

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

PRINTED: 03/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/12/2014
NAME OF PROVIDER OR SUPPLIER PINECREST MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 414 SOUTH WESLEY AVENUE MOUNT MORRIS, IL 61054		
(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 309 SS=D	<p>Annual Certification Survey</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure wounds on a diabetic resident's toe wounds were dressed and protected.</p> <p>This applies to 1 of 3 residents reviewed for wounds (R15) in the sample of 22.</p> <p>The findings include:</p> <p>R15's March, 2014 Physician's Order Sheet documents that R15's diagnoses includes Diabetes Mellitus. A Podiatry report of 2/27/14 shows that R15 has Peripheral Vascular Disease of both lower extremities.</p> <p>R15's Minimum Data Set (MDS) assessment of 2/5/14 shows that he requires extensive assistance of one person for bed mobility, and dressing. R15 requires extensive assistance of two or more persons for transfer.</p>	F 309			

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 309	<p>Continued From page 1</p> <p>On 3/11/14 at 3:00 PM, R15 was laying on his bed, dressed and wearing black shoes. (Diabetic shoes) E3 (Certified Nursing Assistant) was in R15's room, and said she was getting him up for dinner. E3 was asked to remove R15's shoes so his feet/toes could be observed. R15 had wounds on both feet that included the great toes and second toes. (Metatarsal Heads) R15 had no protective dressing on the toe wounds. R15 had anti-embolism stockings on with toe cut outs. R15 said the wounds were caused by his previous shoes. "They usually put salve on them and cover them with Band-Aids." R15 said he doesn't have much feeling in his feet.</p> <p>On 3/11/14 at 3:40 PM, E4 (Registered Nurse) was asked about treatment orders for R15's toes. E4 said that the treatment is usually done at bed time.</p> <p>R15's March, 2014 treatment administration record shows that R15 should have Triple Antibiotic Ointment and Band-Aids daily to the toe wounds. (Beginning on March 3, 2014)</p> <p>The Skin Assessment Form dated 12/19/13 documents that R15 had a partial thickness wound to the right toes. (abrasion)</p> <p>The Physician's Progress Note of 12/27/13 shows that R15 has a left great toe, red, open area. Superficial cellulitis, red, and warm. Z-pack antibiotic was ordered, and fit for diabetic shoes.</p> <p>R15's Physician's Progress Notes show the following:</p>	F 309			

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F 309	Continued From page 2 1/6/14 Cellulitis is resolved, needs continued protection and no pressure from shoes. 1/10/14 Wound is draining and a culture was obtained. 1/15/14 Diabetic foot ulcer with MRSA , treating with Doxycycline. Stoneflies is a possibility but will try treatment before imaging. With such poor circulation, healing will be slow if not impossible. Monitor. 2/19/14 Toe ulcers debrided to remove devitalized tissue. No sensation in area. Ulcers were cleared down to a blood filled base. Bone was palpable on the great toe. Antibiotic Cream and Band-Aid applied. On 3/12/14 at 10:15 AM, E2 (Director of Nursing) said R15's wounds were from shoes his family had brought to him.	F 309			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 315			

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F 315	Continued From page 3 review the facility failed to ensure the urinary drainage bag was kept below the level of a resident ' s bladder during a mechanical lift transfer. This applies to 1 of 3 residents (R14) reviewed for urinary catheters in the sample of 22. The findings include: On 3/11/14 at 12:45 PM, E5 CNA (Certified Nursing Assistant) secured the mechanical lift straps under R14 onto the lift equipment in preparation to transfer him from the chair to his bed. E5 moved the urinary drainage bag from the frame of the chair and hooked the bag onto the straps of the mechanical lift. The position of the urinary drainage bag was at eye level of R14 during the transfer movement. On 3/11/14 at 12:55 PM, E5 confirmed she placed the drainage bag onto the mechanical lift straps during the transfer. E5 stated she was aware she should keep it below the level of the resident ' s bladder but stated, " It was only there for a few minutes. There really isn ' t a good place to put it (during the transfer). I don ' t like placing it on the resident ' s lap. " On 3/12/14 at 11:30 PM, E2 (Director of Nurses) stated she was aware of the improper placement and had discussed the proper placement of the drainage bag with E5 yesterday. The facility policy for Urinary Catheter Care, dated 3/6/14, states "The urinary drainage bag must be held lower than the bladder at all times, to prevent urine from flowing back into the urinary bladder. " The Physician order sheet dated 2/1/14 shows R14 ' s diagnoses to include History of Prostate Cancer and Urinary Retention.	F 315			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323			

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F 323	<p>Continued From page 4</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to transfer a resident with a mechanical lift in a safe manner. This applies to 1 of 6 residents (R14) reviewed for falls in the sample of 22. The findings include: On 3/11/14 at 12:45 PM, E5 CNA (Certified Nursing Assistant) secured the mechanical lift straps under R14 onto the lift equipment and moved him from the chair to his bed. E5 performed the transfer alone, without assistance from any other staff member. On 3/11/14 at 12:55 PM, E5 stated she is able to perform mechanical lift transfers alone unless " It is stated it requires 2 staff or if the family is present. " On 3/12/14 at 11:15 AM, E6 (Registered Nurse-RN) stated, " Mechanical lift transfers can be done with 1 or 2 staff, depending on what the resident care plan says. " On 3/12/14 at 11:30 PM, E2 (Director of Nurses) stated, " The number of staff required to safely perform a mechanical lift transfer is identified on the resident care plan. " The Interim resident care plan for R14 dated 1/24/14 shows R14 has impaired mobility secondary to progressive weakness and uses a</p>	F 323			

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F 323	Continued From page 5 (mechanical lift) and 2 (staff) assists for all transfers. The physical therapy progress note for R14, dated 1/25/15 states, " Use of (mechanical lift) to transfer from recliner chair to bed requires full assist of 2 (staff). " The nurses ' notes dated 1/7/14 for R14 state, " R14 is getting weaker. Physical therapy only ambulate him, and is 2 assist (for transfer). " The Physician order sheet dated 2/1/14 shows R14 ' s diagnoses to include Osteoarthritis, Rheumatoid Arthritis, Peripheral Neuropathy, Cervical Spine Stenosis, History of Prostate Cancer and Urinary Retention. The Minimum Data Set dated 2/22/14 shows R14 requires extensive assistance with transfer and requires to 2 staff to assist.	F 323			