

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

PRINTED: 08/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER MCLEANSBORO REHABILITATION & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 405 WEST CARPENTER MCLEANSBORO, IL 62859		
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F 000	INITIAL COMMENTS	F 000			
F 280 SS=E	<p>Annual Licensure and Certification Survey. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to review and revise Care Plans for 5 of 10 residents (R2, R3, R4, R6 and R7) reviewed for care planning in the sample of 10.</p> <p>Findings include:</p> <p>1. The "ADL Flow Record " for R7 notes January</p>	F 280		7/14/14	

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 280	<p>Continued From page 1</p> <p>05 through 08 and 21 through 24, February 04 through 07, April 24 through 27 and May 08 through 11 , note R7 did not have a bowel movement . The current care plan dated 03/31/14 does not identify bowel issues for R7.</p> <p>2 .The "ADL Flow Record" February 27 and 28 through March 02, 2014 note R4 did not have a bowel movement for four days. The current care plan dated 03/13/14 , does not identify bowel issues for R4.</p> <p>3. The "ADL Flow Record" dated May 05 through May 29 , note R6 did not have a bowel movement . The current Care Plan dated 05/29/14 does note identify bowel issues for R6.</p> <p>4. On 1/13/14 E11 (Dietary Service Manager) documents on the Nutritional Progress Notes that R3 was impacted for 5 days..</p> <p>On 3/29/14 through 4/3/14 R3 did not have a bowel movement for 6 days.</p> <p>On 5/18/14 through 5/24/14 R3 did not have a bowel movement for 7 days. .</p> <p>R3's Care Plan dated 5/23/14 does not contain a plan or interventions for constipation.</p> <p>5. R2's Activity of Daily Living Flow sheet for February, 2014 indicates R2 did not have a bowel movement on 2/9, 2/10, 2/11, 2/12, and 2/13.</p> <p>R2 did not have a bowel movement recorded in</p>	F 280			

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F 280	Continued From page 2 March, 2014 for the following days: 5th, 6th, 7th, 8th, 9th, 10th, 11th, and 16th, 17th, 18th, 19th, and 20th. R2 did not have a bowel movement recorded in April, 2014 for the following days: 22nd, 23rd, 24th, and 25th. R2 did not have a bowel movement recorded in May, 2014 for the following days: 5th, 6th, 7th, 8th, 10th, 11th, 12th, 13th, 23rd, 24th, 25th, 26th, and 27th. There is no plan or interventions put into place to address constipation in R2's care plan dated 05-01-14. This was confirmed on 06-05-14 at 10:45 AM with E2 (Registered Nurse).	F 280			
F 309 SS=E	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 interviews and record review the facility failed to have a process to evaluate and implement a bowel program for 5 of 10 residents (R 2, R 3, R 4, R 6, R 7) in the sample of 10. Findings include: 1. On 1/13/14 E 11 (Dietary Service Manager)	F 309		7/20/14	

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F 309	<p>Continued From page 3</p> <p>documented on the Nutritional Progress Notes that R 3 was impacted for 5 days and was given an enema on the 5th day with good results. The note went on to document that R 3 had a low grade temperature and refused to get up for meals due to feeling very bad. Milk of Magnesia was given only once during the month of January on the 14th. The enema was not charted as given during the month of January. Dulcosate is ordered to be given two times per day at this time.</p> <p>The facility's Bowel Program Policy (undated) documents that the bowel regimen as the following: Day One- Prune juice or apple juice, Day Two- Milk of Magnesium, Day Three- Dulcolax Suppository, Day Four- Fleets enema.</p> <p>On 6/3/14 at 2:05 PM E 2 (Registered Nurses) stated they wait until no bowel movement for 3 days and then the Bowel Program is started. Day one of the bowel regimen is day 4 of no bowel movements.</p> <p>On 6/3/14 at 11:45 AM E 5 (Certified Nurse Aide) stated that the bowel movements are checked every shift and after 3 days of no bowel movements this is reported to the nurse.</p> <p>On 3/29/14 through 4/3/14 R 3 did not have a bowel movement for 6 days. Milk of Magnesia was given on 4/2/14 and 4/4/14. Metamucil was started 4/5/14. Docusate is given twice a day. There is no other documentation of intervention for constipation.</p> <p>On 5/18/14 through 5/24/14 R 3 did not have a bowel movement for 7 days. There is no documentation of administration for the physician</p>	F 309			

