

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

PRINTED: 01/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2016	
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY				STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE, PO BOX 519 ENERGY, IL 62933			
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F 000	INITIAL COMMENTS			F 000			
F 280 SS=D	<p>Annual Licensure and Certification 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to revise the plan of care to address nutritional needs for 1 of 4 residents (R1) reviewed for weight loss/weight gain in the sample of 15.</p> <p>Findings include:</p> <p>1. R1 was observed during the breakfast meal on</p>			F 280			

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 280	Continued From page 1 1/13/15 at 7:55 am in bed and asleep. An uncovered breakfast tray was sitting on the overbed table next to the resident. At 8:20 am, the breakfast tray remained untouched by R1 and R1 was noted to still be asleep. At 8:25 am E8, Certified Nurse Aide, entered R1's room and came back out with the breakfast tray. E8 stated that R1 had not eaten anything. E8 stated that R1 never eats breakfast and has told facility that she was never a breakfast eater. E8 stated that R1 prefers to stay up late at night, sometimes until 4 am and then sleep late in the mornings. E8 stated that R1 gets snacks and usually eats a good lunch and supper. R1 was noted to still be asleep at 10:15 am and awake at 11:30 am, waiting for lunch in the dining room. R1 has diagnoses of Insomnia and Major Depressive Disorder as noted on the Face Sheet. R1's current weight is 88 pounds with weights ranging from 90 to 95 pounds for the past 6 months, as noted in the Vitals-weight section of the electronic record. R1 has an order for Super Cereal at breakfast, lunch and supper. E5, Dietary Manager, stated on 1/14/2015 at 4:15 pm that R1 receives Super Cereal at breakfast and agreed that this was not an appropriate nutritional approach for R1 since she does not eat breakfast. The current Care Plan with a revision date of 11/01/2015 does not address a need for R1 to have an individualized meal and snack plan that takes into account her refusal of breakfast during the normal breakfast time hours, in order to ensure a daily adequate nutritional intake.	F 280			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	F 282			

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F 282	<p>Continued From page 2</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide nutritional supplements and/or a non-skid surface to a recliner as indicated in the plan of care, for 2 of 15 residents, (R1, R8), reviewed for care plans in the sample of 15.</p> <p>Findings include:</p> <p>1. R8 ' s current Care Plan (last revised 12/18/2015) identifies falls as a Problem for R8 and includes a prevention approach to apply a non-skid surface to recliner chair for prevention of falls dated 10/14/2015.</p> <p>On 1/12/2016 at 12: pm and at 1/13/2016 at 9:35 am, R8 was in R8's room sitting in the recliner. A non-skid surface was not in place in the seat of the recliner at the time of these observations.</p> <p>On 1/14/2016, at 1:45 pm, E7, Care Plan Coordinator, confirmed that the non-skid surface was not in place in R8's recliner and that E7 is providing one at this time.</p> <p>2. R1's current weight is 88 pounds with weights ranging from 90 to 95 pounds for the past 6 months, as noted in the Vitals-weight section of the electronic record. R1 has an order for Super Cereal at breakfast, lunch and supper and a high</p>	F 282			

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F 282	Continued From page 3 calorie snack to be served twice daily, as noted on the January 2016 Physician Order Sheet. A supplement list provided by E5, Dietary Manager, on 1/12/2015 listed R1 as receiving Super Cereal with no times. No other supplement was listed for R1. R1 was observed during her noon meal on 1/14/2016 and it was noted that Super Cereal was not served. E5, Dietary Manager stated on 1/14/2016 at 4:15 pm that R1's diet orders in the kitchen indicate to serve Super Cereal at breakfast only and that R1 is not served a planned high calorie snack twice daily as E5 was unaware of R1 having that as an order.	F 282			
F 329 SS=D	483.25(I) 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	F 329			

