

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

PRINTED: 06/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2016
NAME OF PROVIDER OR SUPPLIER PRAIRIE CITY REHAB & H C			STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY, IL 61470		
(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 248 SS=E	<p>Annual Licensure and Certification survey.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to plan and conduct activities for three residents (R3, R4, and R5) reviewed for activities in a sample of nine and four residents (R10, R11, R12, and R13) in a supplemental sample.</p> <p>Findings include:</p> <p>On 6/21/16 at 9:40 a.m., E5 (Social Services) stated there is no Activity Director at this time. On 6/21/16 at 10:00 a.m., R4 stated there had been no Activity Director since April (2016). R4 reported there has not been an Activity Calendar distributed since April (2016). R4 stated, "(E5 - Social Services) is working on making one (an Activity Calendar) but we don't have it yet." R4 indicated (E4 Past Activity Director) was gone the whole month of May (2016). On 6/22/16 at 10:00 a.m., during the resident group meeting, R10, R11, and R12 verified there has been no Activity Calendar distributed to residents since April (2016) and (E4 Past Activity Director) has been gone since May (2016). R10 reported (E6</p>	F 248			

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 248	<p>Continued From page 1</p> <p>Housekeeper) volunteers and helps the residents do bingo twice a week.</p> <p>On 6/21/16 at 2:00 p.m., E6 (Housekeeper) was assisting R4, R10, R11, and R12 in the day room to play bingo. On 6/22/16 at 10:00 a.m., E6 was assisting R4, R10, and R12 play dominos in the day room. On 6/23/16 at 12:16 p.m., E6 (Housekeeper) stated, "Actually, I got started (volunteering to help residents with bingo) through (E4 Past Activity Director). When (E4) got all crippled up on his/her feet I started coming up and doing bingo on Tuesdays and Thursdays. I'm off today (Thursday) but I'm coming up to do bingo at 2:00 p.m. Yesterday (6/22/16), I did dominos because (E1 Administrator) asked me if I'd come up to do it. I don't normally. (The facility) just started this week putting three other housekeepers in to do it (lead activities). I work 2:00 p.m. to 8:00 p.m. I used to come in on Saturdays once in awhile and do kick ball and exercises but you know you have to get away from work. I was already doing the bingo. The bingo is the only one I really like to do."</p> <p>On 6/23/16 at 2:00 p.m., R13 stated, "What activities? They don't have any. They stopped having them, oh about a month or so ago. The only one I really went to was bingo. All the rest of them are stupid. I used to get a schedule but I don't get that anymore. Last one was April (2016). The lady (E4 Past Activity Director) that use to do them would pass them out about a day or so before (the beginning of the month). There haven't been any activities that I know of since then (April 2016)." R13 had an April 2016 Activity Calendar posted on a bulletin board in R13's room. On 6/21/16 at 2:35 p.m., R5 stated, "Yes, I like to go (to activities) but I wish they had more."</p>	F 248			

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F 248	<p>Continued From page 2</p> <p>E4 (Past Activity Director's) Personnel records document E4 was hired as a Dietary Supervisor on 8/18/10 and terminated on 5/31/16. A physician statement in E4's Personnel file dated 5/09/16 states, "Please excuse (E4) from work for two weeks." On 6/22/16 at 3:00 p.m., E1 (Administrator) indicated (E4) did not return to work after the facility received her/his doctor's statement on 5/09/16.</p> <p>An undated Job Summary titled Activity Director states, "The Activity Director plans, schedules, and implements an ongoing program of activities designed to meet the physical, mental, and psychosocial needs of each resident. 7. Charts monthly activity progress notes for each resident. Includes the resident response to the individualized program. 11. Prepares and posts a monthly Activities Calendar."</p> <p>R3's care plan dated 5/24/16 states, "Continue to evaluate for activity participation and interest, assess for changes in activity pattern. Provide monthly activity calendar," R3's MDS (Minimum Data Set) assessment dated 3/14/16 documents R3 has long and short term memory problems and severe cognitive impairment. R4's care plan dated 5/24/16 states, "Provide monthly (activity) calendar." R4's MDS assessment dated 4/22/16 documents R4's BIMS (Brief Interview for Mental Status) score was 15 indicating R4's cognitive skills are intact. R8's care plan dated 5/24/16 states R8 is to be provided the monthly activity calendar.</p> <p>On 6/23/16 at 1:05 p.m., E2 (DON - Director of Nursing) stated, "This is what I have (Activity Attendance Records for R4, R10, R11, and R12)."</p>	F 248			

