

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

PRINTED: 08/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145905		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2015	
NAME OF PROVIDER OR SUPPLIER JONESBORO REHAB & HCC				STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 127, PO BOX B JONESBORO, IL 62952			
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F 000	INITIAL COMMENTS			F 000			
F 248 SS=D	<p>Annual Licensure and Certification Survey.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on , interview, and record review, the facility failed to provide a plan for activities based on assessed interests for one of 5 residents (R10) reviewed for activities in the sample of 13.</p> <p>Findings include:</p> <p>According to the July, 2015, Physician's Orders Medications and Treatments record, R10 is a 60 year old resident with diagnoses which include Schizophrenia, Mental Retardation, and Brain Injury.</p> <p>According to an Activity Assessment dated 6/24/2015, R10 naps for one hour or more in the morning, afternoon, and evening. Under the category of Leisure Functioning, R10's "attitude toward leisure" is assessed as "(R10) enjoys napping in his room between meals." Under the category entitled "Customary Daily Routine and Independent Leisure Pursuits" the assessment states, "(R10) likes to rest in his room between meals."</p>			F 248			

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 248	Continued From page 1 The Activity Plan form dated 6/23/15 contains no data (was left blank), except to note that R10 does not need to be placed on a One to One Visit Program. On 8/13/15 at 2:00 p.m., E2, Director of Nurses stated that she did not agree that R10 only napped in his room between meals, and stated that she enjoyed interacting with R10. E2 stated that the activity assessment was insufficient and acknowledged that R10 had no actual plan for activities.	F 248			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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. This REQUIREMENT is not met as evidenced	F 280			

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F 280	<p>Continued From page 2</p> <p>by: Based on observation, interview, and record review the facility failed to revise the Care Plan to remove interventions that were no longer needed and to include a problem of exit -seeking behavior on the Care Plan for 2 of 13 residents (R1, R2) reviewed for Care Plans in the sample of 13.</p> <p>Findings include:</p> <p>1. According to R2's Profile Face Sheet, R2 was admitted on 9/13/2012. Elopement Evaluations completed for R2 on 3/13/2015 and 6/18/2015 place R2 at "high risk for leaving home unattended." R2's Care Plan initiated 8/21/2013 did not include a Problem identifying R2's exit-seeking behavior. Nurse's Notes for R2 dated March 18th, 19th, and 20th at 9 p.m., all document that R2 attempted to exit the building two times and was easily and quickly redirected.</p> <p>On 8/12/2015 between 3:15 p.m. and 3:50 p.m., R2 was observed to exit doors leading from dining room into the foyer of the building setting off alarms. R2 was quickly redirected by staff.</p> <p>On 8/12/2015 at 1:00 p.m., E3, Care Plan Coordinator, stated that E3 thought that the problem of R2 trying to leave the building was on the Care Plan but could not point it out.</p> <p>The problem of exit-seeking behavior by R2 was added to R2's Care Plan on 8/13/2015.</p> <p>2. R2's Care Plan includes a Problem/Need identifying R2 as being at risk for falls with a start date of 8/21/2013 and an Intervention of "Floor mat with alarms" also initiated 8/21/2013.</p>	F 280			

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F 280	<p>Continued From page 3</p> <p>On 8/11/2015 at 12:00 p.m., and again on 8/13/2015 at 3:00 p.m., there was no mat or bed alarm in R2's room.</p> <p>On 8/13/2015 at 3: 10 p.m., E3 stated E3 was not sure if R2 still needed the floor mat or alarm and that E3 would have to look into that.</p> <p>On 8/14/2015 E3 brought R2's Care Plan to the surveyor for review and these interventions were marked through with a discontinued date of 8/13/2015.</p> <p>3. R1's care plan problem with a start date of February 3, 2014 specifies "I am at risk for falls/injury related to confusion, impaired mobility, weakness, incontinence, use of psychotropics, diuretics, antihypertensives, hypoglycemics. " This same plan has the approach/interventions listed of "personal alarm on while in bed. check position with cares and function each shift. December 3, 2012 change to bed pad alarm,"and "Personal alarm while up in chair, check position with cares and function each shift."</p> <p>On August 11, 2015 at 2:50 PM, August 12, 2015 at 8:15 AM and 9:30 AM, and August 14, 2015 at 8:40 AM, R1 was observed laying in bed on back, with no bed or body alarm in place.</p> <p>On August 11, 2015 at 12:05 PM, August 12, 2015 from 7:30 AM to 8:00 AM, and August 13, 2015 at 12:23 PM, R1 was observed in the dining room in a reclining geriatric chair without a personal body alarm in place.</p> <p>On August 13, 2015 at 12:23 PM, E2, Director of Nursing (DON) stated, "I don't believe R1 can get</p>	F 280			

