

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

PRINTED: 05/10/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145438</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/05/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COLLINSVILLE REHABILITATION &amp; HEALTH CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>614 NORTH SUMMIT</b> <b>COLLINSVILLE, IL 62234</b>			
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F 000	INITIAL COMMENTS			F 000			
	Complaint #1642278/IL85088 - F221						
	Complaint #1642344/IL85178 - No deficiencies						
F 221 SS=D	Complaint #1642392/IL85235 - F312 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS			F 221			
	The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.						
	This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Facility failed to assess the risks of restraints and provide the medical reason to justify the use of restraints for 2 of 4 residents (R4, R5) reviewed for restraints in the sample of 21.						
	Findings include:						
	1. On 05/05/2016 at 12:18 PM, E11, Certified Nursing Assistant (CNA) asked R5 to release his belt and R5 was unable to release his belt. E11 stated "(R5) uses the safety belt to keep prevent him from falling out of the wheelchair." On 05/05/2016 at 12:20 PM, E14, CNA stated "I think the seatbelt keeps (R5) from falling out of the chair. He (R5) sometimes likes to lean to the side of his chair."						
	On 05/03/2016 at 12:35 PM, R5 was sitting at the dining room table in his wheelchair with a self						

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 221	<p>Continued From page 1</p> <p>release seat belt strapped around his waist.</p> <p>On 05/03/2016 at 1:30 PM, E1, Administrator, stated (R5) has a restraint that is a self release seat belt.</p> <p>R5's Minimum Data Set (MDS), dated 4/16/2016, document R5's daily decision making as moderately impaired. R5's May 2016 Physician Order Sheet (POS) document diagnoses in part, as falls and dementia.</p> <p>R5's Physical Restraint/Enabler Consent, dated 05/03/2016, documents in part "Enabler can release seat belt when asked." The Consent also documents, "Benefits of Restraints: 1. Prevention of injuries to self and others. 2. Reduced potential for falling and 3. Enhancement of functional abilities." Under "Potential Complications: (none of the entries were checked)." A gradual process towards reducing the restraint or an attempt to increase residents muscle strengthening is not documented. Nothing is documented for what was attempted and less restrictive prior to the seat belt.</p> <p>R5's Restraint/ Enabler Assessment, dated 05/03/2016, documents in part, "self release seat belt-resident can release seat belt when asked." "Diagnosis/Medical Symptoms: (left blank)."</p> <p>R5's Care Plan, dated 01/25/2016, documents in part, "self release belt in place to help remind resident to remain in wheelchair and wait for help as needed."</p> <p>On 05/05/2016 at 3:30 PM, E15, MDS/ Care Plan Coordinator, stated "We use the same form for all the residents for a restraint assessment and I go</p>	F 221			

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F 221	<p>Continued From page 2</p> <p>through all of the risk and benefits on the form with each assessment. This is everything I have for restraint assessment on (R5)."</p> <p>The Facility's undated Physical Restraint Policy documents in part, "Physical restraints shall not be used for the purpose of discipline or convenience." The Policy also documents under Definitions of restraints: "physical restraints may include a chair which prevents the resident from rising."</p> <p>2. R4's MDS dated 2/3/16 documents R4 has severe cognitive impairment.</p> <p>R4's Physical Restraint/Enabler Consent, dated 5/3/16, documents, "It is the position of this facility that each resident has the right to be free from any restraint not required to treat his or her medical symptoms. In accordance with State and Federal regulations, the least restrictive form of physical restraint will be used and only for a time that is absolutely necessary in therapeutically treating the residents's symptoms. Type of restraint: Self-Release Seatbelt. Reason for restraint: To help lessen falls. Duration: While up in wheelchair. Alternatives tried: (Blank). Time of day: When up in wheelchair. Benefits of Restraints: (None of the items listed were checked). Potential Complications: (None of the entries were checked)."</p> <p>R4's Physical Restraint/Enabler Assessment, dated 5/3/16, documents, "Fall Risk Score: High. History of falls in the past 3 months: Yes. Diagnosis/Medical Symptoms: (left blank)."</p> <p>R4's Care Plan, dated 5/05/16, documents, "Presently using a wheelchair with self-release</p>	F 221			

