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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145406	A. BUILDING ______ B. WING ______	04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANDOLPH COUNTY CARE CENTER	**312 WEST BELMONT SPARTA, IL 62286**

(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 Annual Licensure and Certification Survey	F 000		
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Facility failed to provide engaging activities on the weekends for one of 15 residents (R5) in the sample of 15 and 5 residents (R18, R19, R20, R21, R22) in the supplemental sample. Findings include: During the group meeting on 04/13/2016 at 10:00 AM, R18, R19, R20, R21, and R22 all stated there was not enough to do at the Facility on the weekends and they would like more activities. On 04/12/2016 at 2:33 PM, R5 stated "When we have activities, it makes the day go by so much faster. When the weekends come and there is nothing to do, it makes the day long." On 04/15/2016 at 8:41 AM, R5 stated "I fold cause it gives me something to do but I really don't like it." On 04/12/2016 at 2:20 PM, E5, Activity Director, stated "Folding is an activity where a group of women get together and fold bibs and towels. They find it very relaxing. No, I am not here on	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	Continued From page 1 Saturday or Sundays or my part time assistant." On 04/15/2016 at 9:25 AM, E5 stated "Men typically do not participant in folding or fold and on the weekends. We have about two women I believe out of 65 residents that fold on the week-ends." The Activity Calendar for the Month of April 2016 documents activities for Saturday 04/02/2016: 2:00 PM Bingo, 2:30 PM Snacks, 3:00 PM Folding. Sunday, 04/03/2016: 9:30 AM Sunday school, 2:00 PM church, 3:00 PM Folding. Saturday, 4/09/2016: 2:00 PM Bingo, 2:30 Snacks, 3:00 PM Folding. Sunday 04/10/2016: 9:30 AM Sunday school, 2:00 PM church, 3:00 PM Folding. Saturday 04/16/2016: 10:00 AM Movie, 2:30 PM snacks, 3:00 PM Folding. Sunday, April 17, 2016: 9:30 AM Sunday school, 2:00 PM church, 3:00 PM Folding. Saturday 04/23/2016: 10:00 AM Card Lotto, 2:30 PM Snacks 3:00 PM Folding. Sunday 04/24/2016: 9:30 Sunday school, 2:00 PM Church and 3:00 PM Folding. Saturday 04/30/2016: 10:00 AM Listen to Radio, 2:30 PM Snacks, 3:00 PM Folding. On 04/13/2016 at 3:19 PM, E10, Housekeeping, stated "There are four ladies in the facility that regularly fold towels and no there is no man in the facility that I have seen that folds." The undated Activity Program Procedures and Objectives documents a list of various activities from Recreational to Community Activities with how to conduct the activity. The Procedure fails to address the frequency of activities to include engaging activities of interest to the majority of the facility residents.	F 248		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323		

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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.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, the facility failed to implement working fall interventions and provide supervision to prevent falls for 2 of 6 residents, (R9, R11) reviewed for falls in the sample of 15.

Findings include:

1. R9's 4/2016 Physician's Order Sheet (POS) documents diagnoses, in part, as, Severe Dementia, Alzheimer's Type, Organic Mental Syndrome and Arthritis. R9's Minimum Data Set (MDS), dated 2/19/2016, documents R9 is severely impaired with cognition, requires assistance with transfers and has unsteady balance that requires stabilization from staff when toileting. The Fall Risk Evaluation, dated 2/11/16 and 4/11/2016 documents R9 is a high risk for falls.

On 4/13/2016 at 12:07 PM, E8 and E9, Certified Nurses Aides (CNA), transferred R9 from the wheelchair to the toilet using a gait belt. R9 was very confused and unsteady during the transfer. R9 had difficulty following directions and tried to drag her feet. R9 tried to put toilet paper on her head.

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R9's Nurses Note, dated 4/10/2016 at 5:30 PM, documents, in part, "(R9) was being toileted by CNA, (E17) CNA answered another resident CB (call bell) after placing CB chord in (R9's) hand and reminding (R9) to request assist when finished. (R9) stood without assist after removing non-skid socks and slid to floor. Found by CNA lying on right side. No apparent injuries noted at this time. states, 'I was going to get out of here, but my feet got tangled'."

