

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

PRINTED: 06/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2014
NAME OF PROVIDER OR SUPPLIER ENFIELD REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 408 NORTH WILSON STREET ENFIELD, IL 62835		
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F 000	INITIAL COMMENTS	F 000			
F 272 SS=D	<p>Annual Licensure and Certification Survey.</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p>	F 272			

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 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to conduct an accurate and comprehensive assessment of pain and pain reducing medications for 1 of 3 residents (R5) reviewed for pain in the sample of 10. The findings include: 1. R5's admission records and current June 2014 physician's orders state R5 is an eighty one year old resident with diagnoses including: Parkinson's, Hypertension, Osteoporosis, Atrial Fibrillation and History of right hip fracture. The June physician's orders include: Acetaminophen 325mg four times daily as needed and Hydrocodone/Acetaminophen 7.5/325 tablet 1 tablet by mouth every 4 hours as needed. A review of R5's Medication Administration Record for April, May and June of 2014 found that there were 14 days the Hydrocodone was given in April, 24 days in May and 14 days from June 1 to June 21st. The Acetaminophen was not administered during the time reviewed. The physician's orders were not specific as to when each of the pain relievers were to be used. A review of R5's most current quarterly Minimum Data Set (MDS) dated 5/25/14 was completed to include: Section J Health Conditions related to Pain, that R5 had pain over the last 5 days and the pain was noted as "Frequently". The section that related verbal pain was blank. R5's	F 272			

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F 272	Continued From page 2 Medication Record confirmed that R5 did receive pain medication on all days of the review period. The most recent Significant Change MDS dated 12/3/13 Section J Health Conditions related to Pain, find that R5 had pain "Occasionally" and the pain was rated at a 5 on a 1 to 10 scale. The section that related the verbal rating of pain was blank. A Pain Assessment last dated 5/12/14 found R5 assessed with no pain in the past 5 days and that no pain medication had been taken by R5 in the past 5 days. The as needed Medication Record reviewed for that time found R5 had received pain medication on all 5 days of the review period 5/7/14 to 5/12/14. Each entry was described as generalized pain and all were given each morning at 7:00 am. There were no nursing notes during this time to identify or describe R5's morning pain. Review of R5's current care plan last updated by the information from the 5/25/14 assessment (MDS) does not address pain or R5's use of any pain medication. Interview with Z1 on 6/23/14 at noon found R5's Parkinson's disease makes her very stiff and that R5 had pain from this stiffness. Z1 described the pain as worse in the morning for R5. Z1 indicated that R5 is able to describe the pain if asked.	F 272			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	F 282			

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F 282	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow the physician's orders for 2 of 10 residents (R2 and R5) reviewed for following physician orders in the sample of 10.</p> <p>Findings include:</p> <p>1. R2 has a physician's order, dated 06-10-14, for Nizoral Shampoo to be administered on Tuesdays and Fridays for excessive dry, flaky scalp. On 06-23-14 at 12:45 PM, E2 (Director of Nursing) and surveyor found an unopened bottle of Nizoral Shampoo with R2's name on the label in the treatment cart.</p> <p>On 06-22-14 at 1:50 PM, R2 was noted to have the bodice of a black tee shirt covered with white flakes.</p> <p>E2 stated the shampoo treatment had not been signed off as done for R2 per physician's orders per review of the June, 2014 treatment administration sheet.</p> <p>On 06-23-14 at 8:10 AM, E8 (Certified Nurse Aide) stated she works on Tuesdays and Fridays, and had given R2 his showers. E8 stated the nurse had not given her any special shampoo to use for R2 until this morning (06-23-14), when R2's shower was done.</p> <p>2. R5's admission records and current June</p>	F 282		

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F 282	<p>Continued From page 4</p> <p>2014 physician's orders state R5 is an eighty one year old resident with diagnoses including: Parkinson's, Hypertension, Osteoporosis, Atrial Fibrillation and History of right hip fracture. The June physician's orders and nurses notes included an order on 5/15/14 for Decadron intramuscular times one dose at 6 pm. A review of R5's Medication Administration Record for that time found the Decadron was administered on 5/17/14 at 10:00 am. E2 (Director of Nursing) stated on 6/23/14 at approximately 10:00 am that the Decadron for R5's 5/15/14 order had been ordered from the pharmacy and delivered on 5/16/14. E2 stated the facility had the Decadron in the Emergency Drug Kit and that the staff could have used it. However, E2 did not know why the staff ordered the medication from the pharmacy and delayed the administration until 5/17/14.</p> <p>R5's nursing notes from 4/29/14 and current June physician's orders state R5 is to have heel protectors to prevent breakdown. R5 was observed each day 6/22/14, 6/23/14 and 6/24/14 at approximately 10:30 am to be seated in a recliner with barefoot without any heel protection. Observation of R5's room found no heel protectors. Interview with Z1 on 6/23/14 at noon found R5 usually has socks or slippers on when she visits.</p> <p>R5's current June physician's orders find an order from 5/23/14 for 120 cc of a liquid supplement to be administered to R5 five times per day. The Medication Administration Record for this same time finds the order reading 90 cc of a liquid supplement to be administered five times per day. E3 (Licensed Practical Nurse) stated on 6/22/14 at approximately 2:00 pm that R5 has been getting the 90 cc instead of the new order of</p>	F 282			

