

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

PRINTED: 09/10/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/05/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN - PONTIAC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>15335 US HIGHWAY 66 PONTIAC, IL 61764</b>		
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F 000	INITIAL COMMENTS	F 000			
F 226 SS=C	<p>Annual Licensure and Certification Survey 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to have a procedure in place for reporting reasonable suspicion of a crime. This deficient practice has the potential to affect all 28 residents.</p> <p>Findings include:</p> <p>On 9/3/13 at 9:00 am and 9/4/13 at 12:30 pm no signage of reporting reasonable suspicion of a crime was posted within the facility.</p> <p>On 9/4/13 at 10:50 am, E1 Administrator stated she was not aware of any requirement requiring reporting reasonable suspicion of crime and the signage posted in the facility is the signage the facility has always used.</p> <p>On 9/4/13 at 8:40 am, E9 LPN (Licensed Practical Nurse) stated she does not remember ever being inserviced or talked to about calling the police for suspicion of a crime to a resident.</p> <p>On 9/4/13 at 9:25 am, E11 CNA stated she would</p>	F 226			

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 226	Continued From page 1 report to the Nurse and has not had an inservice about calling the police if she suspects a suspicion of crime.  The facility was unable to provide any documentation of inservice or education to the staff about reporting reasonable suspicion of a crime.  The Resident Census of Condition, dated 9/3/13, lists the facility census at 28 at the time of entrance.	F 226			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to keep resident call lights within reach for three of seven residents (R2, R8 and R13) who required assistance for activities of daily living (ADLs) in the sample of 10, and one resident (R14) in the supplemental sample.  Findings include:  1. On 9/3/13 at 9:10 am, R2 was lying in bed with the call light cord between the wall and bed. The call light button was on the floor under R2's bed	F 246			

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F 246	<p>Continued From page 2</p> <p>out of R2's reach. On 9/3/13 at 10:15 am, 11:05 am and 2:00 pm R2's call light cord remained between the wall and R2's bed with the call light button under R2's bed. When asked about the call light, on 9/3/13 at 9:11 am, R2 stated, "Where is it? I can't find it". On 9/3/13 at 9:11am, E5 CNA (Certified Nursing Assistant) stated R2 is able to use his call light when it is in reach.</p> <p>The 8/02/13 quarterly Fall Risk Assessments states R2 is a "High" risk for falls. R2's Care Plan dated 8/7/13, under Cognition states, "Remind (R2) to use his call light..." and under Falls states "Be sure the resident's call light is within reach on his left side and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance" and "...a working and reachable call light..."</p> <p>2. On 9/3/13 at 9:12 am, R14 was sitting in a wheel chair in front of R14's recliner chair. R14's call light cord was attached to the wall behind R14's recliner chair out of R14's reach.</p> <p>On 9/3/13 at 9:13 am, E4 CNA stated R14 is able to use the call light when it is within R14's reach.</p> <p>On 9/3/13 at 12:00 pm, R14 stated when the call light is attached to the wall behind the recliner chair R14 is unable to reach the call light.</p> <p>The Care Plan dated 8/07/13 states R14 is a high risk for falls. The approach dated 8/13/13 states "The resident needs a safe environment." The approach included having "a working and reachable call light."</p> <p>3. On 9/3/13 at 9:19 am R8 was lying in his bed on his back in a scoop mattress. The call light</p>	F 246			

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F 246	<p>Continued From page 3</p> <p>was on the floor at the head of the bed between the bed and the night stand. E3 Care Plan Coordinator stated on 9/3/13 at 9:20 am stated that R8 can use his call light. On 9/3/13 at 10:15 am, 12:12 pm and 3:15 pm the call light was on the floor in the same position.</p> <p>On 9/4/13 at 9:00 am R8 was in his bed sleeping and the call light was on the floor at the head of the bed between the bed and the night stand. At 9:15 am, 9:26 am, 11:07 am, and 11:22 am the call light was in the same position on the floor. On 9/4/13 at 11:22 am E11 CNA stated that R8 can use his call light. On 9/4/13 at 11:30 am R8 states that he will use his call light if he doesn't feel good.</p> <p>The Fall Risk Assessment dated 8/8/13 scores R8 as a high risk for falls. R8's Care Plan dated 8/9/13 states "be sure call light is within reach." The Quarterly Minimum Data Set (MDS) dated 8/12/13 states that R8 requires supervision with transfers.</p> <p>4. R13 has a diagnosis of Cerebrovascular Accident with Right Hemiplegia according to the Physician's Order Sheet for 8/16-9/15/2013. The MDS dated 8/5/13 assesses R13 as requiring extensive to total assistance for ADLs, and also states that R13 is aphasic.</p> <p>On 9/3/13 at 9:15am. R13 was in the room in the geriatric chair with his right side next to the bed. The call light was lying at the foot of the bed, out of R13's reach, plus it was on R13's right side. When asked at that time if R13 could use his call light, R13 stated "yes." When asked if he could reach his call light as it was positioned on the bed, R13 shook his head "no."</p>	F 246			