The Accident/Incident Report, dated 4/10/2016 at 5:20 PM, documents R9's fall with preventions for reoccurrence, in part, as, "Remind to request assist, staff will stay with resident when on toilet. When toileting, put on shoes."

A written statement from E17, dated 4/10/2016, documents, in part, "I put (R9) on south hall toilet. (R9) was having a bowel movement. I tried to transfer resident off. I couldn't get her off, so I put emergency light on. I went out in hallway to look for help and heard (R9) fall off toilet."

R9's Care Plan, updated 4/10/2016, documents, in part, "(R9) needs supervision/assistance with all decision making. Has impaired cognitive function/dementia or impaired thought process related to dementia, Alzheimer's." Approaches include, "Will not be left unattended in restroom. Explain risks of falls to resident as needed. Remind (R9) frequently of fall risks."

2. R11's 4/2016 POS documents diagnoses, in part, as Spinal Stenosis and Closed Dislocation of Second Cervical Vertebra. The MDS, dated 1/27/2016, documents R11 is severely impaired with cognition and requires extensive assistance

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F 323	Continued From page 4 of one staff for transfers and ambulation, with no limitations for range of motion to all extremities. The MDS documents R11 has an unsteady balance for walking, standing, turning and surface to surface transfer. The Accident/Incident Report, dated 1/06/2016 at 9:00 PM, documents R11 was found on the floor with her head against the heater, with a 4 centimeter (cm) X 4 cm hematoma to the mid forehead. The Report documents, in part, "(R11) had requested to be up in recliner. Call light within reach." The Report had no documentation a safety alarm was sounding at the time of the fall. Interventions documented to prevent reoccurrence are, "Continue 15 minutes checks, chair pad alarm and anticipate needs." R11's Nurses Note, dated 1/06/2016 at 9:00 PM, documents the same information as the Accident/Incident Report for 1/06/2016. There is no documentation in the Nurses Note that a safety alarm was sounding at the time of the fall. R11's Care Plan, updated 1/07/2016, documents, in part, "Attempted out of chair, on knees. Hematoma to forehead. Alarm batteries dead. Slid out of recliner. Continue with 15 minute checks, pad alarm at all times, replace batteries in pad alarm." R11's 1/2016 Treatment Record documents, in part, "Safety device-Pad alarm at all times (chair & bed), dated as the original order on 11/07/2014. The Treatment Record documents R11 had this order before the fall of 1/06/2016. On 4/14/2016 at 1:17 PM, R11 was sitting alone on the toilet in the bathroom of her room with the	F 323		

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F 323	Continued From page 5 door closed. R11 was wearing a gait belt. R11's wheeled walker and wheelchair were nowhere near the bathroom. At 1:18 PM, E14, CNA, entered R11's room, then went into the bathroom. E14 put shoes on R11. E14 again left the bathroom, going in and out several times to retrieve items. E14 assisted R11 to stand using the walker. R11's balance was very unsteady, and required E14 to stabilize her to prevent falling. R11 walked with E14's assistance to a recliner. There was no alarm in the recliner. At that time, E14 stated when asked if R11 had a pad alarm, E14 stated, "We got rid of the alarm. It was discontinued about a month ago. She had it when she came back from the hospital (1/06/2016)." On 4/14/2016, at 2:00 PM, E4, Licensed Practical Nurse (LPN), reported R11 has periods of confusion and has had a decline. E4 reported that R11 can usually make her needs known, but did not know if she should be left alone on the toilet unattended. The facility policy and procedure, undated and entitled, 'Accidents in the Long Term Care Setting' documents, in part, "The facility is to provide an environment that is free from accident hazards over which the facility has control and provide supervision and assistive devices to each resident to prevent avoidable accidents. This includes: Identifying hazards and risks; Evaluating and analyzing hazards, risks; implementing interventions to reduce hazards and risks and monitoring for effectiveness. For a resident with frequent falls, ALL staff are responsible for looking out for that resident. If an alarm system is in place, all staff can assess whether it is in use and appears to be working."	F 323		

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F 367	Continued From page 6	F 367		
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN	F 367		

Therapeutic diets must be prescribed by the attending physician.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the Facility failed to follow Physician Orders for therapeutic diets for 3 of 15 residents (R1, R2, R6) reviewed for therapeutic diets in the sample of 15.

