

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

PRINTED: 08/08/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>TIMBERCREEK REHAB &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2220 STATE STREET</b> <b>PEKIN, IL 61554</b>		
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F 000	INITIAL COMMENTS	F 000			
F 252 SS=C	<p>Original complaint investigation for # 1423357/II.#71174</p> <p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation,interview, and record review the facility failed to maintain bathroom fixtures, furnishings, and tile in a safe, clean and repaired manner. This failure has the potential to affect all 124 residents in the facility.</p> <p>Findings include:</p> <p>During the facility tour on 08/05/14 between 10:50 a.m., and 11:40 a.m., the following was noted: the B-wing 200 hall residents' communal shower/bathroom areas had soiled liners sitting on top of waste receptacle, strong urine odor, and an orange crusty substance on base boards; the B-wing 400 hall residents' communal shower/bathroom areas had a black substance around the hot and cold water controls, the controls/dials attached to a wooden board, and a wooden piece with the rusty screws on left shower dial; the B-wing 300 hall in the mens comunal bathroom had a black substance on the caulking around the toilet and a orange substance on the edge of the tile and back of</p>	F 252			

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 252	<p>Continued From page 1</p> <p>door; the B-wing 100/300 hall in the tub room a rag was noted to be stuffed in the overflow opening on the tub; the C-400 hall in the communal shower/bathroom toilet had a black substance around the base of toilet and the tiles around the sink had black and orange substance which was in the grout line from floor to ceiling; the C-100 wing in the communal shower /bathroom a tissue paper covered stained in bowel movement noted on the floor next to toilet and a bag of garbage on the floor; the C-300 hall communal womens' bathroom had unflushed toilet, with an odor.</p> <p>On 08/05/14, at 2:15p.m. E2 stated, " The correct procedure to dispose of soiled bedliners, soiled toilet paper is to bag items and place in trash receptacles. We follow standard universal precautions."</p> <p>Per facility policy, (undated), under job description for the maintenance person , it states, "Maintains ... fixtures and furnishings in a clean, safe, attractive and repaired manner. On 08//5/14 at 1:55p.m. in an interview with E-4, (Maintenance Supervisor), stated "Housekeeping looks for and reports mold and mildew, and takes care of it. We don't do a routine inspection of mildew and mold." On 08/05/14 at 2:00p.m. an interview with E-5 (Housekeeping Supervisor), stated "Housekeeping removes mold and mildew unless it's not removable. If not removable we fill out a maintenance form and give it to the administrator. My girls haven't said anything about mold or mildew, not to my knowledge." E-5 was shown the B-wing 300 hall communal toilet with the black substance. E-5 stated "That's not mold it's just buildup." E-5 then ran hand across toilet base. E-5 was shown B-wing 400 hall shower</p>	F 252			

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F 252	Continued From page 2 area with the black substance on wood board. E-5 stated "Looks like the board is decaying. Maintenance would have to take care of it. It's a maintenance issue." E-5 used her hand to swipe across board and crumbles of black came off in hands. When E-5 was shown B-300 hall tub room with rag stuffed in opening, E-5 stated "Tub is not used anymore."  A facility data sheet dated 08/05/14, signed by E-1 (Administrator) documents at time of survey, the facility had 124 residents.	F 252			
F 425 SS=D	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.  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.  This REQUIREMENT is not met as evidenced	F 425			

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F 425	<p>Continued From page 3</p> <p>by: Based on interview and record review, the facility failed to ensure resident medications were given as ordered for one of three residents (R3) reviewed for medication administration in a sample of three.</p> <p>Findings include:</p> <p>On 8-06-14 at 9:20a.m. R3 stated that on the previous evening, 8-05-14, R3 had not received all the medications R3 had been prescribed. R3 stated the evening nurse was new and had tried to give some of R3's medications at the incorrect time and also omitted other medications. R3 recounted having notified the night nurse of the not receiving three medications which are normally given before bedtime. R3 stated the night nurse then brought in some medications stating R3 would receive "the safe" medications because the nurse was not certain which medications had been omitted.</p> <p>A Physician's Orders Sheet dated 8-01-14 to 8-31-14 documents R3 receives the following medications at 8:00p.m. each day: Folic Acid 1mg (milligrams), Dulera 100mcg (micrograms)/5 mcg inhaler, Pravachol 40mg. A Medication Administration Record (MAR) dated 8-05-14 does not include a nurse's signature indicating R3 was administered Folic Acid, Dulera, or Pravachol on that date or at that time.</p> <p>On 8-06-14 at 12:00p.m. E2 (Director of Nurses) reviewed R3's medical records and verified that three of R3's medications were not administered on 8-05-14 at 8:00p.m. E2 also verified a incident report had not been completed by the nurse who</p>	F 425			