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F 329	<p>Continued From page 4</p> <p>contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to adequately monitor behaviors and provide non-pharmacological interventions prior to increasing an antipsychotic medication for one (R6) of 6 residents reviewed for psychotropic medications in a sample of 15.</p> <p>Findings include:</p> <p>According to the Admission Face Sheet, R6 is 78 years old and was admitted into the facility on August 10, 2015 with the following diagnosis: Alzheimer's; Hypertension; and Diabetes Mellitus II.</p> <p>The physicians order sheet dated August 8, 2015, lists R6 as taking risperidone .50mg (milligrams) solution, two times per day upon entering the facility.</p> <p>A nursing note dated August 11, 2015 at 9:51 PM states "Res. (resident) up wandering halls...has had many elopement attempts. When attempted to redirect, resident has hit self in face, pulled own hair, and yelled at staff." Other notes include: On August 12, 2015 at 6:21 AM "Doctor (Z1, R6's primary care physician) here, no new orders received." indicating the R6's physician was in the facility and ordered no additional medication at that time; August 12, 2015 at 2:05 PM "</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>(Resident) upset this afternoon, ambulating up and down hallways, difficulty to redirect, hitting self in head one on one given to aide in calming."; August 12, 2015 at 3:00 PM "R/T (related to) ongoing behaviors of anxiety with agitation increasing and staff unable to redirect, Dr. (Z2, psychiatrist) notified new orders received to increase Risperdal 1 mg BID (twice daily) and Ativan 0.5 mg IM (intramuscularly) x (times) one dose now, and Haldol 0.5 mg IM x one dose now." there by increasing the Risperdal from 1mg to 2mg.</p> <p>E6, social services staff documented on August 20, 2015 at 11:21 AM "Resident did have one day of behavioral issues of hitting at staff and pulling own hair. Nurse got orders for medication to be given and some med (medication) changes. Continue to monitor for wandering for safety." Other Nursing note documentation includes: October 12, 2015 at 1:46 AM "up pacing halls, unpleasant mood throughout evening. No s/s (signs or symptoms) of distress. Attempted to eat plastic flowers in dining room, redirected by staff." October 17, 2015, at 12:48 AM "in bed resting at this time with eyes closed...Up walking around unit earlier with usual steady gait...no s/s of distress noted at this time." October 18, 2015 at 2:05 AM and October 19, 2015 at 12:03 AM state R6 is "not in acute distress." Then on October 20, 2015 at 11:16 AM "Res noted by staff to have been up since 4:30 AM this day spoke with Z2, new orders received to increase Risperdal 1.5 mg at hour of sleep, increasing the total daily dosage from 2mg to 3.5 mg.</p> <p>'Consent for treatment for a Conventional Antipsychotic' document listed the treatment Risperdal was being prescribed for as: psychosis</p>	F 329			

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F 329	<p>Continued From page 6</p> <p>with agitation on October 20, 2015, psychosis second to dementia on December 7, 2015. Another consent for the treatment with an Atypical Antipsychotic dated January 10, 2016 lists "psychosis 2nd dementia" as the reason R6 is receiving Risperdal.</p> <p>According to the facility procedure entitled Psychotropic Medication Use dated July 2014-number 2 under Procedure states "the resident will have any behaviors associated with their diagnosis, documented on the Monthly Behavior Psychotropic Flow Record.</p> <p>The Psychoactive Drug Monthly Flow Record for September 2015 lists aggression and mood swings as the specific behaviors being monitored and R6 had no behaviors documented. The Psychoactive Drug Monthly Flow Record for October, 2015 lists agitation, anxiety and mood swings as the specific behaviors being monitored and R6 had no behaviors documented, and The Psychoactive Drug Monthly Flow Record for November and December, 2015 only lists aggression as a specific behavior being monitored and R6 had no behaviors documented either month.</p> <p>E6 stated on January 14, 2016 at 9:40 AM, the nurses complete the Psychoactive Drug Monthly Flow Record that is sent from the pharmacy and the Certified Nurses Aides complete a Care Plan/Behavior Tracking Record and E6 is unfamiliar with the Psychoactive Drug Monthly Flow Record or how it is completed.</p> <p>The Care Plan/Behavior Tracking Record for October, 2015 lists a problem statement as "Dx (Diagnosis) of Dementia wanders up and down</p>	F 329			

