottom of her shoes during positioning.</p>	{F 315}			