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F 282	Continued From page 5 120 cc.	F 282			
F 319 SS=D	483.25(f)(1) TX/SVC FOR MENTAL/PYSCHOSOCIAL DIFFICULTIES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This REQUIREMENT is not met as evidenced by: Based on interview, observation, and record review the facility failed to provide counseling and interventions for 1 of 3 residents (R 3) reviewed for behavior symptoms in the sample of 10. Findings include: 1. R3 was admitted with Schizophrenia, Chronic Obstructive Pulmonary Disease, Colostomy, and Dementia as per the Cumulative Diagnosis Sheet. R3 is a Guardian of the State as per Guardian Form and has no family or support system as per the Social Service Assessment form. R3's weights from January to June 2014 has decreased from 184 to 153 pounds as per Dietary Notes. There is no Social Service Notes from April 2013 to February 2014. Social Service Notes dated 3/4/14 documents refusal to eat but no intervention. Social Service Notes for 4/26/14 documents 'worries about food' but no intervention. Social Service Notes for 5/5/14 documents resident to resident altercation and 6/20/14 documents confusion regarding shower	F 319			

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F 319	Continued From page 6 day with no interventions for neither note. On 6/22/14 at 12:05 PM when resident was questioned why he only ate of his meat, half of his peas, he stated he did not want it in his (colostomy) bag. On 6/23/14 at 10:50 AM, E5 (Social Service Director) stated the resident is afraid the mashed potato and fruit will not come out of him. E5 went on to say resident often gets confused regarding days of the week and has behaviors such as pulling the colostomy bag off or pouring soda into the colostomy bag. E5 went on to say she was not used to working with residents with Schizophrenia.	F 319			
F 425 SS=F	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425			

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F 425	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to dispose of expired medications, and failed to dispose of insulin's, which were kept passed the recommended time after being opened. This has the potential to affect all twenty-five residents living in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 06-22-14 at 10:30 AM in the medication room with E2 (Director of Nursing) and E3 (Licensed Practical Nurse) were present in the medication room, and during the medication cart inspection, and stated the following medications that were found to be kept passed their expiration dates, and insulins that were kept passed their recommended open dates should have been removed. <ol style="list-style-type: none"> a. Six vials of Lorazepam injectable for R3 with an expiration date of March, 2014, one vial of Haldol injectable with an expiration date of 02-20-14, and six vials of Haldol injectable with an expiration date of 05-20-14. b. Two--250 milligram stock bottles of Magnesium with an expiration date of January, 2014. One stock bottle of Novolin N Insulin did not have a date indicated when the bottle was opened. One stock ampule of Vitamin K with an expiration date of May, 2014. c. On 06-22-14 at 10:50 AM in the medication cart one bottle of Visine eye drops for R5 with an expiration date of December, 2013. 	F 425			

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F 425	Continued From page 8 d. On 06-22-14 at 10:55 AM in the medication cart with E3 present the following medications were found to be kept passed the expiration date: 18 doses of Ipratropium Bromide and Albuterol Sulfate with an expiration date of May, 2014 for R20. One Novolog Insulin Pen for R20 with an open date of 05-16-14. e. On 06-22-14 at 11:05 AM E3 was observed to draw up eight units of Novolin Insulin with an open date of 05-02-14 on the bottle for R27. In the medication cart one bottle of Lantus Insulin for R27 was noted with an open date of 05-02-14. f. On 06-22-14 at 11:10 AM in the medication cart a bottle of Novolog Insulin for R2 had an open date of 04-16-14.	F 425			
F 431 SS=F	The facility's Resident Census and Conditions of Residents form dated 06-22-14, documented the facility had a census of twenty-five residents. 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary	F 431			

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F 431	<p>Continued From page 9 instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to securely store medications, and clean one of one medication carts utilized by the facility. This has the potential to affect all twenty-five residents living in the facility.</p> <p>Findings include:</p> <p>1. On 06-22-14 at 11:15 AM E2 (Director of Nursing) and E3 (Licensed Practical Nurse) were present during the inspection of the medication cart. E2 and E3 stated the medication cart needed to be cleaned, and the loose pills removed. There were fifty plus loose pills and debris noted in all three of the drawers on the left</p>	F 431			

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F 431	Continued From page 10 side of the medication cart.	F 431			
F 458 SS=C	<p>The facility's Resident Census and Conditions of Residents form dated 06-22-14, documented the facility had a census of twenty-five residents.</p> <p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT</p> <p>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide the required 80 square feet per resident in 18 of 22 multiple resident bedrooms. This has the potential to affect all 25 residents living in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 6/22/14 documented the facility had a census of 25 residents.</p> <p>1. E1 (Administrator) stated on 6/23/14 at 2:30 pm, the resident rooms had been measured and multiple resident bedrooms 4, 5, 6, 7 11, 12, 16, 18, 19, 20, 24, 26, 28, 29, 30, 31, 32 and 34 do not provide the required 80 square feet per resident as required.</p> <p>Resident rooms 4, 5, 6, 7 and 11 are Medicare and Medicaid certified rooms, room 12 is Medicaid certified room and all of the rooms provide 73.5 square feet per resident bed.</p>	F 458			

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F 458	Continued From page 11 The facility's Certification and Transmittal form dated 1/24/13 indicated: Resident rooms 16, 18 and 28 are Medicaid certified rooms and provide 74.2 square feet per resident bed. Resident rooms 19 and 30 are Medicaid certified rooms and provide 77 square feet per resident bed. Resident rooms 24, 26, 31 and 34 are Medicaid certified rooms and provide 75 square feet per resident bed. Resident rooms 20 and 29 are Medicaid certified rooms and provide 73.5 square feet per resident bed. Resident room 32 is Medicaid certified and provides 76.5 square feet per resident bed. 2. These waived rooms are occupied by R18, R19, R8, R20, R21, R23, R5, R2, R24, R27, R3, R6, R7, R11, R9, R1, R13, R4, R14 and R15. 3. There were no negative interviews or affects noted to the health and safety of the 20 residents who reside in these rooms. Review of Resident council notes for the past 12 months found no issues related to room size. Residents R20, R1 and R4 were interviewed during the survey with no problems related to room size discussed.	F 458			