STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146121	A. BUILDING _____ B. WING _____	04/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON REHAB & HCC	**1409 NORTH MAIN STREET, PO BOX 847 BENTON, IL 62812**

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F 000	INITIAL COMMENTS	F 000		
F 309 SS=D	Annual Licensure and Certification 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to educate residents, family and representatives regarding the Food and Drug Administration (FDA) black box warnings for three of 6 residents (R5, R6, R7) reviewed for antipsychotic drug use in a sample of 10. The findings include: 1. According to the Face Sheet, R5 is 69 years old, indicating he is a geriatric patient, and has diagnosis of Dementia with Behavioral Disturbance, and Psychotic disorder according to the Minimum Data Sets (MDS) dated April 7, 2016. R5 is prescribed Olanzapine, an antipsychotic, 10 milligrams (mg) one tablet daily on April 20, 2015 for a diagnosis of "Dementia with psychotic behaviors" according to the Physician Order Sheet for April, 2016.	F 309		

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

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F 309	Continued From page 1 This medication has a FDA (Food and Drug Administration) Black Box Warning which includes the information that this medication, when used in dementia related psychosis is not an indicated use and is associated with an increased risk of death. R5's Psychotropic Medication Consent - Antipsychotic document, signed by R5 on October 5, 2015 does not list any of the above FDA Black Box Warning information. According to E2, Director of Nursing (DON) on April 27, 2016 at 4:00 PM, the Black Box Warnings are put on the Psychotropic Medication Consent form, and it's given to and reviewed with with the resident, prior to the resident signing the consent. Z1, (R5's family member) stated on April 28, 2016 at 8:51 AM, she was not notified of a black box warning for any of R5's medications, and she would be the one the facility would notify. R5's Care Plan Signature Sheet does not list any family, resident, or resident representatives on the document as being in attendance of the care plan meeting on July 31, 2015, October 23, 2015, or January 15, 2016. 2. Review of the physician's orders for April 2016 indicate R6 receives Olanzapine 5 mg twice a day, an antipsychotic medication. R6 also has a diagnosis of Dementia and Alzheimer's with aggressive behaviors. This medication has a FDA (Food and Drug Administration) Black Box Warning which includes information that this	F 309		

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F 309	Continued From page 2 medication, when used in dementia related psychosis is not an indicated use and is associated with an increased risk of death. E2 (DON) was interviewed on 4/28/16 at 9:00 AM and stated that the Black Box warnings are on the residents medication consent form. Review of the consent form with E2 shows the Black Box warning is not on the consent and the facility is unable to consistently identify how they have educated residents/families/representatives of the information contained in the Black Box Warning for this medication. 3. R7's April 2016 Physicians Order Sheet (POS) showed R7's date of birth is 11/2/36, making R7 79 years old. The same POS showed an order for Seroquel 25 mg one tablet twice daily to treat a diagnosis of Alzheimer's Dementia with Aggressive Behaviors. A Psychotropic Medication Consent dated 01/31/16, which was signed by R7's Power of Attorney, showed no information regarding an FDA Black Box warning specifying the increased risk of death when geriatric patients are treated with Seroquel.	F 309		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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.	F 315		

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F 315	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to follow appropriate infection control technique during incontinence and catheter care for 2 of 4 residents (R4, R6) observed for care in the sample of 10. 1. On 4/26/16 at 3:00 PM, E3 and E4 (Certified Nurse Assistants) were observed performing incontinence care on R6. During the care, E3 wiped R6 from the anus to the urethra. An interview with E3 was obtained after completing the care in which E3 stated, "Shoot, I wiped the wrong way, it should have been from front to back." Review of the facilities perineal cleansing policy which is not dated states when cleaning the pubic area, use long strokes from the most anterior down to the base of the labia. 2. During an indwelling bladder catheter and peri care observation on April 26, 2016 at 12:45 PM, with E6, Certified Nurses Aide (C.N.A.) and E8, C.N.A., with R4, E6 with gloved hands, wiped the catheter tubing that had reddish spots on the tubing next to the body entrance with a wash cloth moistened with a no rinse peri wash solution, by holding the catheter tubing with one hand and wiping the tubing with the cloth with the other hand. E6 removed the cloth from the catheter tubing and with the gloved hands, touched the soiled area of the washcloth, contaminating both hands. Without changing gloves, E6 picked up the no rinse peri wash solution bottle and a washcloth with the contaminated gloves. After cleaning the catheter tubing again, E6 touched the gloves again to the soiled cloth, and contaminated another washcloth	F 315		

