

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

PRINTED: 10/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET MOUNT VERNON, IL 62864		
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F 000	INITIAL COMMENTS	F 000			
F 274 SS=D	<p>Annual Licensure and Certification Survey.</p> <p>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete a significant change Minimum Data Set (MDS) Assessment as required for 1 of 13 (R2) resident MDS assessments reviewed in the sample of 13.</p> <p>Findings include:</p> <p>1. R2 was admitted to this facility on 5/15/2015 with a diagnosis of Throat Cancer, Chronic Obstructive Pulmonary Disease, Post Tracheotomy and Post PEG Tube placement (Percutaneous Endoscopic Gastrostomy) as noted on the October 2015 Physician Order</p>	F 274			

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 274	Continued From page 1 Sheet (POS). R2's initial MDS dated 5/22/2015 indicates that R2 required extensive assist in the activities of daily living (ADL) areas of transfer, ambulation, dressing, and hygiene/bathing, almost always incontinent of bowel and moderately impaired cognition. A weight of 288 pounds is recorded as R2's admission weight. A quarterly MDS was completed on 8/17/15 showing improvement in the areas of ADL, bowel continence and cognition, as well as a weight decrease of 80 pounds. The facility did not complete a significant change MDS assessment after noting a change in two or more areas. R2 improved from extensive assist to supervision in the ADL areas, improved from mostly incontinent of bowel to continent of bowel and improved in cognition from moderate impairment to cognitively intact. E2, Director of Nurses verified on 10/23/2015 at 3:30 pm that a significant change MDS was not completed due to the Interdisciplinary Team (IDT) reviewed and felt that a significant change assessment was not required.	F 274			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of	F 278			

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F 278	<p>Continued From page 2 that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to correctly document an admission weight on the Initial Minimum Data Set Assessment (MDS) for 1 of 13 residents (R2) reviewed for assessments in the sample of 13.</p> <p>The findings are:</p> <p>1. R2's Initial MDS of 5/22/15 recorded an admission weight of 288 pounds. Documentation in the dietary notes dated 6/2/2015 indicates that E5-Registered Dietician questioned the accuracy of the admission weight after a 6/1/2015 weight of 203.8 pounds was recorded for R2. E2-Director of Nurses stated on 10/23/2015 at 11:00 am that when the weight was questioned, the facility investigated and was unable to verify that there was ever a 288 pound weight obtained for R2. E3 presented documentation from R2's hospital records that indicated a weight of 204 pounds</p>	F 278			

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F 278	Continued From page 3 before R2's admission to the facility and a 6/1/2015 weight of 203.8 on the facility's Vital Signs and Weight Flow Sheet. As of 10//22/15 at 3:00 pm, the facility had not completed a Significant Correction Assessment with R2's correct admission weight. As a result, the quarterly MDS dated 8/17/15 indicated a significant weight loss for R2 which was incorrect. This was verified by E2 on 10/23/15 at 1:15 pm.	F 278			
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to update care plans to	F 280			

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F 280	<p>Continued From page 4</p> <p>reflect recent falls, individualized resident focused care plan interventions for falls and/or identify significant weight loss for four of thirteen residents (R6, R8, R12 and R5) whose care plans were reviewed in the sample of thirteen.</p> <p>Findings include:</p> <p>1. On 10/20/15 at 9:45am, R6 was observed lying in bed. R6 was awake and alert. R6's right side of his body was immobile and severely contracted. R6 was observed to be making no vocalizations at all.</p> <p>An Incident/Accident Log for October 2015 documented that R6 fell on 10/18/15. R6's Care Plan with a review date 10/22/15 showed no interventions had been added after this fall. A problem area of "Falls" had a corresponding intervention of "Encourage resident to ask for assist(ance)". R6's Minimum Data Set (MDS) dated 10/17/15 documented a Brief Interview for Mental Status (BIMS) score of 0, indicating the interview could not be performed since R6 is rarely or never understood.</p> <p>On 10/20/15 at 10:20 am, R6 was nonverbal but could appropriately nod yes and no in answer to some questions, but at other times would point to his TV when asked a yes or no question. E2, Director of Nursing, stated on 10/22/15 at 3pm that asking for assistance would not be an appropriate intervention for a resident who is non-verbal. On 10/22/15 at 3pm, E6, Care Plan Coordinator, stated Care Plans are to be reviewed as soon as possible after each fall with new interventions added as appropriate, and stated she had not added any new interventions after the 10/18/15 fall.</p>	F 280			

