

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

PRINTED: 10/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2015
NAME OF PROVIDER OR SUPPLIER MONTEBELLO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1599 KEOKUK STREET HAMILTON, IL 62341		
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F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>Annual Certification Survey 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>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</p>	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	<p>Continued From page 1 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to report a bruise of unknown origin to the state agency per facility policy for one of three residents reviewed for abuse (R8) in a sample of 15.</p> <p>Findings include:</p> <p>The facility policy titled, "Addendum to policy Abuse & Neglect Prohibition", dated 11/27/13 includes: "Reporting and response. (1) The facility will report all allegations and substantiated occurrences of abuse/neglect, injuries of unknown origin, and misappropriation of property to the state agency immediately."</p> <p>R8's nursing notes dated 9/29/15, at 9:00 p.m., documents, "Bruising found to both sides of (R8's) back. (R8) could not state what happened."</p> <p>On 10/7/15, at 1:00 p.m., E1 (Administrator) provided an investigation for the bruising found 9/29/15, on R8's back.. E1 stated, "No, I did not report that to the state agency." On 10/8/15, at 10:00 a.m., during Abuse Policy review, E1 stated, "I did not report (R8's) bruising like it says to. Lesson learned."</p> <p>On 10/9/2015, at 8:40 a.m., R8 was sitting on toilet [assisted by E8 (RCS/Resident Care Specialist)]. There was faded bruising to R8's left side extending to R8's middle back and one,</p>	F 225			

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F 225	Continued From page 2 quarter-sized, bruise on the right side of R8's back. R8's bruises were yellow with light purple and gray coloring. R8 stated, "I don't know how I got that. I can't see my back."	F 225			
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: Noncompliance resulted in two deficient practices. A. Based on observation, interview, and record review, the facility failed to prepare food, under sanitary conditions, by not cleaning the tops of stationary kitchen equipment. This failure has the potential to effect all 66 residents residing in the facility. Findings include: Facility policy, entitled "Dietary Cleaning" (dated March 2009), documents, "Cleaning fixed equipment: Non removable parts will be washed, rinsed, air dried, and sprayed with sanitizing solution".	F 371			

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F 371	<p>Continued From page 3</p> <p>On 10/6/2015, at 9:05 a.m., during the initial tour, the following stationary, kitchen equipment was not clean: 1) the "Breakfast Freezer" had spider webs hanging from central air conditioning duct work/vents to the side of the freezer; 2) the top of the storage locker [next to the "Breakfast Freezer] was covered with dirt/grime, one spray bottle top, and a small basket which had spider webs; 3) the "Drink Cooler" had spider webs hanging from the light fixture [above] to the top of the cooler; and 4) the second central air conditioning unit [next to the hand washing station] was covered with dirt/grime.</p> <p>On 10/6/2015, at 9:05 a.m., E6 (Cook) confirmed the dirt/grime and spider webs on the aforementioned stationary kitchen equipment.</p> <p>On 10/7/2015, at 10:05 a.m., E5 (Dietary Manager), who was not present the day of the initial tour, confirmed that E6 advised E5 of the discrepancies found during the initial tour. E5 stated [in regards to cleaning the spider webs and tops of the stationary equipment], "It is hard for us".</p> <p>B. Based on observation, record review and interview the facility failed to ensure that staff 's food was not stored in the refrigerator where biological's are stored. This failure has the potential to effect all 66 residents in the facility. Findings Include: The facility policy, entitled "Storage and Expiration of Medications, Biological's, Syringes and Needles" (dated 12/01/07), documents, "[The] Facility should ensure that food is not to be stored in the refrigerator, freezer or general storage areas where medications and biological are stored."</p>	F 371			

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F 371	Continued From page 4 On 10/7/15 at 9:00 A.M. a sandwich in a re-sealable bag and a soda can were noted to be in the clean utility refrigerator with the nutritional supplements used for all residents, the applesauce used during medication pass and the undated orange juice that is used for residents. On 10/7/15 E4 (Maintenance Supervisor) stated that the unlabeled sandwich and soda can are, "probably staff's." The "Resident Condition and Census" report provided by E1 (Administrator) on 10/06/2015 documents 66 resident are residing in the facility.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. 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. 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. The facility must provide separately locked,	F 431			

