

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

PRINTED: 06/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145851		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2016	
NAME OF PROVIDER OR SUPPLIER EASTSIDE HEALTH & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 EAST WASHINGTON STREET PITTSFIELD, IL 62363			
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F 000	INITIAL COMMENTS			F 000			
F 157 SS=D	<p>Annual Licensure and Certification</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> <p>This REQUIREMENT is not met as evidenced</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>by: Based on observation, record review and interview, the facility failed to promptly inform the physician of a change in condition for one of seven residents (R4) reviewed for physician notification in the sample of 14.</p> <p>Findings include:</p> <p>The Facility's Skin Condition Monitoring policy, dated 11/2012, documents, "Upon notification of a skin lesion, wound, stasis ulcer or other skin abnormality, the Charge Nurse will assess and document the findings. The Charge Nurse will then implement the following policy: Notify the physician and obtain treatment order if needed."</p> <p>On 6/20/16 at 2:25 PM, E6 and E7, Certified Nursing Assistants (CNA), performed incontinent care for R4. After bowel movement was cleansed from R4's buttocks, there were six areas of redness noted on the right buttocks and four areas of redness noted on the left buttocks.</p> <p>On 6/21/16 at 10:14 AM, E5, Licensed Practical Nurse (LPN), and E3, Resident Care Coordinator/Assistant Director of Nursing, rolled R4 to the left side and removed the adult disposable brief. R4's right buttocks had six areas of redness noted. One reddened area measured approximately 3.0 centimeters (cm) x 3 cm and five reddened areas measured 1.0 cm x 1.0 cm. R4's left buttocks had four areas of redness. One reddened area measured 2.0 cm x 2.0 cm, two reddened areas measured 1.0 cm x 1.0 cm and one reddened area measured 3.0 cm x 2.0 cm.</p> <p>R4's Nurses Notes, dated 5/8/16, document, in part, "Resident observed to have small sheared</p>	F 157			

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F 157	Continued From page 2 area to right buttocks measuring one centimeter by one centimeter and another small sheared area just below that measuring 0.5 centimeter by 0.5 centimeter." It also documents "NP (Nurse Practitioner) made aware." R4's Nurses Notes, dated 5/9/16, document, "New order processed for barrier cream to right buttocks every shift." R4's Nurses Notes from 5/9/16 to 6/21/16 document no other physician notification related to the additional areas of redness to R4's bilateral buttocks. On 6/21/16 at 10:34 AM, E2, Director of Nursing, stated, "Nurse Practitioner should have been notified of areas to (R4's) buttocks."	F 157			
F 167 SS=C	483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to post survey results in an accessible area. This has the potential to	F 167			

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F 167	Continued From page 3 affect all of the 56 residents living in the facility. Findings include: 1. On 06/21/2016 at 10:30 AM, the survey results of the previous year were not observed in a publicly accessible location within the facility. A display board in the front foyer area had a document posted stating, "survey results...are available at both nurse stations and in the Front Office." The East and West nurse stations have a closet area behind the desk surface which houses the cart containing the resident clinical records. At these nurse stations, a black binder labeled "survey results" was within this closet on a shelf among other nursing and policy related binders. The shelf measures 5 and 1/2 feet off the floor making the survey binder very inaccessible, and for a person in a wheel chair, the binder was impossible to access independently. On 06/22/2016 at 2:15 PM, E12, Regional Director, stated that she agreed the survey documents should be readily accessible and placed in a different spot. 2. The Resident Census and Condition of Residents, CMS 672, dated 06/21/2016, documents that the facility has 56 residents living in the facility.	F 167			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in	F 241			

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F 241	<p>Continued From page 4</p> <p>full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide privacy for 1 of 8 residents (R5) reviewed for direct care in the sample of 14.</p> <p>Findings include:</p> <p>On 6/21/16 at 2:22 PM, R5 was lying in her bed on her right side. R5's roommate (R47) was lying in bed facing R5's posterior side. E2, Director of Nurses (DON), and E4, Licensed Practical Nurse (LPN), entered the room to perform a dressing change on R5's coccyx. E4 pulled the covers off R5 and removed R5's adult diaper from her buttocks. The privacy curtain was not pulled exposing R5's buttocks to her roommate. The window curtain was not pulled to the exterior window overlooking a paved walking path 10 feet outside R5's exterior window. The bathroom door was left open half way and the bathroom is shared with the residents in the room next door.</p> <p>On 6/22/16 at 10:50 AM, R5 was interviewed, but was not able to communicate whether it bothered her to be exposed.</p> <p>On 6/22/16 at 11:10 AM, E4 stated, "I should have pulled the curtains and closed the bathroom door. I pulled the curtain by the door, I just forgot to pull all the other curtains. I left the bathroom door half open so I could keep my hands clean, I wouldn't have to touch the door handle."</p> <p>On 6/22/16 at 11:58 AM, E2 stated, "I didn't even</p>	F 241			

