

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

PRINTED: 07/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145807		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2015	
NAME OF PROVIDER OR SUPPLIER NEWTON REST HAVEN				STREET ADDRESS, CITY, STATE, ZIP CODE 300 S SCOTT STREET PO BOX 360 NEWTON, IL 62448			
(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 226 SS=C	<p>Annual Certification Survey 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to operationalize the Hiring Procedure and Policy related to the employee finger print criminal background checks by not initiated a fingerprint background check within the first 10 days of hire and not suspending one of one newly hired employees (E7) who failed to be fingerprinted within the allotted time frame. This failure had the potential to affect all 46 residents of the facility</p> <p>The findings include:</p> <p>1. Review of 15 employee background check records conducted on 6/30/15 found E7 (Certified Nurse Aide, CNA) was originally hired on 3/16/15. E7's background check records document the initial registry check and fingerprint request was conducted on 5/4/15. There was no further information available in the record. E2 (Director of Nurses) stated on 7/2/15 at 10:00am, that E7 was given the fingerprint background request material in May and failed to complete the background check as required. E2 further stated that she had not followed up with E7 and failed to</p>			F 226			

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 226	Continued From page 1 suspend the employee after the 10 day window to have the background check completed. E2 indicated that E7 had the finger print background check on 7/1/15. E2 presented the completed background check information for E7 on 7/2/15. 2. The facility policy Newton Rest Haven Procedure and Policy Related To Abuse History dated as revised 6/20/13 states: "5. All employees who have not had a FEE app fingerprinting must have done (sic) within 10 days of the first day of employment. 6. Employees will be suspended if FEE app fingerprinting is not done in 10 day time period and not allowed back until results appear on IDPH web portal site." 3. The Resident Census and Conditions of Residents form dated 06/29/15 documented the facility had a census of 46 residents.	F 226			
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide grooming for four of eleven residents (R1, R4, R5, R9) reviewed for grooming assistance in the sample of 12, and one resident (R13) in the	F 312			

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F 312	<p>Continued From page 2 supplemental sample</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 06/29/15 at 12:00 PM and on 06/30/15 at 11:50 AM, R1's lips and tongue had a white substance on them. During an observation of care at 11:50 AM on 06/30/15, R1 said his medicine makes his mouth dry. R1 said sometimes he uses swabs to clean his lips and mouth but he has been out of swabs for a few days. During this observation E4 (Licensed Practical Nurse) said swabs are kept in R1's drawer to use on his lips and mouth. However, E4 could not locate any swabs in R1's room. R1's current Physician Order Sheet dated 06/01/15 notes R1 cannot eat or drink anything . All nutrition and medication are to be given to R1 through a tube in his stomach. 2. On 06/29/15 at 11:55AM, R5 was observed sitting in his wheelchair in the dining room eating. R5's ears were observed with dry white flaky material inside each ear and caught in his ear hairs. R5's fingernails were observed to be long with brown material underneath the nails. R5 was observed on 06/30/15 at 9:45AM in his room sitting in a recliner. R5's ears and fingernails were observed as above. <p>On 06/29/15 at 12:00PM, R4 was observed sitting in his wheelchair in the dining room eating. R4 was observed to have dried yellow matter in the corners of his eyes and wet thick yellow matter on his eye lashes and running down approximately one inch below his right eye. A dried orange tinged material was observed in runs down R4's chin. R4's finger nails were observed to be long with brown material underneath the nails. On 06/30/15 at 9:30AM, R4's fingernails remained</p>	F 312			

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F 312	Continued From page 3 long with brown material underneath. 3. R13 attended the Quality of Life resident group interview on 6/30/15 at 3:00pm. R13 was wearing soiled glasses that were coated with white flaky material. R13's face was visibly dry and covered with flaky skin. E13 (Certified Nurse Aide) stated on 7/2/15 that R13 does not self start any grooming activities but can assist when prompted. 4. On 06-30-2015 at 2:00 PM, R9 was lying in his bed, and he had an unshaven face and very long, soiled finger nails that had a dark substance underneath the nails and were very discolored. R9's Minimum Data Set (MDS) dated 04-20-2015 documents that R9 is legally blind and has a diagnosis of glaucoma. R9's MDS also documents in Section G, under Hygiene and Bathing that R9 requires extensive assistance with grooming and bathing.	F 312			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 425			

