

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

PRINTED: 12/04/2014
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 11/21/2014
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 000	INITIAL COMMENTS	F 000			
F 329 SS=E	<p>Annual Licensure and Certification Survey 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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 contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide an appropriate diagnosis, or an attempted dose reduction for antipsychotic medications for 4 of 5 residents (R2, R4, R6, R12) reviewed for antipsychotic medications in</p>	F 329			

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 329	<p>Continued From page 1 the sample of 14</p> <p>Findings include:</p> <p>1. According to a Minimum Data Set dated 10/24/14, R4 has diagnoses which include Hypertension and Non-Alzheimer's Dementia. According to the Physician's Orders report dated 11/19/14, R4 receives 5 milligrams (mg) of Zyprexa daily at 5 p.m.</p> <p>According to a Psychiatric Evaluation/Consultation dated 9/29/2014, R4 has an Axis I diagnosis of Dementia; Pre-senile Uncomplicated, and Axis 2 is deferred. No other Axis 1 or 2 diagnoses are listed.</p> <p>According to a medication consent form dated 7/8/14, R4 receives the antipsychotic medication Zyprexa for the treatment of "anxiety and agitation." R4's Care Plan, dated 10/24/14, only addresses the Zyprexa related to the Problem/Need/Strength area "Resident requires the use of an anti-anxiety medication."</p> <p>2. According to the Care Plan dated 9/3/14, R6 has diagnoses which include Alzheimer's Disease and Disorder Persistent Mental due to CCE NOS (condition classified elsewhere not otherwise specified). According to a Physician Order Report dated 11/01/2014 through 11/18/2014, R6 receives .25 mg (milligrams) of the antipsychotic medication Risperidone at 8:00 a.m. daily for the diagnosis of Alzheimer's Disease, and .5 mg Risperidone daily at 5:00 p.m. for the diagnosis of Disorder Persistent Mental due to CCE NOS. According to the Physician Order Report (above) R6 also receives the anti-anxiety medications</p>	F 329			

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F 329	<p>Continued From page 2 Xanax and Buspar daily.</p> <p>On 11/21/14 at 9:00 a.m., E2, Director of Nurses, stated that she had contacted Z1, and received a progress note from him dated 11/20/14 which states "Add dx (diagnosis) of Anxiety with Agitation for the use of Xanax, Buspar, and Risperdal (Resperidone).</p> <p>3. R2 was admitted to the facility on 8/15/14 as noted on the Facility Admission Form. R2's August 2014 Physician Order Sheet (POS) includes the antipsychotic medication Seroquel with orders for 50 mg at bedtime. Diagnoses found on the Admission Form and POS for August thru November 2014 include Depressive Disorder and Anxiety. The Consent Form signed by R2 for the Seroquel listed Anxiety as the reason for the medication. A Physician Progress Note dated 9/30/14 indicates an order to increase the Seroquel from 50 mg to 75 mg due to complaints from R2 of mood swings and depression. On 10/02/14 a pharmacy "Note to Attending Physician/Prescriber" indicates a request for a diagnosis to support the use of the Seroquel. The pharmacy note is signed by Z2, Medical Doctor and does not include a date. The diagnosis of Depression is given for the Seroquel. The record fails to include an acceptable diagnosis for the use of the Seroquel. E2, Director of Nurses verified on 11/21/14 at 9:00 am, during interview that there was no other acceptable diagnosis in the record or available.</p> <p>4. R12 is a 68 year old resident with diagnoses that include Schizophrenia and Renal Failure, as noted on the November 2014 POS. This POS includes the antipsychotic drug Resperidone 3 mg twice daily. A Physician Visit note dated</p>	F 329			

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F 329	Continued From page 3 11/3/14 gives an additional diagnosis of Extrapyramidal Disease- Abnormal Movement Disorder. The November 2014 POS indicates that R12 has been on this same dosage of Risperidone since 2011. There is no indication in the record of when a reduction was last attempted. The current Care Plan with a date of 8/15/14 indicates that R12 will be prescribed the lowest effective dose of psychotropic medication. Review of the behavior tracking for October and November 2014 show all 0's, indicating no behaviors. E2, DON indicated on 11/21/14 at 9:00 am that the record did not include any history of a dose reduction since at least 2011. A 9/12/14 pharmacy note to the attending physician labeled "Annual Review" recommends a dose reduction of the Risperidone. There was no documentation in the record to indicate that the physician considered this or addressed a reason for not attempting a reduction.	F 329			
F 363 SS=C	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that substituted entrees' met the same nutritional equivalency as the planned dietician approved menus previously prepared in advance. This failure has the	F 363			