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F 280	Continued From page 4 up any longer and the alarms have been removed except for the seat belt alarm while he is up in the reclining geriatric chair, the Care Plan needs to be updated."	F 280			
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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to place a pressure reducing device in a reclining geriatric chair for one of 13 residents (R1) reviewed for care plan implementation in a sample of 13. The findings include: According to R1's Admission Face Sheet, R1 has diagnosis that include: Malaise, Fatigue, Alzheimer's, Difficulty Walking, Muscle Weakness, and Dementia. R1's Minimum Data Sets dated July 10, 2015 lists R1 as at risk for obtaining pressure ulcers. R1's care plan lists a problem area of being "at risk for impaired skin integrity related to impaired mobility with incontinence, problems with friction and shearing, probable skin desensitization, and nutritional risks with a start date of February 3, 2014. On the same care plan under approach/intervention "Pressure relieving device	F 282			

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F 282	Continued From page 5 in (reclining geriatric) chair," with a start date of February 3, 2014. On August 11, 2015 at 12:05 PM, August 12, 2015 from 7:30 AM to 8:00 AM, R1 was observed in the reclining geriatric chair in the dining room without a pressure relieving cushion or device in the chair. On August 14, 2015 at 8:40 AM, E5, Certified Nurses Aide (CNA) verified R1 has never had a cushion for the reclining geriatric chair. On August 14, 2015 at 8:45 AM, E5 also verified R1 has never had a pressure relieving cushion for the reclining geriatric chair.	F 282			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 329			

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F 329	<p>Continued From page 6 drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to identify specific behaviors and provide a coherent program of behavioral monitoring and intervention for one of five residents (R10) reviewed for psychoactive medications in the sample of 13.</p> <p>Findings include:</p> <p>According to Physician's Orders Medications and Treatments record dated August of 2015, R10 receives 5 milligrams (mg) of Haldol three times per day, 250 mg Divalproex once per day, and 10 mg Abilify once per day.</p> <p>When asked for behavior monitoring and intervention data for R10, on 8/13/15, E3, Care Plan Coordinator, brought 3 pages of documentation entitled Behavior Monitoring Record; one for each May 2015, June 2015, and July 2015. According to these Behavior Monitoring Records, R10's target behaviors were, "self isolating, not coming to dining room for meals, mood issues, and non compliant with care at times."</p> <p>According to R10's Activity Assessment dated 6/24/15, R10 naps between each meal.</p> <p>According to the May Behavior Monitoring Record, R10 experienced one episode of "verbal</p>	F 329			

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F 329	Continued From page 7 abuse" at 7 p.m. on 5/18/15. No behaviors were documented on the record for June 2015. Several episodes described as either "non-compliance with care" or "mood issues" were documented on the record for July, 2015. A History and Physical dated 8/3/15, states R10 was admitted to a hospital with Urosepsis. When questioned regarding R10's multiple psychoactive medication, on 8/14/15 at 10:00 a.m., E1, Administrator, stated that R10 was under the care of a psychiatrist, and presented documents from the mental health care provider. E1 acknowledged that the activity data and behavior monitoring conflicted with one another, and that behavior documentation failed to identify specific behaviors, potential behavioral triggers, and directions to prevent behaviors from occurring.	F 329			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to use sanitary practices for storing refrigerated food and cleaning dishes.	F 371			