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F 431	<p>Continued From page 5</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to record the date opened on insulin vials for two of six residents (R26 and R27) reviewed for insulin storage in the supplemental sample.</p> <p>Findings include:</p> <p>The facility policy, titled , "Storage and Expiration of Medications, Biologicals, Syringes and Needles", dated 1/1/13 [revision], documents, "Once any medication or biological package is opened the facility should follow manufacturer or supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened."</p> <p>During medication pass with E11 (LPN/Licensed Practical Nurse) on 10/7/15 at 8:10 am six vials of insulin, were on the medication cart. Four open vials contained the date when opened. Two open vials did not have the "date opened " marked on the vial or the box. The first vial was labeled Novolog 100 (regular insulin) units/ml (milliliter)</p>	F 431			

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F 431	Continued From page 6 for R26 dated as filled on 5/1/15. The second vial was labeled Humulin 70/30 dated as filled 9/5/15 for R27. E11 confirmed at that time that there were no dates on the bottles to indicate when they were opened. The facility form titled, "Recommended Minimum Storage Parameters (based on manufacturer guidance) ", dated March 31, 2015, documents, "Based on the American Diabetes Association guidelines, all insulin vials should be dated when opened and discarded after 28 days after opening except Levemir, Novolin R, Novolin N and Novolin 70/30 which can be used for 42 days after opening and Humulin can be used up to 31 days after opening."	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441			

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F 441	<p>Continued From page 7</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to perform hand hygiene before/during/after incontinence care for three of eight residents (R1, R11, and R20) reviewed for infection control in a sample of 15. Findings include: Centers for Disease Control (CDC) [online documentation], "Hand Hygiene in Health-care Settings: Hand Hygiene Basics" (last updated May 2014), documents, " Healthcare providers should practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with blood, body fluids, or contaminated surfaces (even if gloves are worn); and after removing gloves..." 1) On 10/07/2015, at 9:30 a.m., E7 (Resident Care Specialist) provided catheter care to R11. Without washing E7 ' s hands, E7: applied</p>	F 441			

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F 441	<p>Continued From page 8</p> <p>gloves; cleansed the left side of R11's scrotal area; grabbed the trash can [with E7's left hand]; pulled the can close to R11; cleansed right side of R11's scrotal area; grabbed a hold of R11's catheter tubing [with left hand]; and cleansed R11's catheter tubing.</p> <p>On 10/7/2015, at 9:35 a.m., E7 confirmed E7 did not wash E7's hands and failed to changed gloves after touching R11's trash can and during care.</p> <p>2) On 10/6/2015, at 1:40 p.m., E8/E9 (both Resident Care Specialists) provided incontinence care to R1. Prior to R1 sitting on the commode, E8 removed R1's incontinence brief [R1 was incontinent of urine]. Without changing gloves, E8 opened R1's closet door; grabbed a new incontinence brief [from the package]; placed the new brief around R1; picked up a clean wipe; cleansed R1's perineal area; tossed the dirty wipe in the trash; held on to R1's right arm; assisted R1 to the standing position; and then cleansed R1's buttocks area with a clean wipe.</p> <p>On 10/6/2015, at 1:50 p.m., E8 confirmed E8 should have removed E8's soiled gloves [and washed hands] before walking out of R1's bathroom and opening R1's closet door to obtain a clean incontinence brief. E8 also confirmed E8 should have changed gloves before assisting R1 to the standing position.</p> <p>3) On 10/7/15 at 10:45 A.M. E10 (Licensed Practical Nurse) donned gloves, opened normal saline, gauze pads and pulled R20's covers down and gown up. E10 then cleansed R20's gastronomy tube site in a clock wise direction and then counter clockwise then changed gauze and repeated the motion. E10 then took new gauze with saline and washed tube from entry site out and then back towards body in a back and forth motion. E10 removed gloves, gathered dirty linen</p>	F 441			

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F 441	Continued From page 9 and trash and carried it out into the hallway with linen up against E10's torso. E10 did not wash hands prior to leaving room.	F 441			