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F 280	<p>Continued From page 5</p> <p>2.An Incident/Accident Log dated September 2015 showed that R8 fell on 09/27/15. R8's Care Plan with a review date of 10/17/15 documented a problem area of falls, with a corresponding intervention, "re-educate (R8) about asking for assistance." R8's MDS dated 09/01/15 documented a BIMS score of 6, indicating R8 has severe cognitive deficits.</p> <p>On 10/20/15 at 10:00 am, R8 was able to state her name but could not identify the date or the name of the facility. E2, Director of Nursing, stated on 10/22/15 at 3pm that re-educating R8 to ask for assistance would not be an appropriate intervention for a resident with a BIMS score of 6.</p> <p>3.An Incident/Accident Log dated October, 2015 documented that R12 fell on 10/12/15. R12's Care Plan, with a review date of 10/12/15, listed a problem area of falls with a corresponding intervention of "educate resident in (regard to) need for assist(ance)." An MDS dated 08/25/15 documented a BIMS of 10, indicating R12 is moderately cognitively impaired.</p> <p>On 10/21/15 at 3:55 pm, R12 could state his name and the name of the facility but could not identify the date. E2, Director of Nursing, stated on 10/22/15 at 3pm that educating R12 regarding his need for assistance would not be an appropriate intervention since R12 is moderately cognitively impaired.</p> <p>4.R5's current Care Plan with a review date of 8/25/2015 lists a problem of potential for weight loss/nutritional risk with a goal that R5 will have no significant change in weight. A dietary</p>	F 280			

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F 280	Continued From page 6 Progress Note dated 9/22/2015 notes that R5 has had a 12.6 % weight loss in 6 months. Weights recorded in the dietary Progress Notes are 239.6 pounds for March 2015 and 209.4 pounds for September 2015- a 30.2 pound loss in that 6 months. The problem /need area for weight loss includes a review date of 9/9/2015. The current Care Plan does not address the identified significant weight loss of more than 10% in 6 months. R5 receives Dialysis 3 times a week with a diagnosis of Chronic Kidney Disease Stage 4 as noted on the October 2015 Physician Order Sheet (POS).	F 280			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 9 multiple resident rooms with 1 possible multiple room on 100 hall and 10 multiple resident rooms with 1 possible multiple resident room on 200 wing, provide the required 80 square feet per resident for 5 of 5 residents (R2, R6,R8, R9 and R11) reviewed for undersized rooms in the sample of 13 and 10 residents (R15, R16, R17, R18, R19, R20, R22, R23,R25, R52) in the supplemental sample. The findings include: Resident rooms 102 through 109 and room 111	F 458			

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F 458	<p>Continued From page 7</p> <p>have 2 beds and only provide approximately 75 square feet of floor space per resident bed. Room 101 is an undersized certified room but at the time of the survey is set up and used as an office. These rooms were observed during the environmental tour on 10/22/15 at 7:30am.</p> <p>Resident rooms 202 through 204, 206 through 209, and 211 have 2 beds and only provide approximately 73.5 square feet of floor space per resident bed. Room 205 is an undersized certified room but at the time of the survey is set up and used as a medical storage room. Resident rooms 213 and 215 have 2 beds and only provide approximately 78.5 square feet of floor space per resident bed. These rooms were observed during the environmental tour of the facility on 10/22/15 at 7:30 am.</p> <p>Residents who reside in these rooms are R2, R6, R8, R9, R11,R15, R16, R17, R18, R19, R20, R22, R23,R25 and R52, according to the facility Census Sheet form dated 10/22/15.</p> <p>These rooms are all medicaid certified according to E1, Administrator, on 10/23/15 at 7:15 am. At the time of the survey, the residents who reside in these rooms are happy with their rooms. There is adequate space for medical equipment, assistive devices, and personal items observed during the environmental tour of the facility on 10/22/15 at 7:30 am.</p>	F 458			