Findings include:

1. R2's April 2016 Physician Order Sheets (POS) document, in part, the diet orders 08/31/2015 Mechanical soft, thin liquids, 12/10/2015 Double Portions at Breakfast, 12/10/2016 Double Fruit at Lunch and Supper. R2's Minimum Data Set (MDS), dated 02/10/2016, documents R2 has moderately impaired cognition.

On 04/12/2016 at 12:25 PM, R2 was served his lunch meal and the diet orders were not followed as there was no double portion of fruit present at the lunch meal on the tray or brought to him during meal service.

On 04/13/2016 at 12:35 PM during lunch service, no double portion of fruit was present on R2's tray when served or brought to him during meal service.

On 04/14/2016 at 8:35 AM, R2's breakfast tray did not have double portions during his breakfast service.

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On 04/14/2016 at 9:42 AM, R2 stated, "No I did not get a double portion for breakfast and it's my favorite meal of the day. I am not sure that I am getting double portions of fruit either sometimes I do sometimes I don't."

On 04/13/2016 at 10:34 AM, E4, Licensed Practical Nurse stated, "I think we are offering (R2) double portions of fruit."

On 04/14/2016 at 8:40 AM, E11, Dietary Manager (DM), stated "(R2) should have received double portions of fruit and breakfast not sure why he did not get it."

R2's Diet Change Orders, dated 03/08/2016, document in part, March weight is down 12.0% at six months. Diet order includes double portions at breakfast and double fruit at lunch and supper. Those orders reflect best accepted meal and foods remains appropriate at this time.

R6's dietary card documents in part, double portions at breakfast, double fruit at lunch and supper.

2. On 4/12/16 at 12:30 PM at the lunch meal, R1 received pureed meat, pureed baked beans, pureed zucchini and tomatoes, iced tea and juice.

On 4/13/16 at 8:30 AM at the breakfast meal, R1 received 3 slices of French Toast, Oatmeal super cereal, Bacon, coffee and juice. On 4/13/16 at 12:30 PM at the lunch meal, R1 received pureed meat, pureed potatoes, pureed vegetables, iced tea, juice.

On 4/15/16 at 10:45 AM, E11, stated, "(R1)

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F 367	Continued From page 8 doesn't like milk so we don't serve it to him." R1's POS dated 4/1/2016 to 4/30/2016, documents "Diet - 06/01/15 NAS (No Added Salt), pureed consistency, 03/08/16 Whole Milk BID (twice daily), 03/08/16 Super cereal at breakfast." R1's current Diet Card documents, whole milk Breakfast and Dinner. 3. R6's MDS, dated 3/16/16, documents has severe impairment and requires total dependence on staff with meals. R6's 4/2016 POS documents the diet order of pureed meat with mechanical soft sides. During the noon meal on 4/12/16 at 12:37 PM, R6's meal was pureed pork, pureed baked beans, and pureed fruit on a divided plate. For breakfast on 4/13/16 at 8:37 AM, R6's diet consisted of pureed french toast, pureed sausage, and super cereal with a piece of toast. R6's Nutritional Progress Record, dated 4/6/16, documents Pureed meat and mechanical soft sides. R6's Nutritional Assessment, dated 12/7/15, documents Mechanical Soft with Pureed Meat, and also requires full assist for meals. On 4/13/16 at 3:15 PM E12, Dietary Aide/Cook identified on R6's meal card that the colored dots on the meal card document red for pureed and purple for mechanical soft. E12 said, "I know that her order calls for pureed meat and mechanical soft sides, but (Z1, R6's husband) wants her to have a pureed diet so we do that."	F 367		

