

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 07/28/2016
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 241 SS=D	<p>Annual Licensure and Certification Survey 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to maintain personal space boundaries for one (R13) of 24 residents reviewed for dignity in a sample of 24 residents.</p> <p>Findings include:</p> <p>On 7/27/16 at 9:15 am, R13 stated one evening at midnight, E10 (Previous Maintenance Supervisor) came into (R13's) room "reeking of alcohol" and kissed R13 on (R13's) left cheek. R13 stated "It was weird", "did not feel threatened", and was more concerned about E10's "drinking and driving."</p> <p>On 7/27/16 at 10:12 am, E2 DON (Director of Nursing) stated E10 was suspended on 6/8/16 and terminated on 6/9/16 after substantiated investigation of E10 kissing R13 on the cheek.</p> <p>The facility investigation, dated 6/8/16 through 6/9/16, regarding R13's allegation of E10 kissing (R13) on the cheek was concluded as substantiated and E10 was terminated on 6/9/16.</p>	F 241		

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 241	Continued From page 1	F 241			
F 328 SS=D	<p>The Employee Data Sheet, revised 8/30/12, for E10 documents E10 was terminated on 6/9/16.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assess a Peripherally Inserted Central Catheter (PICC) for one of one residents (R1) reviewed for PICC in the sample of 24.</p> <p>Findings include:</p> <p>The facility's Peripherally Inserted Central Catheter (PICC) Dressing Change Protocol, dated 2008, documents the following: "7. Length of external catheter and upper arm circumference ((3 (three) inches or 10 (ten) centimeters above insertion site)) is obtained: 7.1 Upon admission, 7.2 During dressing changes."</p> <p>R1's Nursing Admission Assessments dated 6/23/16 and 7/8/16 did not document measurement of the length of R1's external PICC</p>	F 328			

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F 328	Continued From page 2 length or upper arm circumference. R1's Medication Administration Record (MAR) documents R1's PICC dressing was changed on 7/10/16 and 7/19/16 by E9, Registered Nurse (RN), but does not document measurement of the external catheter or arm circumference. On 7/27/16 at 10:02am, E9, RN, stated (E9) did not measure the length of (R1's) external (PICC) catheter and did not measure the circumference of R1's upper arm when (E9) changed R1's PICC dressing. On 7/27/16 at 9:45am, E2, Director of Nursing, confirmed R1's Nursing Admission Assessments (dated 6/23/16 and 7/8/16), MAR (dated 7/2016), and Nurse's Notes (dated 5/24/16-7/26/16) did not document measurements of R1's (PICC) external catheter or the circumference of R1's upper arm.	F 328			
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	F 371			

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F 371	<p>Continued From page 3</p> <p>review the facility failed to ensure that food preparation equipment was kept free from contaminants, that stored food items were properly dated and failed to follow their two stage cooling policy for cooked items. These unsafe practices have the potential to effect all 118 residents in the facility.</p> <p>Findings include:</p> <p>During initial tour of the Dietary Department on 07/25/2016 at 06:15 AM accompanied by E5 Dietary Supervisor, the industrial can opener was observed with a large build up of multicolored food particles, while the industrial food mixer contained particles of food products between the drive gear and the blade attachment. The microwave oven used to heat resident food products had a large build up of food debris inside which cover the sides, top and bottom of the oven.</p> <p>In addition, on 07/25/2016 at 06:30 AM, the dry storage and the food preparation area contained five, 22 Liter food storage bins which held food products including; Sugar; Brown, powdered and cane as well as powdered milk and flour which were not labeled with the date of opening. E5, Dietary Supervisor stated, "There are no labels or dates on these bins of food."</p> <p>The cool down log presented by E5, Dietary Supervisor (not dated) titled "Week 2" lists cooked food items;</p> <p>1.) Sausage: start time-illegible, start temperature-185 degrees (Fahrenheit) with the time and temp within 2 hours and the time and temp within 4 hours-omitted.</p>	F 371			

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F 371	<p>Continued From page 4</p> <p>2.) Diced Pork: start time-03:30, start temperature-170 degrees (Fahrenheit) with the time and temp within 2 hours-05:30/70 degrees (Fahrenheit) and the time/09:30 and temp within 4 hours-omitted.</p> <p>3.) Stew Meat: start time-01:00, start temperature-195 degrees (Fahrenheit) with the time and temp within 2 hours and the time and temp within 4 hours-omitted.</p> <p>4.) Sausage: start time-09:00, start temperature-180 degrees (Fahrenheit) with the time and temp within 2 hours-11:00/70 degrees (Fahrenheit) and the time/03:00 and temp within 4 hours-omitted.</p> <p>5.) Roast Turkey: start time-12:40, start temperature-170 degrees (Fahrenheit) with the time and temp within 2 hours and the time and temp within 4 hours-omitted.</p> <p>The facilities policy on Two Stage Cooling (of food) includes;</p> <p>1. Potentially hazardous food must be cooled from: 140 degrees (Fahrenheit) to 170 degrees (Fahrenheit) within 2 hours, 70 degrees (Fahrenheit) to 40 degrees (Fahrenheit) or lower in the next four hours for a total of six hours.</p> <p>On 07/25/2016 at 06:35 AM E5, Dietary Supervisor stated "No the cool down log is not completed. I have no idea if these food items were cooled down correctly."</p> <p>The Centers for Medicare and Medicaid Services Form 672, Resident Census and Conditions,</p>	F 371			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 371	Continued From page 5	F 371			
F 431 SS=D	<p>completed by facility on 07/25/2016 states there were 118 residents living in the facility at the time of the survey.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary 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>	F 431			

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F 431	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on observation , interview and record review the facility failed to dispose of expired insulin. This failure has the potential to affect one resident (R30) on the supplemental sample. Findings include: On 7/26/16 at 11:15 AM, E7/LPN (Licensed Practical Nurse) prepared and administered one unit of Apridra (insulin) for R30. The bottle of Apridra was labeled by the pharmacy for R30 and had the open date of 6/9/16 written on the side of the vial. On 7/26/16 at 11:15 AM, E7/LPN verified the date on the vial of was 6/9/16. The Apidra website for healthcare professionals (no date) under the section titled "Storage" documents, "Opened vials, whether or not refrigerated must be used within 28 days."	F 431			