

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

PRINTED: 11/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145744	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-MINONK			STREET ADDRESS, CITY, STATE, ZIP CODE 201 LOCUST STREET MINONK, IL 61760		
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F 000	INITIAL COMMENTS	F 000			
F 323 SS=D	<p>Annual Recertification.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow fall prevention measures resulting in a fall for one of six residents (R10) reviewed for falls in the sample of nine.</p> <p>Findings include:</p> <p>The facility's Fall Assessment, Risk Identification and Management Policy (revised 3/2012) documents the following: "It is the policy of this facility to assess each resident's fall risk on admission. This will help facilitate an interdisciplinary approach for care planning to appropriately monitor, assess and ultimately reduce injury risk... The potential for injury will be care planned when appropriate, based on the results of the Fall Assessment. The interdisciplinary care plan will be individualized to reflect the specific needs and risk factors of the resident... All staff providing care to the resident will have access to the care plan and</p>	F 323			

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 323	<p>Continued From page 1 interventions."</p> <p>On 11/9/15 at 10:50 AM, R10 was sitting in R10's wheelchair in the facility's hallway conversing with R13.</p> <p>On 11/10/15 at 9:45 AM, E9 (Certified Nursing Assistant) and E11 (Certified Nursing Assistant) transferred R10 from R10's wheelchair to the toilet using a gait belt and a stand pivot assist.</p> <p>R10's electronic Fall Risk Assessment (dated 3/2/15) documents a score of 75, which indicates that R10 is a high fall risk.</p> <p>R10's current electronic care plan documents the following: "9/17/2012: (R10) is at risk for falls due to poor safety judgement with primary diagnosis of Alzheimer's disease, arthritis, advanced age... Interventions: Add tolieting time to toileting schedule to avoid falls; have (R10) be first resident out of dining room and take to bathroom after lunch, date initiated: 3/1/15... (R10) not to be in room alone in wheelchair; take to activity; keep with staff at nurses station, etc, date initiated: 5/9/15..."</p> <p>R10's Fall Occurrence Report (dated 5/10/15) documents the following: "Location: (R10)'s room... (R10) observed on floor in room with walker in reach. (R10) trying to grab on to walker... (R10) statement: unable to recount any details due to dementia... Witness(es): none..."</p> <p>R10's Fall Occurrence Report (dated 5/19/15) documents the following: "Observed (R10) in a bathtub of another resident's room... (R10) statement: to confused to answer... Witness(es): none... Recommendation: staff to take (R10) to</p>	F 323			

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F 323	Continued From page 2 the bathroom after each meal. (R10) did not get taken to the bathroom after lunch as care planned..." R10's Fall Occurrence Report (dated 6/27/15) documents the following: "Location: (R10)'s room... (R10) observed on the floor at the foot of the bed. Lying on right side, denies pain. Moves extremities well. Skin tear noted to left upper arm above the elbow, cleaned and steri strips applied. (R10) was wearing shoes and wheelchair noted in between the bed and bathroom door... Witness(es): None..." On 11/10/15 at 2:10 PM, E2 (Director of Nursing) verified that R10 had a fall on 5/10/15, and R10 was not to be left unattended in R10's room unless R10 was in bed. E2 stated that this intervention was care planned but not followed. E2 also verified that on 5/19/15, R10 had a fall after lunch, and R10 was to be the first resident toileted after lunch per R10's care plan. E2 verified that R10's care plan was not followed, and R10 was not the first resident toileted after lunch. E2 stated that R10 had an unwitnessed fall in R10's room on 6/27/15. E2 verified that R10 was not be left unattended in R10's room per R10's care plan.	F 323			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441			