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F 309	<p>Continued From page 4 ordered Bisacody Suppository or Milk of Magnesia.</p> <p>2. R2's Activity of Daily Living Flow sheet for February, 2014 indicates R2 did not have a bowel movement on 2/9, 2/10, 2/11, 2/12, and 2/13. There is no documentation of any interventions, nor of staff following the facility's bowel protocol to relief R2's constipation.</p> <p>R2 did not have a bowel movement recorded in March, 2014 for the following days: 5th, 6th, 7th, 8th, 9th, 10th, 11th, and 16th, 17th, 18th, 19th, and 20th. There was no documentation of any interventions being followed, nor of staff following the facility's bowel protocol to relief R2's constipation.</p> <p>R2 did not have a bowel movement recorded in April, 2014 for the following days: 22nd, 23rd, 24th, and 25th. R2 did not have a bowel movement recorded in May, 2014 for the following days: 5th, 6th, 7th, 8th, 10th, 11th, 12th, 13th, 23rd, 24th, 25th, 26th, and 27th.</p> <p>There is no documentation of any interventions in the nurses notes, nor of R2 receiving prune juice, Milk of Magnesium, Bisacodyl suppository per facility's bowel protocol to relieve R2's constipation.</p> <p>This was confirmed on 06-05-14 at 10:45 AM with E2 (Registered Nurse).</p> <p>3. The "ADL Flow Record" February 27 and 28 through March 02, 2014 note R4 did not have a</p>	F 309			

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F 309	Continued From page 5 bowel movement for four days. The facilities dated Bowel Program policy , 5 A , notes if no bowel movement after three days, prune or apple juice will be given and signed for on the bowel regimen form. At 12:10 PM on 06/05/14 E1 (Administrator) and E2 (Registered Nurse), stated they do not fill out bowel regime forms . E1 stated dietary notes reflect consumption of juices. A review of the dietary notes did not indicate if the fluid was apple or prune juice. E1 confirmed at 12 30 PM on 06/04/14 , that they could not validate if the bowel policy was being followed. 4. The "ADL Flow Record" for R7 notes January 05 through 08 and 21 through 24, February 04 through 04 , April 24 through 27 and May 08 through 11 , note R7 did not have a bowel movement . The facility E1 confirmed at 12 30 PM on 06/04/14 , that they could not validate if the bowel policy was being followed. 5. The "ADL Flow Record" dated May 20 through the 25 , note R6 did not have a bowel movement for six days. E1 confirmed at 12 30 PM on 06/04/14 , that they could not validate if the bowel policy was being followed.	F 309			
F 354 SS=C	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.	F 354		7/20/14	

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F 354	Continued From page 6 The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to employ a director of nursing. This has the potential to affect all 23 residents living in the facility. Findings include: 1. On 6-5-14 at 11:45AM, E1, (Administrator, previous Director of Nursing), stated she accepted the Administrator position last week and June 2, 2014 was her first day in this role. E1 reported E14, (previous Administrator) resigned the facility on 5-9-14. E1 and E2, (Registered Nurse, Minimum Data Set Coordinator), also stated there has not been any corporate discussion of who is to fill the role as Director of Nursing and currently the facility does not employ anyone in this role. The facility staffing form completed by E13, (Corporate Representative), on 6-3-14 and revised by E1 on 6-5-14 notes no Administration hours. The resident census and conditions of residents form completed 6-2-14 by E1 indicates a census of 23 residents.	F 354			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		7/14/14	

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F 441	<p>Continued From page 7</p> <p>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.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <ol style="list-style-type: none"> (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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>(c) Linens 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:</p>	F 441			

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F 441	<p>Continued From page 8</p> <p>Based on interview, observation, and record review the facility failed to clean equipment between resident's use and clean the medication container.. This has the potential to effect all 23 residents living in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6/2/14 at 9:10 AM during the medication pass, E 9 (Licensed Practical Nurse) took a pill splitter from the top drawer of the medication cart and placed on the top of the medication cart. E 9 then cut R13's Calcium with Vitamin D in half and then placed the pill splitter back in the top drawer. The pill splitter was placed in the top of the cart without cleaning the top of the cart or using a barrier. The pill splitter was not cleaned before or after it was used. The resident is allergic to Duricef. On 6/2/14 at 10:50 AM E 8 (Registered Nurse) during blood sugar monitoring the blood sugar monitor and lancet container from the bottom drawer of the medication cart was placed on the residents bed without a barrier. The box was then placed on the top of the medication cart without being cleaned. E 8 stated he forgot to use a barrier. On 6/3/14 at 8:20 AM E 10 (Registered Nurse) during administration of the eye drops to R 11, the lid to the eye drop bottle was placed on the top of the resident's walker table top without a barrier. The lid was placed on the bottle and not cleaned first. <p>On 6/5/14 at 11:40 AM E 2 (Registered Nurse) stated she preferred the nurses would not set equipment down in the residents room.</p>	F 441			

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F 441	Continued From page 9 The facility's Resident Census and Conditions of Residents form, dated 6/2/14, documents the facility has a census of 23 residents.	F 441		