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F 221	Continued From page 3 seatbelt."  R4's Physician Order Sheets, dated 4/2016 and 5/2016, do not document an order for the use of a self release seatbelt.  On 5/5/16 at 9:20 AM, R4 sat in front of the Nurses' Station with a self-release seatbelt fastened across her lap. When asked if she could release her seatbelt, R4 looked blankly and started feeling for the waistband of her pants.  On 5/5/16 at 10:54 AM, R4 sat in the TV room. R4 was unable to release the seatbelt on her own when asked.  On 5/5/16 at 12:32 PM, R4 sat in the dining room eating lunch and R4 had her seatbelt on.  On 5/5/16 at 1:05 PM, E11 and E14 stated they have not seen R4 release her seatbelt. E11 and E14 stated R4 does not know how to release her seatbelt even when prompted.  On 5/5/16 at 3:48 PM, E15 stated R4 used to be able to release her seatbelt. E15 stated R4 needs to be reassessed for the use of the seatbelt and maybe another safety device.	F 221			
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.	F 312			

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F 312	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide showers twice a week for effective hygiene and bathing for 3 of 8 residents (R2, R10, R14) reviewed for showers in the sample of 21.</p> <p>Findings include:</p> <p>1. R2's Minimum Data Set (MDS), dated 3/23/16, documents R2 requires extensive assist with dressing, hygiene and bathing and has severely impaired cognition.</p> <p>R2's Care Plan, updated 3/23/16, documents, "Will receive 2 times per week showers."</p> <p>R2's Shower Sheets, for the period from February through May 2016, document R2 received four showers in February 2016, four showers in March 2016 and three showers in April 2016.</p> <p>On 5/5/16 at 2:45 PM, E12 and E13, evening shift Certified Nursing Aides (CNAs), stated R2 is scheduled for showers every Monday and Thursday on the evening shift and has never refused showers as far as they can recall.</p> <p>2. R14's Interim Care Plan, dated 4/26/16, documents R14 needs encouragement and assistance to perform activities of daily living and personal hygiene to maintain a neat, clean appearance.</p> <p>R14's Nurses' Notes, dated 4/26/16, documents R14 was admitted on 4/26/16.</p> <p>R14's Shower Sheets from April 2016 through</p>	F 312			

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F 312	<p>Continued From page 5</p> <p>May 2016 document R14 received a shower on 4/26/16.</p> <p>On 5/4/16 at 4:10 PM, R14 sat on her bed, her hair damp. R14 stated she just had a shower. R14 stated her last shower was eight days ago. R14 stated she feels a lot better and clean after her shower.</p> <p>On 5/5/16 at 4:10 PM, E15, MDS/Care Plan Coordinator, stated all residents are care planned to get showers twice a week or per resident's preference as able.</p> <p>2. On 05/03/2016 at 3:05 PM, E1, Administrator, provided a list of residents that were interviewable and R10 was highlighted indicating she was interviewable.</p> <p>On 05/04/2016 at 3:30 PM, R10 stated "I haven't had a shower in so long I can't remember the last time I got a shower." R10's hair was short to the scalp, uncombed and facial hairs on her chin were visible. R10 stated "I always feel better when I have a bath, not sure why I haven't had one in so long."</p> <p>R10's Care Plan, dated 04/2016, documents in part, resident is a double amputee.</p> <p>R10's Shower Sheets document R10 received a bed bath only on the day of her admission on 04/19/2016. There are no other dates documented of R8 receiving a shower. A total of 16 days have passed since R8 last received a bed bath.</p> <p>On 05/05/2016 at 3:06 PM, E1 stated the Facility does not have a Shower or Bathing Policy. E1</p>	F 312			

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F 312	Continued From page 6 stated all residents should receive a shower two times a week or a bed bath, unless residents refuse.	F 312			