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F 363	<p>Continued From page 4 potential to affect all 56 residents in the facility.</p> <p>Findings include:</p> <p>On 11/18/14 at 7:45 a.m., E8, Dietary Manager, stated that the facility was changing some of the menus around because the facility was holding a Thanksgiving party on 11/20/14, and they did not want to serve the same menu item twice. According to the facility's diet Spreadsheets, turkey was scheduled to be served on the evening of Friday, 11/21/14.</p> <p>According to the facility's diet Spreadsheets, chicken tacos were planned for the lunch meal on 11/18/14. At 12:15 p.m. on 11/18/14, resident trays were passed in the A wing dining room, and the main entree was a pasta dish with what appeared to be a meat sauce.</p> <p>On 11/19/14 at 10:30 a.m., E9, (Cook), prepared 4 sandwiches, using 1 hamburger bun and 1 #10 scoop (3/8 cup) of prepared chicken salad for each. E9 then proceeded to process the sandwiches with a small amount of milk to produce a pureed entree. Surveyor asked E9 what sized serving utensil would be used for the pureed entree, and E9 stated that a #10 scoop would be used.</p> <p>According to the package label, 1/3 cup of the prepared chicken salad would provide 8 grams of protein. A #10 scoop would provide slightly more: approximately 9 grams of protein.</p> <p>According to the facility's diet Spreadsheets, the menu for the lunch meal on 11/19/14 was cheese lasagna roll-up, meadow blend vegetables, cinnamon pears, and a dinner roll. An undated,</p>	F 363			

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F 363	Continued From page 5 handwritten note on the cabinet stated that the facility was substituting chicken salad sandwiches, baked beans, and macaroni salad for the planned menu. When asked for the recipe for the chicken salad sandwich, on 11/19/14 at 11:00 a.m., E8 stated that they had not used a recipe. When asked how R8 would know whether the entree was nutritionally equivalent to the item that had been originally planned on the spreadsheet, E8 acknowledged that she did not know. E8 also acknowledged that the dish which had been served the previous day in place of the planned chicken tacos had been prepared without a recipe, and that E8 was not aware of the nutritional value of the dish. When asked what scoop size of the chicken salad would be served, E8 stated that she was not familiar with the value of scoop sizes, and that she assumed it would be 6 ounces.	F 363			
F 371 SS=F	According to the Resident Census and Conditions of Residents report dated 11/18/14, the facility had 56 residents. 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	F 371			

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F 371	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to use acceptable methods for safely cooling potentially hazardous food, and failed to prevent potential insect contamination of food. This failure has the potential to affect all 56 residents in the facility.</p> <p>Findings include:</p> <p>On 11/19/14 at 3:15 p.m., surveyor observed a large, deep food service pan covered with aluminum foil on a food preparation table in the food service kitchen. Surveyor asked E7, Cook, what was in the pan, and E7 stated that it was the turkey for the Thanksgiving day party the following day. Surveyor lifted the corner of the foil and observed thickly cut turkey filling the pan and stacked to the top edge. Surveyor measure temperatures at 3 points in the pan and found them to be 132 degrees, 143 degrees (in the very center) and 131 degrees.</p> <p>1. On 11/19/14 at 4:10 p.m., the pan with turkey remained on the food preparation table. The turkey filled the deep pan, and the pan rested inside of another pan of the same size, with ice in the bottom. One temperature reading was taken at that time, and was measured at 104 degrees.</p> <p>Surveyor then went to E1, Administrator's, office and expressed concerns about the food. E1 returned with surveyor to the kitchen and asked E7 about the turkey. E7 replied that E8 (dietary manager) was cooling the turkey, and did not want E7 to do anything with it. E1 then left to find E8 and question her about the turkey, and</p>	F 371			

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F 371	<p>Continued From page 7</p> <p>instructed E7 to place the turkey into several shallow pans so that it could be placed in the refrigerator and cooled more rapidly.</p> <p>E1 returned with E8, at 4:00 p.m. on 11/19/14, and instructed E8 to continue to separate the turkey and place it in the refrigerator to cool more rapidly. Surveyor asked E8 what time the turkey had finished cooking and was placed on the counter, and E8 stated 1:30 p.m. When asked what the temperature of the turkey was at that time, E8 stated "165". When asked for documentation of the time and the temperature, E8 stated that it was not documented.</p> <p>E8 then moved the contents of a small pan of turkey into a larger pan. The turkey was still layered deeply. E8 then proceeded to fill the bottoms of several food service pans with ice, and placed the equivalent sized pans containing turkey into the pans with ice. At 4:40 p.m. the pans with the turkey remained on the counter, resting in the pans with ice.</p> <p>Surveyor alerted E1 at 4:40 to concerns that the food would not be cooled adequately. E1 went back to the kitchen and took temperatures, documented, and prepared the food for rapid chilling to ensure that the turkey would chill to at least 70 degrees by 5:15 p.m. and 40 degrees within the next 4 hours.</p> <p>On 11/20/14 at 9:00 a.m. E1 provided documentation of rapid chilling and acknowledged to surveyor that E8 would require additional training.</p> <p>2. On 11/18/14 at 7:45 a.m., 5 small flies were observed in the left serving side corner of the</p>	F 371			