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F 315	Continued From page 4 picked up to dry the catheter tubing. E6 removed her gloves, picked up the contaminated bottle of no rinse peri wash, and pumped peri wash solution on both bear hands and rubbed them together, but did not clean the bottle of no rinse peri wash. E6 then stated "I cleaned my hands with the Theraworx and this no rinse peri wash remains in the resident's room." E6 then put on clean gloves, picked up a clean cloth and the contaminated bottle of no rinse peri wash and pumped the product onto the washcloth and cleaned R4's anal area. R4 was diagnosed with Urinary tract infections on August 27, 2015, and December 20, 2015. This information was verified by the facility's infection control log.	F 315		
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and observation, the facility failed to provide 80 square feet of space per resident bed for six of ten residents (R2, R5, R6, R7, R8, R9,) reviewed for the room size waiver in the sample of ten and seventeen residents (R11-R22, R24-R28) in the supplemental sample. The findings include: 1. E1 (Administrator) provided a form on	F 458		

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F 458	Continued From page 5 04/26/16 that lists resident rooms 1-3, rooms 5-8, rooms 13-31 and room 33 as the rooms included in the facility's room size waiver. The facility floor plan provided on 04/26/16 notes rooms 19, 23, 25, 26, 28, 29, and 30, are currently not occupied by residents. The facility room size waiver documentation indicates the small rooms measure 72 square feet per resident bed. A room roster from 04/26/16 confirmed that R2, R5-R9, R11-R14, R16-R22, and R24-R28 reside in the undersized rooms. E1 stated on 04/28/16 at 2:30pm, that the smaller resident rooms are all Medicaid Certified. At that time E1 stated there have been no complaints from residents nor families about the waivered rooms. An interview with R5's family found no issues with the room size. 2. Observation of these rooms throughout the survey from 04/26/16 to 04/28/16 found no issues related to room size, and the rooms were found to have adequate space to meet the medical and personal needs of the residents living in the waivered rooms.	F 458		
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to maintain a safe, comfortable, and	F 465		

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F 465	Continued From page 6 attractive physical environment. This has the ability to affect all 29 residents living at the facility. The findings include: On 04/28/16 at 9am during an environmental tour, the following issues were noted: -Missing baseboard in multiple areas along the wall in the activity room. -In room 7, brown stains were noted on the ceiling, as well as missing baseboard and chipped,damaged paint on several areas of the walls, and damaged wood on the dresser. -In the smoking room, multiple areas of chipped and damaged paint on the walls. -In the hallway adjacent to the kitchen, the wall surrounding the ice machine was dirty with multiple brown splatters. -In shower room E, the shower curtain rod was rusted in several areas, and there was missing wall tile in an area in one corner of the room. - In shower room D, the floor tile was stained, cracked, and damaged in multiple areas. -In the dining room, the floor tile was stained, cracked, and damaged in multiple areas. -In the storage room on the service hallway, the refrigerator which contained supplement drinks for residents did not have a thermometer. -All walls in the service hallway had multiple areas of chipped, damaged paint and unpainted patching compound. -The doorways of all resident rooms in the facility showed varying degrees of chipped and scuffed paint. -In room 43, there were multiple areas of chipped, damaged paint on the wall. -In the closet of room 45, items including a lamp and several orthotic devices were being stored on the floor.	F 465		

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F 465	Continued From page 7 -In the kitchen, the wall behind the dishwasher was splattered with dried food particles. The Resident Census and Condition Report dated 04/26/16 showed the facility currently has 29 residents.	F 465		