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F 246	Continued From page 4	F 246			
F 441 SS=E	<p>On 9/4/13 at 3:20pm, E13 and E14 (CNAs) confirmed that R13 only has use of his left hand/arm, and that R13 uses "his call light very well."</p> <p>483.65 INFECTION CONTROL, PREVENT 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>	F 441			

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F 441	<p>Continued From page 5</p> <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: Based on observation, record review and interview, the facility failed to effectively disinfect the blood glucose meter to prevent cross-contamination for four of four sampled residents (R3, R6, R10, R14) who receive blood glucose monitoring out of a sample of 10, and five residents on the supplemental sample (R5, R10, R15, R16, R17.)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 9/3/2013 at 10:55am, E9 (Licensed Practical Nurse) did a blood glucose test on R6. E9 took the blood glucose meter out of the drawer and used it for the test without cleaning it first. After completing the test, E9 replaced the meter without cleaning it. Only one glucose meter was in the drawer.</li> <li>On 9/3/13 at 11:17am, E9 did a blood glucose test on R3. Prior to doing the test, E9 removed the same glucose meter from the drawer, and quickly wiped it down with a germicidal wipe then discarded the wipe. The contact time was less than five seconds. E9 did not clean the meter after the test.</li> <li>On 9/3/13 at 11:25am, E9 did a blood glucose test on R15. Prior to doing the test, E9, quickly wiped down the glucose meter with the wipe, with</li> </ol>	F 441			

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F 441	<p>Continued From page 6</p> <p>contact time of less than five seconds. Following the test, E9 returned the meter to the drawer.</p> <p>The instructions on the label of the germicidal bleach wipes states that the contact time for bacteria and viruses are 30 seconds and one minute respectively, and contact time of five minutes for Clostridium difficile, and other contaminants. The directions state that when using the wipes the surface is to "remain visibly wet for the contact time listed. . ."</p> <p>The facility's Glucometer Cleaning Procedure dated 7/26/10 states to clean the glucose meters between residents with the bleach solution wipes, and to "Leave the moist wipe on the glucometer for at least 3 minutes. After cleaning the meter, it will be air dried. . ."</p> <p>On 9/3/13 at 2:00pm, E9 stated she was not aware that there was a required contact time for the germicidal wipes. E9 confirmed that only one glucose meter is in use at this time.</p> <p>4. According to the list provided by the facility, the following additional residents have glucose monitoring done a least weekly:</p> <p style="text-align: right;">R5 - weekly</p> <p style="padding-left: 40px;">R10 - twice daily</p> <p style="padding-left: 40px;">R14 - weekly</p> <p style="padding-left: 40px;">R16 - weekly</p> <p style="padding-left: 40px;">R13 - twice daily</p> <p>According to R13's admission records and the current Physician's Order Sheet for 8/16 - 9/15/13, R13 has a diagnosis of Hepatitis C.</p>	F 441			
F 458 SS=C	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT	F 458			

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F 458	<p>Continued From page 7</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 observation and record review the facility multiple resident bedrooms do not provide 80 square feet per resident bed on three of three facility wings (A, B, C). Currently only the C wing is open and occupied. This affects all 28 residents in the facility.</p> <p>The finding includes:</p> <p>Historical room size waiver information dated November 07, 2012 documents the multiple bed resident rooms 1, 2 and 6-17 (A wing) provide 75 square feet per resident bed. Rooms 18-20 and 31-39 (B wing) provide 78 square feet per bed. The C wing bedrooms 92,93,94, 96-104, and 107-113 provide 78 square feet per resident bed instead of the required 80 square feet per bed.</p> <p>All 28 residents reside on C wing. The A wing has been closed since 2007 due to low occupancy and the B wing has been closed since December 2012 per interview on 9/3/13 with Maintenance Director E12.</p> <p>All of the beds are certified for Title 19 Medicaid. Medicare Title 18 beds include rooms 94-99 and 106-113 per the 11/21/12 Medicare/Medicaid Certification and Transmittal form.</p> <p>The waived rooms provide adequate space for resident personal belonging, equipment and</p>	F 458			



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F 458	Continued From page 8 nursing care. No infection control issues related to room size was identified.  The facility Resident Census and Conditions of Residents form dated 9/03/13 documents a census of 28 residents.	F 458		