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F 441	<p>Continued From page 3</p> <p>The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide incontinence care, and failed to prevent cross contamination during incontinence care for three (R3, R9, and R13) of nine residents reviewed for infection control in a sample of nine</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>Findings include:</p> <p>The facility's Incontinent Care-Male and Female policy, dated 8/27/12, documents to "Complete hand hygiene and apply gloves...Cleanse the area well with soap and water...Using a clean part of the wash cloth, cleanse downward from front to back...Remove gloves and complete hand hygiene...Front to back or top to bottom motion is to keep stool or rectal contamination away from urinary meatus...This will decrease the chance of a urinary tract infection."</p> <p>The facility's Hand-Hygiene Technique, revised 3/1/10, documents, "Indications for Decontamination using Alcohol-Based Rub: Before having direct contact with residents...After contact with a resident's intact skin...After contact with body fluids or excretions, mucous membranes, non-intact skin...After moving from a contaminated-body site to a clean-body site during resident care...After removal of gloves.</p> <p>1. On 11/9/15 at 1:00pm, E7, CNA (Certified Nursing Assistant) removed R3's urine saturated brief and placed a clean brief on R3. E7 did not perform incontinence care on R3. E3, CNA, placed R3's incontinence brief in the garbage. E3 and E7 pulled up R3's covers and adjusted the curtains and furniture in the R3's room with the same soiled gloves on.</p> <p>On 11/9/15 at 1:15pm, E7 verified that incontinence care is not always performed unless a resident has had a bowel movement.</p> <p>2. On 11/10/15 at 12:30pm, E8, Certified Nursing Assistant, removed R13's soiled incontinent brief and placed the brief in the garbage. E8 retrieved</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>a clean brief and placed the brief around R13's legs while R13 was on the toilet. E8 did not change E8's gloves before touching clean items in the room. E8 then performed incontinent care on R13. E8 washed and dried R13 from the back to the front, in a back and forth motion. E8 did not cleanse from the front to the back or use a clean cloth with each swipe. E8 then pulled R13's clean incontinent brief and pants up around R13's waist.</p> <p>On 11/10/15 at 12:40pm, E8 verified that E8 should have wiped R13 from the front to the back. E8 also stated that E8 should have washed E8's hands prior to touching clean items in the room.</p> <p>On 11/10/15 at 2:05pm, E2, Director of Nursing, verified that incontinent care should be performed on any resident. E2 also stated that a female resident is to be cleansed from front to back, to prevent the risk of infection.</p> <p>3. On 11/9/15 at 1:25pm, E9 and E4, Certified Nursing Assistants (CNAs), performed incontinence care for R9, who was incontinent of urine at that time. After removing R9's soiled incontinence brief and cleansing R9's perineal area with a washcloth, E4, CNA then placed the soiled washcloth on R9's bedside stand.</p> <p>On 11/12/15 at 8:25am, E6, Acting Director of Nursing, verified that, during incontinence care, Certified Nursing Assistants (CNAs) are to place soiled washcloths and linens in a separate plastic bag and not on the residents bedside stand in order to prevent contamination of the resident's environment.</p>	F 441			

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F 441	Continued From page 6 On 11/12/15 at 8:55am, E4, CNA verified that, during incontinence care on 11/9/15 for R9, she/he did place a soiled washcloth on R9's bedside stand, stating, "I shouldn't have done that. I usually have a plastic bag for soiled linens."	F 441			
F 496 SS=C	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. 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.	F 496			

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F 496	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct a Health Care Worker Registry check upon hire for one of ten Certified Nursing Assistants reviewed for pre-employment screening. This has the potential to affect all 35 residents in the facility.</p> <p>Findings include:</p> <p>The facility's current Nurse Aide Roster documents that the facility hired E3, Certified Nursing Assistant, on 4/23/15.</p> <p>E3's Health Care Worker Registry download page documents a Health Care Worker Registry check was not completed for E3 until 7/6/15.</p> <p>On 11/10/15 at 8:45 a.m., E1, Administrator, stated, "We (facility) missed it (E3's Health Care Registry check) when (E3) was first hired." E1 then verified that E3's Health Care Registry check was not completed until 7/6/15.</p> <p>On 11/10/15 at 3:35 p.m., E1 stated that E3 can work anywhere throughout the facility.</p> <p>The facility's Centers for Medicare & Medicaid Services (CMS Form#672) Resident Census and Conditions of Residents form dated 11/9/15 and signed by E5, Minimum Data Set Coordinator, documents 35 residents currently reside at the facility.</p>	F 496			