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F 241	Continued From page 5 realize (R5's) roommate was even in the room. Yes, the curtains should have been closed and also the door to the bathroom." On 6/22/16 at 11:59 AM, E3, Assistant Director of Nurses (ADON), stated, "(E4) came to me earlier this morning and told me she forgot to close the curtains and the door yesterday when doing the dressing change to (R5). Yes, the curtains should have been pulled and the door should have been closed." The Facility Dressing Change Policy, Revised 07/2007, documents, in part, "Procedure: 5. Pull privacy curtain and close door to resident's room."	F 241			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to assess and monitor skin integrity/wounds for one of four residents (R4) reviewed for skin integrity/wounds in the sample of 14. Findings include:	F 309			

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F 309	<p>Continued From page 6</p> <p>On 6/20/16 at 2:25 PM, E6 and E7, Certified Nursing Assistants (CNA) performed incontinent care for R4. After bowel movement was cleansed from R4's buttocks, there were six areas of redness noted on the right buttocks and four areas of redness noted on the left buttocks.</p> <p>On 6/21/16 at 10:14 AM, E5, Licensed Practical Nurse (LPN), and E3, Resident Care Coordinator/Assistant Director of Nursing, rolled R4 to the left side and removed the adult disposable brief. R4's right buttocks had six areas of redness noted. One reddened area measured approximately 3.0 centimeters (cm) x 3.0 cm and five reddened areas measured 1.0 cm x 1.0 cm. R4's left buttocks had four areas of redness. One reddened area measured 2.0 cm x 2.0 cm, two reddened areas measured 1.0 cm x 1.0 cm and one reddened area measured 3.0 cm x 2.0 cm.</p> <p>The Facility Skin Condition Monitoring policy, dated 11/2012, documents in part, "Documentation of the skin abnormality must occur upon identification and at least weekly thereafter until the area is healed. Documentation of the area must include the following: a. Characteristic 1. Size 2. Shape 3. Depth 4. Color 5. Presence of granulation tissue or necrotic tissue. b. Treatment and response to treatment. Observe and measure pressure ulcers at regular intervals using the PUSH (Pressure Ulcer Scale for Healing) Tool and may be used for other wounds. c. Prevention Techniques."</p> <p>R4's Nurses Notes for 5/8/16 document, "When toileting resident, observed resident to have small sheared area to right inner buttock measuring one centimeter by one centimeter and another</p>	F 309			

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F 309	Continued From page 7 small sheared area just below that measuring 0.5 centimeters by 0.5 centimeters." R4's Nurses Notes for 5/9/16 through 6/21/16 have no documentation related to the sheared areas on R4's right buttocks and no documentation related to areas on left buttocks. R4's Weekly Skin Assessments dated 5/11/16, 5/18/16, 5/25/16, 6/1/16, 6/8/16 and 6/15/16 have no documentation of the sheared areas on R4's buttocks. R4's Physician Order, dated 5/9/16, documents, "Apply Right buttock Barrier Cream every shift until healed." There is no order for a treatment to the left buttocks. On 6/21/16 at 10:14 AM, E3, Resident Care Coordinator/Assistant Director of Nursing, identified the areas on R4's right and left buttocks as "shearing." On 6/21/16 at 10:34 AM, E2, Director of Nursing, stated "I was not aware of R4 having ten areas on (R4's) buttocks. I do not know why there is no documentation."	F 309			
F 312 SS=D	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	F 312			

