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	146003	A. BUILDING _____ B. WING _____	01/22/2010

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ASPEN RIDGE CARE CENTRE	**2530 NORTH MONROE STREET DECATUR, IL 62526**

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F 000	INITIAL COMMENTS Annual Licensure and Certification Survey VALIDATION SURVEY FOR SUBPART U: ALZHEIMER UNIT The facility is in substantial compliance with Subpart U, 77 Illinois Administrative Code, Section 300.7000	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225		

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 225	Continued From page 1 The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that a resident's allegation of abuse was treated as an allegation, reported to the State Survey and Certification agency, and thoroughly investigated so as to ensure that the resident was protected from potential further abuse. This failure was identified for one of 26 sampled residents, R26. Findings include: R26's Social Service Progress notes dated 12-27-09 and completed by E7, Certified Nurse Aide/Resident & Family Services Coordinator, document "Writer was called into (R26's) room by resident's CNA (Certified Nurse Aide), resident was upset and crying. When writer asked (R26) what was wrong (R26) stated that someone was mean to her, when asked who she refused to say, (R26) said a staff member called her a 'bit.. and a fat a...' (R26) said it was someone on days. I (E7) asked (R26) several times who was treating her badly she still refused to say...said she would tell me tomorrow...(R26) said forget it, it didn't happen I just want to go home..."	F 225		

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F 225	Continued From page 2 E7 stated on 1-21-10 at 4 p.m. that she recalled the situation and upon receiving the allegation during the 2nd shift, immediately contacted E1, Administrator by using her mobile phone. E7 stated that she provided E1 with details including R26's state of mind (crying), the allegation of being mistreated by a day shift staff member, R26's refusals to divulge the alleged perpetrator, and R26's recantation of the allegation. E7 stated that she immediately interviewed other potential resident witnesses on the unit. E7 stated that she spoke to the nurse on the unit about the allegation at this time. E7 stated that no other potential staff or visitor witnesses were interviewed by her. E7 stated she did return to speak with R26 on 12-28-09 but did not document the content of the interview. E7 stated she asked R26 about the previous day's conversation and R26 replied that she had no recollection. E7 stated that she did not attempt to refresh R26's recollection of the allegation nor did she attempt to determine who the alleged perpetrator was during the conversation with R26. E1, Administrator stated on 1-21-10 at 1:30 p.m. that she was made aware of the allegation immediately by E7 on 12-27-09. E1 stated that E7 remained with R26 while she advised E7 on how to proceed with the investigation. E1 stated that E7 repeatedly attempted to determine who the alleged perpetrator was but was unsuccessful. E1 stated that she did not view the allegation truly as an allegation of abuse but rather a manifestation of her behaviors. E1 stated that since R26 recanted her allegation after being questioned, and given R26's 'history of making false accusations', she did not view it	F 225		

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F 225	Continued From page 3 to be valid and opted to not proceed. E1 stated that R26's allegation of mistreatment was not reported to the Illinois Department of Public Health and stated that an investigative report was never assembled and transmitted to the Department. E1 stated and provided documentation on 1-21-10 at 4:30 p.m. that potential staff witnesses on 'days' or first shift were not interviewed until 12-29-09, 2 days after R26's allegation of mistreatment, thereby placing R26 at risk for potential further abuse. E1 stated no alleged perpetrator was ever identified. The most recent Physician's Orders dated January of 2010 indicate R26 has diagnoses of Encephalopathy, Depression, and Pseudo Cerebral Palsy. The most recent Minimum Data Set (MDS)dated 12/16/10 shows R26 is not ambulatory and is total care for all Activities of Daily Living. R26 is shown by the MDS to be cognitively impaired. The facility Abuse Prevention Program policy states (in part) that "...employees are required to report any occurrences of potential mistreatment they observe, hear about, or suspect to a supervisor or the administrator". The policy also states "the facility will take steps to prevent mistreatment while the investigation is underway". This policy states that "If, during the course of an incident investigation, the Administrator or designee has determined that there is reasonable cause to suspect mistreatment has occurred, the resident's representative and the Department of Public Health office shall be called...Within twenty-four hours after the occurrence a written report shall be sent..."	F 225		

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F 225	Continued From page 4 The policy continues "the investigator will report the conclusions of the investigation in writing...and the Administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Department of Public Health within five working days of the incident."	F 225		
F 322 SS=D	483.25(g)(2) NASO-GASTRIC TUBES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, staff failed to ensure that R27, one of two residents sampled for gastrostomy feedings, received the correct amount of enteral feeding. Findings include: R27's Quarterly Nutritional Assessment dated 5/26/09 lists a usual body weight range of 97-132 pounds (#), with a weight of 97.6#. R27's Quarterly Nutritional Progress Notes dated 6/29/09 shows R27 had a gastrostomy tube placed due to poor appetite and oral intake of 20 to 50% at meals. The entry lists a body weight of 86# and an order for Fibersource HN (High Nitrogen) to run at 75 cubic centimeters (cc) for	F 322		