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F 371	<p>Continued From page 8</p> <p>This failure has the potential to affect all 49 residents in the facility.</p> <p>Findings include:</p> <p>On 8/11/15 at 10:50 a.m., raw meat was thawing in pans in the bottom of the food service refrigerator, directly adjacent to shredded lettuce. No direct cross contamination was observed, however the food placement problem was discussed with E8, Dietary Manager, who stated that he would ensure that staff were aware that ready to eat food must be placed on a level above raw meat in the refrigerator.</p> <p>On 8/13/15 at 11:50 a.m., a pan containing raw meat was observed in the bottom of the refrigerator directly adjacent to trays of milk and other fluids which had been poured up into individual servings and loosely covered with paper.</p> <p>Also, on 8/13/15 at 11:50 a.m., when questioned regarding chlorine test strips and a log to display sanitizer levels for the dishwasher, E8 stated that the facility was out of test strips. E8 displayed a log which indicated that levels had not been checked in the past 24 hours. Surveyor checked the sanitizer bucket, it was found to be completely empty. E8 stated that he was unaware that the dishwasher had run out of sanitizing solution, and it was unclear how many dishes had been washed or used without proper sanitizing.</p> <p>According to the Resident Census and Conditions of Residents report dated 8/11/2015, the facility had 49 residents.</p>	F 371			
F 441	483.65 INFECTION CONTROL, PREVENT	F 441			

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F 441 SS=D	<p>Continued From page 9 SPREAD, LINENS</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 - (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> <p>(b) Preventing Spread of Infection (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> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441			

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F 441	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain proper technique to prevent infection during incontinent care for one of two residents (R1) observed for incontinent care in the sample of 13. Findings include: On 8/11/15 at 1:55 p.m., E6 , Certified Nurses Aide, provided care for R1 for an episode of urinary incontinence. E6 put on gloves cleaned the perineum with a clean pre-moistened cloth and then proceeded to clean the urethral meatus with the same cloth. On this same date and time, E2 , Director of Nurses stated that a clean cloth should have been obtained after cleaning the perineum.	F 441			
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 observations, interview, and record review, the facility failed to ensure that 13 multiple resident rooms on 200 Hall and 14 multiple resident rooms on 300 Hall, provide the required 80 square feet per resident for 7 of 7 residents (R1 through R4, and R6, R11, and R10) reviewed for undersized rooms in the sample of 13 and 32	F 458			

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F 458	Continued From page 11 residents, R17, R20 through R33; R36 through R43; R45 through R52, in the supplemental sample. The findings include: Resident rooms 201 through 213 and 301 through 314 have 2 beds each and only provide 75 square feet of floor space per resident bed instead of the required 80 square feet. These rooms were observed during the initial tour of the facility on 8/14/15 at 9:30 a.m. Residents who reside in these rooms are R1 through R4; R6, R8, R10, R11, and R17; R20 through R34; R36 through R43; R45 through R52, according to the Facility Daily Roster provided on 8/11/2015. These rooms are all Medicaid certified according to E1, Administrator, on 8/14/2015 at 3:00 pm. At the time of the survey, the residents who reside in these rooms are happy with their rooms. There is adequate space for medical equipment, assistive devices, and personal items observed during the initial tour of the facility on 8/11/15-at 9:30 am.	F 458			
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL E 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	F 465			

