

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

PRINTED: 06/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2016
NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>Complaint #1622920/IL85838</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to develop a care plan for isolation precautions for two of three residents (R2 and R3) reviewed for infections in a sample of five.</p> <p>Findings: The Facility's Comprehensive Care Planning</p>	F 279			

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 279	<p>Continued From page 1</p> <p>policy dated 5/1/16 documents "Care Plan- Plan of Care describing a need/problem, and indicating approaches/interventions to be instituted to assist the resident in maintaining/receiving care in relation to the need/problem."</p> <p>1. R2's face sheet documents R2 was admitted to the facility on 5/21/16. On 6/1/16 at 9:47 a.m. R2's room had Personal Protection Equipment which included a mask, gown and gloves hanging on the door. There was not a sign indicating R2 was in isolation.</p> <p>E5/ LPN (Licensed Practical Nurse) stated R2 was in isolation for MRSA (Methicillin-resistant Staphylococcus Aureus) in the nares (nose nostrils).</p> <p>R2's Physician Orders dated 5/23/16 document "Contact isolation per facility protocol due to MRSA in the bilateral lower extremities. R2's undated current Interim Care Plan did not document R2's MRSA infection nor the isolation precautions to follow.</p> <p>2. On 6/1/16 at 9:43 a.m. R3's room had a sign on the door that read "Stop and see nurse before entering." Outside of R3's room was a cart which contained gloves, gowns, and masks.</p> <p>On 6/1/16 at 10:05 a.m., E4/ LPN stated R3 was in isolation for ESBL (Extended-Spectrum Beta-lactamase) in the urine.</p> <p>R3's medical record documents on 5/19/16 C-Diff (Clostridium Difficile) pending fecal transplant.</p> <p>On 6/1/16 at 11:10 a.m., E2/DON (Director of</p>	F 279			

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F 279	Continued From page 2 Nursing) stated R3 is on isolation precautions until the doctor decides if he is going to perform the fecal transplant. R3's current care plan did not document R3's C-Diff infection nor the isolation precautions to follow. On 6/1/16 at 3:00 p.m. E2 stated R2 and R3's care plans contained in R2 and R3's medical record is what staff use to guide cares until the care plan coordinator places a new one in the chart. E2 verified R2 and R3's care plans did not indicate R2 or R3 had infections, or that R2 and R3 were in isolation.	F 279			
F 323 SS=D	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 record review and interview the facility failed to ensure an electronic monitoring bracelet was used in accordance with the manufacturer's recommendations for one of three residents (R1) reviewed for exit seeking behaviors in the sample of five. Findings include: The electronic monitoring bracelet manufacturer's instructions dated 2012, document, "The device	F 323			

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F 323	<p>Continued From page 3</p> <p>has a date stamped on the side of the case. This 'Do not use past date' is the last date the device should be used on a resident."</p> <p>The facility's (Electronic Monitoring Bracelet) Check List dated 4-26-16 through 5-23-16, documents R1's electronic monitoring bracelet expired on 4-24-16, but was still being used on R1.</p> <p>R1's Current Elopement Care Plan documents R1 is at risk for elopement and requires an (electronic monitoring bracelet) at all times, and the bracelet should be checked per the facility's protocol.</p> <p>R1's Elopement Evaluation dated 5-19-16, documents R1 requires a door alarm, bracelet, and an anklet as interventions to prevent elopement.</p> <p>On 6-1-16 at 1:10 p.m., Z2 (Family Member) stated, "I noticed (R1's) bracelet that is used so (R1) won't leave the building has a stamp on it that states 'Do not use past April 24, 2016'."</p> <p>On 6-1-16 at 1:50 p.m., E3 (Maintenance Supervisor) verified that R1's electronic monitoring bracelet was expired on 4-24-16. E3 stated, "When I checked (R1's) bracelet weekly it still was working so I didn't change it out when it was expired. The bracelets cost one hundred dollars to replace."</p> <p>On 6-1-16 at 2:15 p.m., E2 (Director Of Nursing) stated, "The date on the (electronic monitoring bracelet) is the last day the bracelet should be used on a resident. (R1's) bracelet should have</p>	F 323			

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F 323	Continued From page 4 been replaced with a new one on 4-24-16 (expiration date). According to (R1's) care plan (R1) should have a current bracelet on for elopement."	F 323		