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F 322	Continued From page 5 16 hours. R27's Client Detail Report for weight shows weights of 95.6# on 9/8/09, 97.9# on 10/6/09, 95.5# on 11/10/09, 98.3# on 12/8/09, 96.6# on 1/12/10 and 99.6# on 1/14/10. The Nutritional Progress Notes written by the Registered Dietitian, dated 11/28/09, recommended R27's enteral feeding be increased to 85cc to run for 16 hours. R27's January 2010 Physician's Order Sheet (POS) lists an order for Fibersource HN to run at a rate of 85cc per hour from 6p.m. until 10 a.m. This would provide R27 with a total of 1360cc of Fibersource HN each day. The POS indicates R27 was also to receive a Mechanical Soft diet along with the gastrostomy feeding. On 1/20/10 at 3:30 p.m. R27 had a 1500cc container of Fibersource HN enteral feeding hanging at the bedside, with approximately 1425cc remaining in the bottle. The product label indicated it was hung on 1/20/10 at 8:00 a.m. with a flow rate of 85cc per hour. On 1/21/10 at 9:20 a.m. this same bottle had approximately 350cc of feeding remaining in the bottle and the feeding was shut off. At 9:40 a.m. R27's feeding continued to be turned off. On 1/21/10 at 10:00 a.m. E3, Registered Nurse, stated she had turned off R27's enteral feeding at 9:15 a.m., stating, "I took her off a little early." E3 acknowledged R27's Physician's Order was for the feeding to run until 10:00 a.m. When asked how E3 calculates the amount of feeding R27 receives on her shift, E3 stated she multiples the flow rate of 85cc by the number of hours the feeding ran. E3 stated some staff use the enteral pump reading to determine the amount administered. E3 attempted to retrieve the	F 322		

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F 322	Continued From page 6 amount infused from the pump, but stated the pump must have cleared the information when she turned it off. On 1/21/10 at 10:30 a.m. E3 acknowledged R27 had approximately 375cc of Fibersource feeding remaining in the bottle, dated as hung on 1/20/10 at 8:00 a.m. If administered according to the order, the full bottle of 1500cc Fibersource hung at 8:00 a.m. on 1/20/10, would have run from 8a.m.-10a.m. (two hours) and again from 6p.m. on 1/20/10 until 10a.m. on 1/21/10 (16 hours), for a total of 18 hours. At 85cc per hour, this would provided R27 with 1530cc of feeding and the bottle would have been fully used. E3 confirmed this and stated she had not received report of the previous shifts turning the feeding off. E3 was unable to explain the discrepancy. The Intake and Output record for 1/20-1/21/10 lists enteral intake of 430cc on the evening shift and 669cc on the night shift.	F 322		
F 363 SS=F	483.35(c) MENUS AND NUTRITIONAL ADEQUACY 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, record review and interview, the facility failed to ensure that 165 of 173 residents received the planned three ounces (oz) of protein for the 1-20-10 lunch meal.	F 363		

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F 363	Continued From page 7 Findings include: According to the planned menu spreadsheet for 1-20-10, the meat was three oz. protein portion of Breaded Pork Choppette. The facility used two different venders for the pork choppette. A. Puree: On 1-20-10 at 9:30 A.M., the cook, E5 pureed the pork choppette. E5 stated that she was preparing 30 servings. E5 used 30 proportioned fully cooked choppette with at least eight cups of broth for the 30 servings. The label on the box for the choppettes listed a 3.75 oz serving portion with a 2 oz equivalent of protein. The serving of the puree was observed. According to the Dietary Manager, E4, 29 puree portions were served by the Cook, E6. E6 counted six servings were left over after the completion of serving all of the pureed diets. As a result, the residents on a puree diet received 1.75 oz. of protein instead of the required three oz. portion. B. Floor Trays: During the lunch meal serving observation on 1-20-10, the same type of Breaded Pork Choppettes used for the pureed pork choppettes were served to the residents eating on the 2nd, 3rd, 4th, and 5th floors. E4 stated that approximately 65 residents eat on these floors. The residents received two oz. of protein instead of the required three oz. portion. C. Main Dining Room: Following the completion of the serving of the floor trays, a new steamtable pan of a different	F 363		

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F 363	Continued From page 8 looking Breaded Pork Choppette was replaced on the steamtable by E6. The resident meals were served to the Main Dining room. E6 was asked to remove the breading and the bones and weighed the meat. Two sampled portions were weighed. Each portion weighed 1.75 oz. D. Substitute: The facility used a fully cooked meatloaf slice as a protein substitute. According to E4, approximately 20% of the residents requested the meatloaf substitute. The manufacture listed nutritional information stating that one slice provides 2.25 oz equivalent meat.	F 363		
F 465 SS=D	483.70(h) OTHER ENVIRONMENTAL CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure that one of four designated emergency exit corridors were free of clutter and would allow safe and effective passage. Finding include: During observation of the service corridor on 1-19-10 and 1-20-10, the south side of the corridor was used as storage. Multi tiered storage racks and other storage racks remained in the same location and partially obstructed the corridor. The facility was storing clean linens, laundry supplies, dietary chemicals, bread racks	F 465		

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F 465	Continued From page 9 and single service dietary supplies in fixed locations of the corridor and/or for extended periods of time throughout the day. The terminal end of the service corridor is equipped with an exterior door with an exit sign to designate it as an emergency exit.	F 465		