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F 425	<p>Continued From page 4</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to properly label and store insulin for 3 of 3 residents (R2, R9, R10) reviewed for insulin storage in the sample of 12 and 3 residents (R15-R17) in the supplemental sample.</p> <p>Finding include:</p> <p>On 06/29/15 at 11:00AM, the Medication Room was observed to have a (1) box of Novolog Flexpens open with 4 pens inside the box belonging to R17. One Flexpen was observed to be missing from the box.</p> <p>On 06/29/15 at 11:20AM, the South Hall Medication Cart was observed to have (1) bottle of Levemir belonging to R10 open with a date of 04/26/15 indicating when it was opened.</p> <p>On 06/30/15 at 1:45PM, the North Hall Medication Cart was observed to have the following: -(1) bottle of Humalog belonging to R9 open with no date indicating when it was opened and (1) bottle of Levemir also belonging to R9 which was unopened with no date indicating when it went into the cart -(1) bottle of Lantus and (1) bottle of Novolog</p>	F 425			

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F 425	Continued From page 5 each belonging to R2 with no date indicating when they were opened -(1) bottle of Lantus belonging to R15 open with no date indicating when it was opened and (1) Byetta Pen also belonging to R15 with no date indicating when it was opened -(1) bottle of Lanuts belonging to R16 open with no date indicating when it was opened and (1) bottle of Novolog also belonging to R16 dated 05/20/15 indicating when it was opened -(1) Novolog Flexpen belonging to R17 with no date indicating when it was opened The facility's 2011 Recommended Minimum Medication Storage Parameters states, "all unopened insulins are recommended to be stored in the refrigerator. All vials should be dated when opened and discarded 28 days after opening, (except for Levemir.....which can be used up to 42 days after opening)."	F 425			
F 431 SS=F	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.	F 431			

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F 431	<p>Continued From page 6</p> <p>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.</p> <p>The facility must provide separately locked, 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 record review, observation and interview the facility failed to properly store and supervise medications. This has the potential to affect all 46 residents in the facility.</p> <p>Findings include:</p> <p>The Resident Census and Conditions of Residents form dated 06/29/15 documented the facility had a census of 46 residents.</p> <p>1. On 06/29/15 at 11:00AM the Medication Room was observed to have the following: -Clorox Wipes stored by oral medications -6 full bio hazardous waste containers sitting on a shelf beside venipuncture supplies and oral suctioning supplies -(1) loose cigarette, (1) pack of cigarettes and (1)</p>	F 431			

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F 431	<p>Continued From page 7</p> <p>lighter sitting on a shelf beside injectable syringes</p> <p>2. On 06/29/15 at 1:00PM, E14 (Housekeeping) asked this surveyor if it was ok if she cleaned to bathroom in the Medication Room. This surveyor informed E14 she would have to ask a facility nurse. E14 stated she does not have a key to the Medication Room, but noted the door was not locked. At this time, no facility nurse was observed at the nurse's station. On 06/29/15 from 12:20PM-1:00PM a medication card containing 3 pills of Cefuroxime 250 milligrams (mg) was observed sitting on the nurse's station counter with no nurse supervising the medication. This medication was accessible to passersby. At 2:00PM, R8 was observed wheeling himself into the nurse's station and the Cefuroxime was still on the counter with no facility nurse in site. Review of R4's Minimum Data Set dated 6/20/15 documented a Brief Interview for Mental Status of 3 which indicates he has severe cognitive impairment.</p> <p>3. On 07/02/15 at 2:15PM, E1 (Administrator) stated the Medication Room should be locked at all times unless it is being supervised by a facility nurse. E1 stated the bio hazardous waste, cigarettes and Clorox Wipes were stored inappropriately.</p> <p>4. On 06-29-2015 at 12:05 PM, E3 (Registered Nurse) placed R14's Gabapentin 300 milligrams and Furosemide 20 milligrams into a medication cup and took her medicine to the table and set the medication in front of R14. E3 did not stay with R14 until she took her medication, but went back to her medication cart and continued passing medication to other residents. R14 did</p>	F 431			

