

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

PRINTED: 01/15/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146057		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2016	
NAME OF PROVIDER OR SUPPLIER MONMOUTH NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET MONMOUTH, IL 61462			
(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 157 SS=D	<p>Original investigation of complaint #1620108/IL82583.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>			F 157			

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 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify the physician of a declining resident condition for one of three residents (R1) reviewed for physician notification in a sample of three.</p> <p>FINDINGS INCLUDE:</p> <p>The revised (10/9/15) facility policy, Notification of Change of Resident Condition to Physician and Family, directs staff, "A facility must immediately inform the resident, consult with the resident's physician; and notify the resident's legal representative of any change in condition or status, accidents/injuries, change of roommate assignments, abnormal lab results and any new orders received for that resident."</p> <p>R1's nurses notes dated 11/17/15 document, "1530 (3:30 P.M.) 97.9-96-18-112/64. 93% O2 (oxygen) on room air. LS (lung sounds) clear. Breathing unlabored. Bowel sounds active X 4. No c/o (complaints of) pain or discomfort. Edema to RLE (right lower extremity). Resident is alert and oriented X 3." There is no notification to R1's physician documented.</p> <p>R1's nurse notes dated 11/22/15 document, "Late entry from 11/18/15. Presents with BLE (bilateral lower extremity) pedal and ankle edema." There is no notification to R1's physician documented.</p> <p>R1's nurses' notes dated 11/23/15 document, "New (physician) order for (compression stockings) daily, off at HS (bedtime)."</p> <p>R1's nurses' notes dated 12/2/15 document,</p>	F 157			

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F 157	Continued From page 2 "Resident presents with SOB (shortness of breath) with exertion and appears to have a weak voice. Resident states (R1) is feeling slightly congested. Will continue to monitor." There is no notification to R1's physician. R1's nurses' notes dated 12/6/15 document, "Alert with lethargy. Resident very quiet. Continues to be faint. Resident has poor appetite." There is no notification to R1's physician. R1's nurses' notes dated 12/8/15 document, "Lots of encouragement to get up to ambulate. resident has lack of motivation. Appetite poor. 2+ edema RLE (right lower extremity) and 1+ edema LLE (left lower extremity)." There is no notification to R1's physician. R1's Emergency Room History and Physical dated 12/16/15 documents the following diagnoses: Healthcare Associated Pneumonia, Edema of lower Extremities, Acute on Chronic Kidney Failure and Dehydration. On 1/12/16 at 11:00 A.M., E2/Director of Nurses (DON) stated, "Staff are to notify a resident's physician if a resident has a change in condition, a resident won't take medication for three days, abnormal lab results, newly developed edema, a new onset of increasing shortness of breath. Staff did not notify (R1)'s physician of (R1)'s edema until November twenty third. I don't know why (R1)'s physician wasn't called on December second or December sixth."	F 157			
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 3</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, facility staff failed to apply compression stockings/wraps for one of three residents (R1) reviewed for edema in a sample of three.</p> <p>FINDINGS INCLUDE:</p> <p>The (undated) facility policy, "Antiembotytic Stockings" directs staff : "The purpose of Antiembotytic stockings are to provide support for lower extremities and to aid return circulation from lower extremities. Do not allow top to roll or turn down causing restriction of circulation. Observe resident for signs and symptoms of circulatory problems, including color of toes, temperature of extremity, pain, edema, adequate pedal pulses."</p> <p>R1's current Physician's Order Sheet, dated January 2016 includes the following diagnoses: Edema, Heart Failure, Phlebitis and Thrombophlebitis of Left Femoral Vein and Chronic Venous Stasis with Leg Ulcer to Right Lower Extremity. Also included are the following physician's orders: Apply (compression wraps) thigh high to left leg. Apply (compression stockings) to right leg. Leave (compression wraps/stockings) on at all times. May remove for shower and cares only. Keep legs elevated on three pillows at all times. Keep heels off bed to prevent pressure ulcer. Monitor for placement of</p>	F 282			

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F 282	<p>Continued From page 4 (compression wraps/stockings) every shift.</p> <p>R1's current care plan, dated 12/27/15 includes the following interventions, "Compression stocking to right leg and compression wrap thigh high to right leg. Place legs on three pillows at all times and float heels off of bed."</p> <p>On 01/11/16 at 9:50 A.M., R1 was sitting in a recliner, in a reclined position in (R1)'s room, sleeping. R1 had loose fitting grey gripper socks on (R1)'s bilateral feet. A white gauze bandage was present on R1's right leg. No compression stocking was on R1's left leg nor was a compression wrap present to R1's right leg. No pillows were under R1's legs. Both of R1's legs were swollen. Three compression wraps were present on R1's dresser top.</p> <p>On 01/11/16 at 1:20 P.M., E3/Licensed Practical Nurse (LPN) stated, "(R1) is supposed to have thigh high (compression wraps) on (R1)'s left leg and (compression stockings) on the right leg at all times. I'm not sure but I think they took them off in the middle of the night. I don't know why they weren't on."</p> <p>On 01/11/16 at 1:35 P.M., E4/Certified Nursing Assistant (CNA) stated, "I saw (R1) around 6:30 this morning. (R1) did not have a (compression wrap) or (compression stockings) on at that time. I did not tell the nurse."</p> <p>On 01/12/16 at 9:05 A.M., E5/ Licensed Practical Nurse (LPN) stated, "I worked on Sunday night (01/10/16). (R1) was my patient. Around 3:30 in the morning, I walked (R1) to the bathroom. (R1) didn't have (compression stockings/wraps) on. I just assumed they were wet. I don't know when</p>	F 282			

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F 282	Continued From page 5 they got taken off. I don't remember telling the next shift that they were off." On 01/12/16 at 11:00 A.M., E2/ Director of Nursing (DON) stated, "(R1)'s (compression stocking) to the right leg is to be on at all time. (R1)'s left leg has an order for a (compression wrap) It's to be on at all times too."	F 282			