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F 425	Continued From page 4 discovered the omission of medications.  Nurses' notes dated 8-05-14 to 8-06-14 do not include documentation that R3 was administered three medications which were scheduled for 8:00p.m. 8-05-14.  A Medication Administration policy dated 10/2007 instructs nurses, "Medications must be prepared and administered within one hour of the designated time. Report errors in medication administration immediately per policy...Report errors in medication administration immediately per policy...verifying it (the medication) with physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given."	F 425			
F 514 SS=D	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any	F 514			

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F 514	<p>Continued From page 5</p> <p>preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents' Medication Administration Records (MAR) were complete with nurses' signatures verifying medications had been administered or withheld for three of three residents (R1, R2, R3) reviewed for accurate medication administration documentation in a sample of three.</p> <p>Findings include:</p> <p>A Medication Administration Policy dated 10/2007 instructs staff on, "...promptly recording the time and dose given." The policy also says, "After a drug is given, record the date, time, name of drug, dose and route on the resident's Medication Administration Record. Document any medications not administered for any reason by circling initials and documenting on the back of the MAR...reason for omission..."</p> <p>1. A Physician's Orders Sheet dated 8-01-14 to 8-31-14 documents R3 receives the following medications at 8:00p.m. each day: Folic Acid 1mg (milligrams), Dulera 100mcg (micrograms)/5 mcg inhaler, Pravachol 40mg, Zolpidem Tartrate 5mg. A Medication Administration Record (MAR) dated 8-05-14 does not include a nurse's signature indicating R3 was administered Folic Acid, Dulera, Pravachol, or Zolpidem Tartrate on that date or at that time. The MAR also does not</p>	F 514			

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F 514	<p>Continued From page 6</p> <p>include documentation indicating the medications were not administered.</p> <p>On 8-06-14 at 12:00p.m. E2 (Director of Nurses) reviewed R3's medical records and verified R3's medication administration record (MAR) did not have a nurse's signature indicating the four medications were administered or not administered.</p> <p>2. A Physician's Orders Sheet dated 8-01-14 to 8-31-14 documents R2 receives Clonazepam 1mg (milligram) and Morphine Sulfate 30mg at 8:00p.m. each evening. A Medication Administration Record dated 8-05-14 does not include a nurse's signature indicating R2 was administered Clonazepam or Morphine Sulfate on that date or at that time. The MAR also does not include documentation indicating the medications were not administered.</p> <p>On 8-06-14 at 11:45a.m. E6 (Licensed Practical Nurse) reviewed R2's Medication Administration Record and verified R2's medication administration record (MAR) did not have a nurse's signature indicating the two medications were administered or not administered</p> <p>3.A Physican's Orders Sheet dated 7-01-14 to 7-31-14 documents R1 receives Decadron 2mg (milligrams) at 9:00a.m., 1:00p.m.and 6:00p.m. A Medication Administration Record (MAR) dated 7/28/14 does not include a nurse's signature indicating R1 was not administered Decadron for the 9:00a.m. and 1:00p.m. dose. The MAR also does not include documentation indicating the medications were not administered.</p>	F 514			

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F 514	Continued From page 7 On 8/06/14, at 1:50 p.m. E-3 (Licensed Practical Nurse) reviewed R1's Medication Administration Record and stated "It was a really busy shift, the resident had fallen and I was busy dealing with his paperwork. I always make sure I gave him the Decadron as this is for his brain swelling. I know I gave him all of his meds."	F 514			