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F 465	<p>Continued From page 12</p> <p>by: Based on observation, interview and record review, the facility failed to provide wheel chairs and reclining geriatric chairs in clean and good repair for 3 of 13 residents (R1, R6, R9) in the sample of 13 reviewed for resident care equipment and 4 residents (R16, R52, R36, R20) in the supplemental sample.</p> <p>Findings include:</p> <p>On August 12, 2015 at 9:00 AM the following were observed:</p> <p>R1 had a large torn area of vinyl in the reclining geriatric chair in the seat, exposing the padding material. According to R1's Minimum Data Sets (MDS) dated July 10, 2015, R1 is frequently incontinent of urine and occasionally incontinent of bowel.</p> <p>R16's reclining geriatric chair had the vinyl damaged on both chair arms and had bandage tape covering the damaged areas.</p> <p>R52's vinyl wheel chair arm has tape wrapped all the way around the padded arm and brace of the wheel chair, with the tape holding the wheel chair arm in place on the brace. The taped vinyl pad was off centered on the metal brace of the wheel chair not allowing the resident to rest his arm on the cushion arm of the wheel chair.</p> <p>R6's has the vinyl on her reclining geriatric chair torn and ripped on both chair arms, exposing the cloth padding under the vinyl.</p> <p>R36's wheelchair has torn vinyl with rough edges on the vinyl, exposing the wheel chair padding</p>	F 465			

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F 465	Continued From page 13 material on both arms of her wheel chair, preventing the wheel chair arms to be adequately cleaned and sanitized. On August 14, 2015 at 12:53 PM E1, Administrator stated "Normally R36 does not use a wheel chair on a day to day basis and the only time she used the chair was when R36 left the building to go to a family member's graduation ceremony in the community. I am trying to get R36 to let me remove the chair from her room until the ordered parts for the wheel chairs come in. There were ordered the end of June or first of July." During initial tour of the facility on August 11, 2015 and again on August 12, 2015 at 9:00 AM, R20 had a high back wheel chair that has dried food on the wheel chair seat and brace. The cloth seat back had a half dollar size greasy area,,and there was crumbly material on the wheel chair wheels and wheel braces. On August 12, 2015 during an individual interview with R9 at 10:30 AM, R9's wheel chair had the back support material ripped down both sides that was attached to the back brace approximately 4 inches on each side resulting in the back of the wheel chair to lean back in an abnormal position while sitting in the wheel chair. R9 stated "That thing is murder if you sit in it nor more than an hour and I go to dialysis three times a week and sit in it more than 3 hours at a time. My back just kills me in that thing. It's ready for the graveyard. I'm not a short man and that's the only one they have available for me and it's terrible."	F 465			
F 469 SS=C	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest	F 469			

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F 469	<p>Continued From page 14</p> <p>control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain an environment free of flies. This has the potential to affect all 49 residents of the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 8/11/2015 during an observation of the noon meal, many flies were noted throughout the large dining room. At 12:30 p.m. R12 was sitting with Z1, (R12's family member) and Z1 brushed a fly away with Z1's hand. Z1 then stated, "The flies are not too bad today, sometimes I come in and they are everywhere." At 12:40 p.m., on this date, a fly landed on the table next to the plate of R50 and on the coffee mug of R2. 2. On 8/12/2015 at 8:30 a.m., R6 stated "I eat meals in the small dining room and have seen flies in there." 3. On 8/12/2015 at 11:5 a.m. R15 stated " I have noticed flies in the small dining room." 4. On August 12, 2015 at 11:00 AM, this surveyor noticed a fly, flying around E7's, Registered Nurse, head and flying in E7's hair while preparing medications. E7 was fanning around her head to chase the fly from her hair and stated "It may be the sweetness in my hair. I will think it is in there for the rest of the day now." On August 12, 2015 at 11:13 AM, E7 was walking down hall 	F 469			

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F 469	<p>Continued From page 15</p> <p>200 going to R26's room fanning her hands around her head and stated "people will think I have a tic moving my head like this."</p> <p>5. On August 12, 2015 at 11:10 AM, during medication pass observation, this surveyor noticed a fly flying around R32 at the dining room table and asked if the fly was getting after R32. R32 stated "He's after who ever is out here."</p> <p>6. On August 12, 2015 at 11:15 AM this surveyor entered R25's room to observe E7 during a medication pass, and noticed a fly on R25's bed. E7 stated "There's one in here too, I must have brought it in."</p> <p>According to the Resident Census and Conditions of Residents form dated 8/11/2015 there are currently 49 residents living at the facility.</p>	F 469			