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F 371	Continued From page 8 food service kitchen, and 4 were in the right corner. Several flies were also in the dishroom.	F 371			
F 428 SS=E	<p>The facility's Resident Census and Condition of Residents form, dated 11/18/14, documented the facility had a census of 56 residents.</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, monthly drug regimen reviews failed to include thorough review of antipsychotic medications for appropriate diagnosis and/or drug to drug interaction for 4 of 5 residents (R2, R4, R6, R12) in the sample of 14. 1. According to a Minimum Data Set dated 10/24/14, R4 has diagnoses which include Hypertension and Non-Alzheimer's Dementia. According to the Physician's Orders report dated 11/19/14, R4 receives 5 milligrams (mg) of Zyprexa daily at 5 p.m.</p> <p>According to a Psychiatric</p>	F 428			

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F 428	<p>Continued From page 9</p> <p>Evaluation/Consultation dated 9/29/2014, R4 has an Axis I diagnosis of Dementia; Pre-senile Uncomplicated, and Axis 2 is deferred. No other Axis 1 or 2 diagnoses are listed.</p> <p>The pharmacy check off sheet was reviewed and no indication of a pharmacy referral related to R4's lack of a diagnosis for the antipsychotic medication could be found.</p> <p>2. According to the Care Plan dated 9/3/14, R6 has diagnoses which include Alzheimer's Disease and Disorder Persistent Mental due to CCE NOS (condition classified elsewhere not otherwise specified). According to a Physician Order Report dated 11/01/2014 through 11/18/2014, R6 receives .25 mg (milligrams) of the antipsychotic medication Risperidone at 8:00 a.m. daily for the diagnosis of Alzheimer's Disease, and .5 mg Risperidone daily at 5:00 p.m. for the diagnosis of Disorder Persistent Mental due to CCE NOS. According to the Physician Order Report (above) R6 also receives the anti-anxiety medications Xanax and Buspar daily.</p> <p>On 11/21/14 at 9:00 a.m., E2, Director of Nurses, during interview stated that she had contacted Z1, and received at progress note from him dated 11/20/14 which states "Add dx (diagnosis) of Anxiety with Agitation for the use of Xanax, Buspar, and Risperdal (Risperidone).</p> <p>The pharmacy check off sheet was reviewed and no indication of a pharmacy referral related to R6's lack of a diagnosis for the antipsychotic medication could be found.</p> <p>3. According to the Physician's Orders report dated 11/19/14, R4 receives 5 milligrams (mg) of</p>	F 428			

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F 428	<p>Continued From page 10</p> <p>Zyprexa daily and also 5 mg of Oxybutinin daily.</p> <p>According to the current edition of Medscape prescription reference (www.medscape.com) a serious potential drug interaction exists between Zyprexa and Oxybutinin. The reaction can cause hypoglycemia and a compounded anticholinergic effect.</p> <p>The pharmacy check off sheet was reviewed and no indication of a pharmacy referral related to the potential drug interaction could be found.</p> <p>4. R2 was admitted to the facility on 8/15/14 as noted on the Facility Admission Form. R2's August 2014 Physician Order Sheet (POS) includes the antipsychotic medication Seroquel with orders for 50 mg at bedtime. Diagnoses found on the Admission Form and POS for August thru November 2014 include Depressive Disorder and Anxiety. The Consent Form signed by R2 for the Seroquel listed Anxiety as the reason for the medication. A Physician Progress Note dated 9/30/14 indicates an order to increase the Seroquel from 50 mg to 75 mg due to complaints from R2 of mood swings and depression. On 10/02/14, a pharmacy "Note to Attending Physician/Prescriber" indicates a request for a diagnosis to support the use of the Seroquel. The pharmacy note is signed by Z2, Medical Doctor and does not include a date. The diagnosis of Depression is given for the Seroquel. The record fails to include an acceptable diagnosis for the use of the Seroquel. A pharmacy review was again completed on 11/6/14 and indicates "no irregularities" even though Depression is not an acceptable diagnosis for the use of the Seroquel. E2, Director of Nurses verified on 11/21/14 at 9:00 am that there</p>	F 428			