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F 431	Continued From page 8 not take her medication until after she had eaten her lunch. The facility's undated policy, "Medication Administration Record" under the heading, "Procedure on Administration of drugs from medication cart" documents under line #10. Administer oral medication and remain with resident while he/she takes all the medication.	F 431			
F 441 SS=E	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 9</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 observation, interview and record review, facility failed to use a barrier for wound care supplies, cross contaminated supplies and failed to follow hand proper sanitation during treatment for 3 of 5 residents (R2,R5, R9) reviewed for wound care treatment in the sample of 12.</p> <p>Findings include:</p> <p>1. On 06-29-2015 at 1:35 PM, E3 (Registered Nurse) did R2's treatment on his left foot. E3 gathered medical supplies for R2's treatment and placed the supplies on top of the treatment cart without cleaning the surface of the treatment cart or placing a barrier down prior to obtaining the supplies. E3 then removed R2's old dressing from his left foot and placed the old dressing into a plastic bag. E3 did not use alcohol gel or wash</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>her hands after removing the soiled dressing. E3 donned a clean pair of gloves, then preceded to cleanse each open area on R2's toes with antiseptic soap, then used separate cotton tipped swabs with Santyl ointment, applied the ointment to the open areas on R2's toes, then E3 opened a treatment cart drawer to obtain another cotton tipped swab to apply Santyl ointment to the open area on top of R2's foot. E3 did not change gloves after obtaining the cotton tipped swab out of the treatment cart. E3 then wrapped R2's foot with gauze and opened the drawer again with same gloves to obtain a roll of tape.</p> <p>2. On 06-30-2015 at 2:20 PM, E4 (Licensed Practical Nurse) did R9's treatment on the pressure ulcer on R9's right heel. E4 washed her hands and donned gloves, then she gathered the medical supplies for R9's treatment and placed the supplies on top of the treatment cart without cleansing the surface of the treatment cart or placing a barrier down prior to obtaining the supplies. E4 picked up the treatment supplies and when carrying them into R9's room, E4 dropped 2 packages of rolled gauze onto the floor, picked them up off of the floor and preceded to carry them into R9's room. E4 then put all of the medical supplies for the treatment onto R9's bed without placing a barrier. E4 then removed R9's soiled dressing, put the soiled dressing in a plastic bag on the bed, then washed her hands, donned a pair of gloves and put a dressing on R9's right heel. E3 was holding R9's leg up to assist E4 and E3 held the clean dressing in place with soiled gloves while E4 wrapped R9's heel with the rolled gauze that had previously been dropped onto the floor.</p> <p>3. On 07-01-2015 at 2:45 PM, E1 (Administrator)</p>	F 441			

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F 441	<p>Continued From page 11</p> <p>stated that the nurses should have used a barrier for their supplies and if the roll gauze fell into the floor the nurses shouldn't have put the roll gauze packages with the other medical supplies being used for the treatment.</p> <p>4. On 07-01-2015 at 2:55 PM, E2 (Director of Nursing) stated that any wound dressing supplies dropped into the floor should not be put with other treatment supplies and E2 also confirmed that the nurses should be using a barrier and should not put treatment supplies on top of a resident's bed.</p> <p>5. The facility's policy on Skin and Wound Management dated December, 2007, documents under Steps in the Procedure, Line #2. Use a disposable cloth (a clean, dry paper towel is adequate) to establish a clean field on the resident's overbed table. Place all items to be used during the procedure on the clean field. Arrange the supplies so they can be easily reached. On page 4, Line #8. Put on clean gloves. Loosen tape and remove soiled dressing. Line #9. Pull glove over dressing and discard into plastic or biohazard bag. Line #10. Wash and dry hands thoroughly.</p> <p>6.. On 07-01-2015 at 2:30 PM, the treatment cart had a spray bottle of Genteal Wound Cleanser that had no name or label. When E3 was questioned about whether the wound cleanser was being used for one resident or for all resident's with a wound, E3 stated that they use it for all the resident's. E3 also stated that they do take the wound cleanser into the resident rooms.</p> <p>7. On 06/29/15 at 11:00AM an orthotic shoe was observed sitting on the counter by the sink at the nurse's station. The bottom of the shoe was soiled with white and brown material. At this time,</p>	F 441			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145807	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2015
NAME OF PROVIDER OR SUPPLIER NEWTON REST HAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 300 S SCOTT STREET PO BOX 360 NEWTON, IL 62448		
(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 441	Continued From page 12 E3 (Registered Nurse) stated this shoe belongs to R2 who has ulcers on his foot. E3 stated R2 is not supposed to be wearing the shoe so it was placed here 8. On 06/30/15 at 10:12AM, E12 (Certified Nurse Aide) was observed performing perineal care on R5. E12 put on a pair of gloves and cleansed R5's perineal area and peri-rectal area. After completing this care, E12 positioned R5's clothing and bed linens wearing the same contaminated gloves.	F 441			