STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146175	A. BUILDING _____ B. WING _____	01/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINCKNEYVILLE NURSING & REHAB	708 VIRGINIA COURT PINCKNEYVILLE, IL 62274

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F 000	INITIAL COMMENTS	F 000		
F 280 SS=D	Annual Licensure and Certification 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 by: Based on observation, interview, and record review the facility failed to address nausea as a problem in the care plan of 1 of 10 residents (R5) reviewed for care plans in the sample of 10. The findings include: R5's Care Plan includes a Problem of "Dietary Needs" dated 12/4/2015 and includes an intervention to monitor intake every meal. A problem of nausea is not documented in the care	F 280		

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

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F 280	Continued From page 1 plan. On 1/26/2016 at 12:30 pm, R5 was brought to the dining room table in a wheelchair and the noon meal was placed in front of her. R5 began grimacing, moaning, and shaking her head in back and forth. Staff assisted R5 back to her room. On this same date at 12: 36 pm, the surveyor asked R5 about how R5 was feeling. R5 sat up in bed, opened her mouth, placed a hand on her stomach, and with the other hand motioned from her stomach up to her mouth, simulating vomiting or retching. Surveyor asked R5 if she was sick to her stomach and R5 nodded yes. On 1/27/2016, at 12: 20 pm, R5 was lying in bed with a covered, untouched dinner tray at the bedside. At this time, the surveyor asked R5 if R5 would like to eat her lunch, and R5 stated no and repeated the retching motion. R5's Food Intake Record for 1/20/15 docuents R5's food intake for the noon meal on 1/26/2016 and 1/27/16 is recorded as 0. On 1/27/2016 at 8:30 am, E4, Licensed Practical Nurse, stated that R5 has " had tests run for her nausea, and nothing was found " . E4 further stated that as best she can recall the problem began sometime in November. At this same date and time, E4 reviewed R5 ' s Medication Administration Record and stated that R5 has no medication ordered for nausea. On 1/28/2016 at 3:40 pm, E1, Administrator, stated that he has wondered at times if perhaps the nausea was occurring after R5 had eaten.	F 280		
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	F 315		

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F 315	Continued From page 2	F 315		

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.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to provide a physician's order that specifies the size of a urinary catheter for 1 of 2 residents (R7) reviewed for urinary catheters in the sample of 10.

The findings include:

R7's Face Sheet documents R7's original admission to the facility as 6/24/15 with a diagnosis of urinary retention. R7's Admission Assessment, dated 11/5/15, documents that R7 was readmitted to the facility from the hospital with a urinary catheter that is patent and draining. This same Admission Assessment does not document the size of R7's urinary catheter.

R7's November, 2015 Physician's Orders document an undated, handwritten order of admit from hospital, urinary catheter care per policy and procedure. R7's December, 2015 Physician's Order has an undated, handwritten order for, urinary catheter per policy and procedure, change monthly. R7's January, 2016 Physician's Orders document an undated, typed order of urinary catheter care every shift. R7's November, 2015 through January, 2016 Physician's Orders do not document the size of the urinary catheter to be

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F 315	Continued From page 3 used for R7. On 1/29/16 at 10:40 AM, E2, Director of Nursing stated that R7's Physician's Orders should have stated the size of R7's urinary catheter.	F 315		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on interview, record review and observation, the facility failed to prevent access to potentially hazardous compounds to 3 of 10 residents (R1, R8, R9) in the sample of 10 and 14 residents (R11, R12, R15, R18, R19, R21, R22, R25, R27, R29, R30, R32, R33, R38) in the supplemental sample . Findings include: 1. On 1/27/16 at 10:35 a.m. and 1/28/16 at 9:00 a.m., a shampoo bottle was left open with the lid lying next to it on the floor in the shower stall in the Spa Room on C Hall with no employees in the room. On 1/28/16 at 9:55 a.m., E2, Director of Nursing stated that it is not safe practice to leave open shampoo containers unattended. 2. On 1/27/16 at 10:15 a.m., the A Hall bathroom closet and the C Hall Spa room closet were locked, but the key was in the locks. In the A Hall bathroom closet there was an open bottle	F 323		

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F 323	Continued From page 4 of shampoo with the lid lying next to the bottle, and a container of anti-microbial sanitary wipes. The label reads on both items " keep out of reach of children, DANGER". In the Spa Room closet there was a container of anti-microbial wipes with the same warning label. On 1/18/16 at 10:35 a.m., E2 (Director of Nursing), stated that it is not a safe practice to leave the keys in the locks unattended. 3. On 1/18/16 at 2:00 p.m., E2, Director of Nursing provided a list of ambulatory, confused residents in the facility that might have access to these compounds, which included R1, R8, R9, R11, R12, R15, R18, R19, R21, R22, R25, R27, R29, R30, R32, R33, and R38.	F 323		
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 observation, record review and interview the facility failed to provide 80 square feet of space per resident bed for 7 of 10 residents (R1 through R7) reviewed for room size in the sample of ten and for 23 residents (R11 through R23, and R29 through R38) in the supplemental sample. The findings include: 1. E1, Administrator, stated on 1/28/16 at 3:40 pm that resident rooms 1-10 on A Hall and resident rooms 20-30 on B Hall are all two bed,	F 458		

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F 458	Continued From page 5 Medicaid certified rooms which measure 75 square feet and do not provide the required 80 square feet of space per resident bed, and that these rooms are included in the facility's waiver for room size. 2. E1 provided a resident room roster on 1/27/16 that indicated R1-R7 and R11-R23, R-29-R38, reside in the undersized rooms. 3. Observation of these rooms from 1/26/16 through 1/27/16 found no issues related to room size. Observation of the rooms found adequate space to meet the medical and personal needs of the residents living in the waivered rooms. Interview on 1/26/16 at 2:00 pm with R3, R6, R12, R29, R34, R36 and R39 who reside in a waivered room found no issues with room size.	F 458		