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F 428	Continued From page 11 was no other acceptable diagnosis in the record or available. 5. R12 is a 68 year old resident with diagnoses that include Schizophrenia and Renal Failure, as noted on the November 2014 POS. This POS includes the antipsychotic drug Risperidone 3 mg twice daily. A Physician Visit note dated 11/3/14 gives a diagnosis of Extrapyrimal Disease- Abnormal Movement Disorder. The November 2014 POS indicates that R12 has been on this same dosage of Risperidone since 2011. There is no indication in the record of when a reduction was last attempted. The current Care Plan with a date of 8/15/14 indicates that R12 will be prescribed the lowest effective dose of psychotropic medication. Review of the behavior tracking for October and November 2014 show all 0's, indicating no behaviors. E2, DON stated on 11/21/14, at 10:30 am, during interview that she had contacted the pharmacy and was sent a typed untitled, unsigned and undated note from the pharmacy that indicated a recommendation for a reduction had been made in September 2014 by the pharmacy. The actual pharmacy recommendation note dated 9/12/14 was provided by E2 by fax to the surveyor after completion of the survey. There was not a response or a signature from R12's physician included on this form.	F 428			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL E ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.	F 465			

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

PRINTED: 12/04/2014
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 11/21/2014
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 465	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain clean, sanitary, and orderly supply rooms, utility rooms, medication rooms and a resident bathroom. These failures have the potential to affect all 56 residents in the facility. The findings include: 1. On November 18, 2014, at 11:30 am, during the facility tour, the following was noted: (1) soiled washcloths, local fast food restaurant drinking cups with straws were on the counter, and an oxygen concentrator was in the A Wing Clean Utility room. The oxygen concentrator that had nothing to indicate if concentrator had been cleaned for use, in need of repair or the purpose for the machine being in the clean utility room. A Wing East Bathroom had 5 small brown, feces smelling round clumps in the dry shower floor, linens in a plastic bag smelling of feces on the floor of the bathroom, between the toilet and sink. On Arch wing in the Soiled Utility Room, 6 green portable cylinder oxygen tanks, small brown speckles with a feces odor scattered on the side of the three compartment sink, the wall behind and beside the hopper, the floor around the hopper and in front of the shelving, intravenous pumps, nebulizer machines, an air pump stored on a shelf with nothing to indicate if the equipment had been cleaned, needed repair, or in need of cleaning, and material looking to be in the form of curtains stored on the three compartment sink. Arch unit Clean Utility Room had employee coats, and local fast food cups with straws and liquid in them on the counter. The Arch wing Mechanical Room had two</p>	F 465			

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F 465	<p>Continued From page 13</p> <p>Intravenous pumps, and two bed pad alarms on a shelf with nothing to indicate if the equipment needed to be cleaned, repaired or ready to be used.</p> <p>2. On November 18, 2014, at 11:30 AM, E5 (Maintenance\Housekeeping Supervisor) during interview stated the oxygen concentrators, and portable cylinder oxygen tanks were suppose to be stored in the oxygen storeroom, did not belong in the utility rooms and could not determine if the concentrators, intravenous pumps, bed pad alarms had been cleaned, in need of repair, or soiled.</p> <p>3. On November 21, 2014 at 9:20 AM, E4 (Licensed Practical Nurse) stated " There is only one oxygen supply room in the building that oxygen tanks, and oxygen concentrators are stored in, and the portable oxygen cylinder tanks are no longer used except on the crash carts. "</p> <p>4 According to the undated policy for Cleaning Resident Equipment , " Resident care equipment should be dedicated to the use of a single resident and cleaned before reuse with another resident and stored in the clean utility room. " This same policy had nothing to indicate what system is being used to indicate where resident equipment is to be stored prior to cleaning/sanitizing and who is responsible for cleaning /sanitizing the equipment.</p> <p>5.. On 11/20/14 at 9:20 AM, a sharps container was setting on the window sill of the Arch Medication Room. E6, Registered Nurse (RN), stated that this sharps container contains cat liter and is used as the disposable narcotic container. This window sill, where this container was setting, was soiled with white, tan and brown particles along with brown spill marks. E6, RN, stated that the nurses have probably spilled things as they</p>	F 465			

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F 465	Continued From page 14 put them in the disposable narcotic container. In this same medication room, the top of the refrigerator was soiled with brown spill marks, the sink was dirty with brown scum and the floor was dirty with black/brown grime and brown spill marks. 6.On 11/20/14 at 9:35 A.M. the floor in the A wing Medication Room was noted to be dirty with black/brown grime. 7.The facility's Resident Census and Conditions of Residents form dated 11/18/14 documented that the facility had a census of 56 residents.	F 465			