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F 312	<p>Continued From page 8</p> <p>by: Based on observation, record review and interview the facility failed to provide complete incontinent care for 1 of 4 residents (R12) reviewed for incontinent care in the sample of 14.</p> <p>Findings include:</p> <p>On 6/21/16 at 2:50 PM, E8 and E9, Certified Nurses Assistants (CNA), provided incontinent care for R12. E8 and E9 removed R12's soiled incontinent brief. R12 had red excoriation to her pubic area, right and left inner thighs, inner aspect of right and left buttocks and rectal area. After cleansing, rinsing and drying R12's front perineal area, E8 and E9 rolled R12 over to her left side, cleansed, rinsed and dried the buttocks and rectal area. E8 and E9 did not cleanse R12's right hip area and did not roll R12 over to her right side to cleanse the outer aspect of her left buttock or her left hip area.</p> <p>R12's Minimum Data Set (MDS), dated 5/3/16, documents, R12 is incontinent of bowel and bladder and needs extensive assist with hygiene.</p> <p>R12's Physician Order Sheet (POS), dated 6/13/16, documents the order for Nystatin powder to groin and pannus 2 times a day and as needed for yeast infection.</p> <p>The undated facility Perineal Cleansing Policy and Procedure documents, in part, "Policy: To eliminate odor, to prevent irritation or infection and to enhance resident's self esteem." It also documents for female resident: "#17. Wash peri-anal area thoroughly with each stroke beginning at the base of the labia and extending up over the buttocks.</p>	F 312			

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F 312	Continued From page 9	F 312			
F 431 SS=E	<p>On 6/22/16 at 11:15 AM, E3, Assistant Director of Nurses (ADON), stated she would expect staff to cleanse the outer buttocks and hips while providing incontinent care.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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.</p> <p>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.</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</p>	F 431			

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F 431	<p>Continued From page 10 be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain medications in a secure locked area, inaccessible to residents and unauthorized staff. This failure has the potential to affect 11 residents (R1-R9, R11, R12) in the sample of 14 and 37 residents (R15-R51) in the supplemental sample who are independently mobile.</p> <p>Findings include:</p> <p>On 6/20/16 at 11:55 AM, E4, Licensed Practical Nurse (LPN), was preparing to pass medications. E4 pushed the West Hall Medication Cart to the dining area and placed the medication cart against the west wall in the dining room. A clear, plastic box containing insulin was on top of the pull out tray on the right side of the medication cart. The box had no lock. E4 then walked back to the nurses station on the west end of the building, leaving the box containing insulin on top of the medication cart. E4 proceeded to walk into a storage room on the west hallway and the door closed behind E4. On 6/20/16 at 11:58 AM, E4 pushed R2 into the Director of Nursing's office for glucose monitoring. The medication cart with the insulin on top remained by the wall in the dining area. On 6/20/16 at 12:04 PM, E4 went to the kitchen to obtain a plastic container. The medication cart with the insulin on top remained by the wall in the dining room.</p> <p>On 6/20/16 at 12:15 PM, E4 opened the clear</p>	F 431			

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F 431	<p>Continued From page 11</p> <p>plastic box located on the right side of medication cart. The box contained an opened vial of Novolog and an opened bottle of Levemir insulin for R2, an opened bottle of Lantus insulin for R17, an opened bottle of Novolin R insulin and a Lantus insulin injector pen for R19.</p> <p>On 6/23/16 at 8:30 AM, E10, LPN, was administering medications in the dining room. The medication cart was against the east wall of the dining room. A clear, plastic box containing insulin was on the top of the pull out tray on the right side of the medication cart. The box was not locked. E10 was not visible from the area where the medication cart was positioned.</p> <p>On 6/23/16 at 10:30 AM, E10 opened the clear, plastic box. The box contained a Lantus insulin injector pen for R6, a Lantus insulin injector pen and a Humalog insulin injector pen for R15, a Levemir insulin injector pen and a Novolog insulin injector pen for R37 and a Levemir insulin injector pen and a vial of Humalog insulin for R41.</p> <p>On 6/21/16 at 9:48 AM, E4 stated that on 6/20/16, there was a container containing insulin belonging to (R2, R17 and R19) on top of the medication cart. E4 confirmed the medication cart was not within site at all times. E4 stated, "The insulin should be stored in a locked cart."</p> <p>On 6/23/16, at 10:18, E10 stated, "I get so nervous when surveyors are here and I made a mistake leaving the insulin on top of my cart."</p> <p>A facility roster of residents, dated 6/20/16, documents R1-R9, R11, R12 and R15-R51 are independently mobile.</p>	F 431			

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

PRINTED: 06/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145851	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2016
NAME OF PROVIDER OR SUPPLIER EASTSIDE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 EAST WASHINGTON STREET PITTSFIELD, IL 62363		
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F 431	Continued From page 12 The Facility Procurement and Storage of Medications policy, dated 10/2006, documents, "All medications, except those requiring refrigeration, shall be kept in the locked medicine room or locked medication cart." It also documents "Medications requiring refrigeration are to be kept in the locked refrigerator or a locked refrigerator in a locked area."	F 431			