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F 367	Continued From page 9 On 4/15/16 at 8:42 AM, E11, Dietary Manager said, "(Z1) wants her to have a pureed diet so we consulted Occupational Therapy and the Dietician." E11, also confirmed that there was no policy for diets that she was aware of.	F 367		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to store and prepare food in a sanitary manner due to rubberized coating and rust on shelving in coolers and metal slivers clinging to can opener knife blade. This has the potential to affect all of the 65 residents living in the facility. Findings include: On 4/12/16 at 9:46 AM, 4 of 4 shelves in the walk in cooler in the main kitchen had the rubberized coating peeling and chipping with exposed rust and debris dropping onto foods stored on the lower shelves. At that same time, E11, Certified Dietary Manager (CDM), stated, "At times it (the	F 371		

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F 371	Continued From page 10 rubberized coating and rust on shelving) falls on the food stored below it." On 4/12/16 at 9:51 AM, the can opener attached to the cook's table in the main kitchen had three metal shavings clinging to the can opener knife blade. At that same time, E15, Cook, stated, "We open all the cans with that can opener for all the residents' meals. I have noticed little pieces of metal when I open cans." On 4/12/16 at 9:57 AM, 9 of 9 shelves in the reach in cooler were rusty with debris dropping onto foods stored on the lower shelves. The Resident Census and Conditions of Residents, CMS 672, dated 4/12/16, documents that the facility has 65 residents living in the facility.	F 371		
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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(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.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to perform hand hygiene to prevent the spread of infection for 2 of 15 residents (R4, R6) reviewed for infection control practices in the sample of 15.

Findings include:

R4's Minimum Data Set (MDS), dated 3/16/16, documents R4 has moderately impaired cognition and is dependent on staff for transfers, dressing, and hygiene.

On 4/12/16 at 11:37 AM, E8, Certified Nurses Aide (CNA), put on gloves, unfastened R4's adult brief and placed her hand on his buttock near his

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F 441	Continued From page 12 rectal area. E8 stated, "I am looking to see if you are clean before I get you up." E8 took her hands and pulled R4's buttock apart and pointed to and touched an area that was covered with a white cream. E8 said, "You can see that was the area where his decubitus was, but it is healed now." E8 fastened R4's brief without changing gloves or performing hand hygiene. With contaminated gloves, E8 put the lift pad under R4 and moved the mechanical lift closer to the bed. E8 removed the gloves, took R4's catheter bag and put it on the side of the mechanical lift during the transfer of R4 into the wheel chair. E16, CNA, assisted E8 to transfer R4 from bed to his electronic chair with the mechanical lift. E8 and E16 did not perform hand hygiene after providing care for R4. After transferring R4, E8 handed R4 his water and put the straw in R4's mouth to take a drink. On 4/12/16 at 11:47 AM, E8 took the mechanical lift out of R4's room without cleaning the lift and took the lift into R6's room for a transfer. The Facility's undated Perineal/Incontinence Care Procedures and Policy documents in part: "4. Apply gloves and drape resident, remember to lift linen up towards the torso also, this provides privacy. 5. Change gloves. Discard gloves before touching unsoiled areas, reapply prn (as needed)." The Facility's undated Infection Control in Long Term Care Policy documents in part: "Infection control is the use of precautions to break the chain of infection." The policy also documents "(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."	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145406	A. BUILDING ______ B. WING ______	04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 441	Continued From page 13	F 441		

The policy also documents "A facility policy should be in place regarding proper cleaning and disinfecting of multiple use items such as shower chairs, bedside scales, lifts, commodes, tubs. This type of shared patient care equipment should be cleaned between residents. Gloves should be available for use in accordance with current standards of practice.
Handwashing facilities or antiseptic products soul be available for performing hand hygiene. Indirect transmission involves transfer of infected agents through a contaminated intermediate object, such as uniforms toilets, equipment.
Hand Hygiene is the primary means of preventing the transmission of
infection! The following is a list of some situations that require hand hygiene: Before and after resident contact; Before and after assisting a resident with personal care; Indirect transmission involves transfer of infected agents through a contaminated intermediate object, such as uniforms, toilets, equipment. Before and after assisting a resident with personal care: Before and after handling peripheral vascular catheters and any other invasive devices; Upon and after coming in contact with a resident's skin; After personal use of the toilet (wash with soap and water);
Before and after assisting a resident with the toilet (wash with soap and water); After contact with the resident's mucous membranes and body fluids or excretions; After handling soiled or used items, dressings, bedpans, catheters and urinals; After removing gloves."