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F 329	<p>Continued From page 7</p> <p>halls out doors aimlessly" and interventions as "1) Nurse to monitor meds for possible changes, 2) staff to redirect to activity, magazines, snack, 3) give resident rummage area to go through." On October 18, 2015, no behaviors occurred on day shift, 10 behaviors occurred on evening shift, interventions 1 through 3 were tried and the behavior continued. Night shift had no behaviors. On October 19, 2015 for day shift, 16 behaviors occurred with 1 through 3 interventions tried and behaviors continued, on evening shift 10 behaviors occurred with interventions 1 through 3 tried and the behaviors continued, on night shift there were no behaviors. On October 20, 2015 on day shift the frequency of wandering occurred 9 times, interventions 1 through 3 were tried and behavior continued. On evening shift the behavior occurred 10 times interventions 1 through 3 were tried and behavior continue, and on night shift no behaviors occurred. On October 21, 2016 on day shift the frequency of wandering occurred 10 times, interventions 1 through 3 were tried and behavior continued. On evening shift the behavior occurred 10 times interventions 1 through 3 were tried and behavior decreased, and on night shift no behaviors occurred. No behavior tracking records were located for November or December, 2015.</p> <p>On January 14, 2015 at 8:00 AM, and 11:00 AM R6 was observed in bed sleeping and E4 reported R6 did not want to get up for breakfast. On January 14, 2015 at 12:45 PM R6 was observed to be sitting at the dining room table, with head slumped over plate and saliva running out of R6's mouth, no food or drink being touched on the dinner tray setting on the table in front of her. On January 15, 2015 at 8:00 AM and 11:00 AM R6 was observed in bed. On January 15,</p>	F 329			

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F 329	Continued From page 8 2016 at 10:30 AM, E8, Certified Nurses Aide stated R6 was up late last night and R6 was going to be getting up soon."	F 329			
F 334 SS=E	<p>According to the Physician Order Sheet on December 4, 2015 R6's risperidone was decreased to 3 mg a day, December 7, 2015 decreased to 2.25 mg a day and on January 10, 2016, risperidone was decreased to 1.5 mg and Cogentin 0.5 mg at hour of sleep was added.</p> <p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical</p>	F 334			

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F 334	<p>Continued From page 9 contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p>	F 334			

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F 334	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to determine the pneumococcal vaccine status of each resident and ensure that residents who have not received the vaccine are offered it for 4 of 11 residents (R1, R2, R4, R14) reviewed for pneumococcal vaccine status in the sample of 15.</p> <p>The findings are:</p> <p>1. R1 is an 82 year old resident who was admitted to this facility on 9/2/2014 as noted on the facility Face Sheet. R1's individual vaccination log located in the resident record does not include any documentation of R1 having received a pneumococcal vaccine since admission. R1's record did not include any other information on whether R1 has ever been offered the vaccine or whether R1 had received it previous to R1's admission to this facility.</p> <p>2. R2 is an 83 year old resident who was admitted to this facility on 11/3/2015 as noted on the facility Face Sheet. R2's individual vaccination log located in the resident record does not include any documentation of R2 having received a pneumococcal vaccine since admission. R2's record did not include any other information on whether R2 has ever been offered the vaccine or whether R2 had received it previous to R2's admission to this facility.</p> <p>3. R14, a 65 year old resident, was admitted to this facility on 11/30/15 and discharged on 12/19/2015 as noted on the facility Face Sheet. R14's individual vaccination log located in the resident record does not include any</p>	F 334			

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F 334	<p>Continued From page 11</p> <p>documentation of R14 having received a pneumococcal vaccine after admission. R14's record did not include any other information on whether R14 was ever offered the vaccine or whether R14 had received it previous to R14's admission to this facility.</p> <p>4. R4 is a 99 year old resident who was admitted to this facility on 3/31/2014 as noted on the facility Face Sheet. R4's individual vaccination log located in the resident record does not include any documentation of R4 having received a pneumococcal vaccine since admission. R4's record did not include any other information on whether R4 has ever been offered the vaccine or whether R4 had received it previous to R4's admission to this facility.</p> <p>The facility's undated Pneumovac Vaccine policy states that upon admission, the facility will attempt to determine when the last pneumovac (vaccine) was received by the resident and the information will be recorded on the Vaccination Log and that if it's determined that the resident has not received one and is desired, it will be administered by the nursing department and recorded on the Vaccination Log.</p> <p>On 1/14/2015 at 11:00 am, E3, Registered Nurse, provided an incomplete, untitled list of resident names and stated that it was all the facility had been able to find for logging of or documentation of pneumonia vaccines. The list included only 19 residents (the facility has a census of 58 as noted on the Resident Census and Condition Report dated 1/12/2016) and had columns for documenting Pneumonia and Influenza status. R1, R2, R4 and R14 were not included on this list. E3 verified that there was no other pneumonia</p>	F 334			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY			STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE, PO BOX 519 ENERGY, IL 62933		
(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 334	Continued From page 12 vaccine information found for R1, R2, R4 and R14.	F 334			