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F 248	Continued From page 3 E2 (DON) also provided May 2016 Activity Attendance Records for R3, R5, and R13. Each of the residents records show documentation regarding their activity participation stopped on 5/02/16. E2 (DON) indicated there are no Activity Attendance Records for June 2016. On 6/23/16 at 1:25 p.m., E5 (Social Service) stated, "(E4 Past Activity Director) went on medical leave. No one has done (E4's) paper work. I haven't (helped with resident activities)." E5 stated E5 would soon be taking the Activity Director position.	F 248			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain a medication error rate of less than 5%. There were 25 opportunities with 3 errors resulting in a 12% medication error rate. These errors affected (R4) in the sample of 8 and (R14) in the supplemental sample. Findings include: On 6/21/2016 at 9:20AM, E2 Registered Nurse administered Lantus Solostar 30 units and Humalog R insulin 10 units to R14. R14's current Physician's Orders (POS)	F 332			

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F 332	Continued From page 4 documents R14 is to receive Humalog insulin per siding scale at 7:00AM, 12:00PM, 5:00PM and 8:00PM and Lantus Solostar 30 units at 7:00AM and 8:00PM. On 6/21/2016 at 12:05PM, E2 administered Metoclopramine 10 milligrams (mg) to R4. R4's lunch tray was in front of R4 when E2 administered the medication. R4's current POS documents orders for Metoclopramine 10mg, take one tablet by mouth 20 minutes before meals at 6:40AM, 11:40AM, and 4:40PM. On 6/21/2016 at 12:05PM, E2 verified that the insulin was given late to R14 and that R4 received the Metoclopramine while eating the noon meal.	F 332			
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes	F 334			

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F 334	<p>Continued From page 5</p> <p>documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second</p>	F 334			

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F 334	<p>Continued From page 6</p> <p>pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to offer Pneumococcal immunization and failed to follow up with a resident's representative after mailing education and consent for influenza immunization for one of five residents (R3) reviewed for immunization status.</p> <p>Findings include:</p> <p>R3's Profile Face Sheet documents R3 was admitted on 9/08/11. R3's Immunization Record shows R3 received an Influenza immunization on 11/11/11, 10/29/12, and 11/06/14. R3's Immunization Record does not record an Influenza immunization for the 2015 to 2016 Influenza season.</p> <p>A policy titled Immunization of Residents dated 10/05/06 states, "4. Verify the date of last vaccination. Obtain proof of previous Pneumococcal and Influenza vaccination for residents when able. Assess all newly admitted residents' Pneumococcal and Influenza vaccination status upon admission and record last known immunization on the resident's Immunization Record. 5. Offer the Pneumococcal vaccine as a one time dose unless a second dose is recommended by the</p>	F 334			

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F 334	Continued From page 7 resident's attending physician or the facility Medical Director. Residents without proof of previous Pneumococcal vaccination may with physician approval receive one dose of Pneumovax unless contraindicated. 6. Offer the Influenza immunization annually from October (first) thru March (thirty first)." On 6/23/16 at 2:00 p.m., E2 (Director of Nuring) stated, "I found out it (education and consent for R3's Influenza immunization) was mailed out to (Z6) and never returned to us." On 6/23/16 at 2:58 p.m., E11 (Corporate Nurse) stated E11 had no documentation to verify R3 had ever received a Pneumococcal immunization. E11 verified Influenza education and consent was sent (via mail) out to Z6- R3's POA) but the facility never received a response.	F 334			
F 441 SS=D	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.	F 441			

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F 441	<p>Continued From page 8</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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 and interview the facility failed to wash hands from soiled to clean during personal care for one resident (R1) of three observed for personal care in a sample of eight.</p> <p>Findings include:</p> <p>On 6/21/2016 at 11:05AM, E3 Certified Nurse Aide (CNA) washed hands and applied gloves to provide perineal care to R1 who was already lying in bed. E3 removed R1's incontinent brief and used the soiled brief to wipe R1's bottom, who was involuntary of stool and urine. E3 then cleansed R1's perineal area and bottom. With the same soiled gloves, E3 applied a new brief and clean pants rolling R1 back and forth in bed</p>	F 441			

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F 441	Continued From page 9 touching R1's legs, hips and clean clothing. E3 then removed the soiled gloves and washed hands. On 6/21/2016 11:14AM E3 stated, "I washed my hands when I entered the room and after I did peri care and got (R1) dressed."	F 441			