

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

PRINTED: 11/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2014
NAME OF PROVIDER OR SUPPLIER REST HAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 120 WEST MAIN ALBION, IL 62806		
(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 280 SS=D	<p>Annual Licensure and Certification Survey 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to update Care Plans to include problem areas and interventions for falls, comfort measures, weight loss, hydration, and potential for abuse for three residents (R5, R4, R9) whose Care Plans were reviewed in the sample of ten.</p> <p>Findings include:</p>	F 280			

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 280	<p>Continued From page 1</p> <p>1. On at 11/19/14 at 8:25 am, R5 was observed being fed breakfast by E4, Dietary Supervisor, with 100% staff assistance. R5 made no attempts to feed herself , did not pick up utensils or her water glass, and was verbally unresponsive. R5 appeared thin and frail. R5 consumed 50% or less of food and fluids. E4 stated R5 is unable to eat or take fluids by herself. On 11/18/14 at 10:10 am, the door to R5's room, which she shares with her husband, was closed. After knocking, the door was opened and R5 was observed in her room alone with her husband.</p> <p>According to R5's 07/23/14 Minimum Data Set (MDS), R5 is totally dependent on staff for all activities of daily living such as bathing, hygiene, dressing, eating, toileting and transfers. This same MDS showed that R5's cognitive functioning is so impaired she was unable to participate in the interview.</p> <p>A 2014 Vitals Sheet showed that in May 2014 R5's weight was 109 lb, and has decreased over time to her October 2014 weight of 83.5lb. R5's Care Plan with a review date of 10/28/14 did not address problem areas or interventions for weight loss and dehydration risk.</p> <p>An Incident Report dated 4/28/14 showed that R5s husband was observed by staff to slap her on the back of the head while he was feeding her. The report stated R5's husband is a confused resident and did not realize he had slapped her. The Care Plan as referenced above did not address a problem area or interventions for the potential for resident to resident abuse.</p> <p>A Refusal For Feeding Alternatives form dated 06/08/14 showed that on that date R5's family signed a consent for Comfort Measures. An undated Comfort Measures Policy stated that the facility "will promote an individual plan of care to reflect management of end of life issues." The</p>	F 280			

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F 280	Continued From page 2 Care Plan as referenced above did not address a problem area or interventions for comfort care issues. On 11/19/14 at 2:30 pm, E1, Administrator, acknowledged R5's Care Plan did not include the problem areas as referenced above, but stated it will be updated to include these issues as soon as possible. 2. The Care Plan dated 05/29/14 did not identify or address an undesirable weight loss as a problem for R4. R4's monthly weight record notes R4 lost a total of 10 pounds from April 2014 to October 2014. The monthly weight record notes R4 weighed 123 pounds in April and 113 pounds in October. On 11/18/14 at 1:15 PM, R4 ate less than 25 percent of her noon meal and stated she does not eat much. 3. On 11-20- at 8:35 AM, E12 (Care Plan Coordinator) stated that R9 does have a history of falls and is a fall risk as identified by the Fall Risk Assessment and should have had a Care Plan to address falls. E12 stated that she would be rewriting R9's Care Plan to include falls. R9's Fall Risk Assessment dated 09-12-2014 indicates that R9 is High Risk for falls and the nurse's notes dated 04-20-2014 states that R9 tripped on his call light, lost his balance and fell onto the floor. R9 did not sustain injuries from the fall. The nurse's notes for R9 dated 10-18-2014 states that R9 was found on the bathroom floor sitting on his buttocks with his left leg bent toward him. According to the nurse's notes, R9 had no apparent injuries. R9's Care Plan does not address falls.	F 280			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329			

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F 329	<p>Continued From page 3</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide an adequate indication for the use of an antipsychotic medication and to provide quantitative and qualitative behavior tracking with resident specific behavioral interventions for 1 of 1 resident (R9) reviewed for antipsychotic medications in the sample of 10.</p> <p>Findings include:</p>	F 329			

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F 329	<p>Continued From page 4</p> <p>On 11-18-2015 at 8:35 AM, R9 was groomed and dressed sitting at the table in the dining room eating his breakfast. R9 was quiet and not disturbing any of the other residents. On 11-19-2014 at 8:00 AM, R9 was incontinent of urine, and E6 (Certified Nursing Assistant) was walking R9 with a gait belt to his room to change him. R9 was cooperative with E6.</p> <p>On 11-19-2014 at 2:30 PM, E1 (Administrator) states that facility staff have not been doing Behavior Tracking on residents who receive a routine psychotropic medication. E1 stated staff does track behaviors on those residents who get psychotropics as needed, but not for those residents who receive psychotropics routinely. E1 stated that she is planning to initiate a new Behavior Tracking form as soon as it is approved by the Quality Assurance Committee. E1 also stated that R9's behaviors included patting female residents and staff on the buttocks, hitting people on their shoulder (not intending to hurt them), urinating and defecating in inappropriate places and wandering into other resident's rooms.</p> <p>The facility's Physician's Orders Sheet dated 03-16-2014 states that R9 had orders for Risperdal 0.25 milligrams twice daily. The Physician's Progress note dated 05-12-2014 states that R9 has a diagnosis of Dementia; Alzheimer's Type. This diagnosis does not justify the use of the Risperdal. R9's Minimum Data Set dated 06-12-2014, Section E-"Behavior" states that R9 has physical behavioral symptoms directed toward others and occurs 4 to 6 days per week, but less than daily. R9's Care Plan dated 03-12-2014 states in the "Problem Area" that R9</p>	F 329			

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F 329	Continued From page 5 will urinate and deficate in inappropriate places, unable to remember to do Activities of Daily Living and is resistive to bathing; doesn't understand others personal boundries will hug, pat "bottoms", and that R9 is an Elopment risk. There is no Behavior Tracking to identify the frequency of the behaviors or what precipitated the behaviors, and what interventions were used to change or redirect the behavior.	F 329			
F 425 SS=C	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 by: Based on interview, observation, and record review, the facility failed to dispose of outdated	F 425			

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F 425	Continued From page 6 medications and supplies. This has the potential to affect all 25 residents residing in the facility. Findings include: 1. The facility Resident Census and Conditions of Resident form, dated 11/17/14, documented that the facility had a census of 25. 2. On 11/17/14 at 2:00 PM, the Medication Room was observed to contain the following items: (3) unopened 16 ounce bottles of stock Geri-tussin liquid, all 3 bottles expired 9/2014. (1) opened bottle of Oyster Calcium 500 milligram tablets, expired 5/2014. E5 (Registered Nurse) indicated that the medication was currently not being used. (1) opened bottle of ear drops, labeled for R11, has an expiration date of 8/2014. (1) bottle of Ear Wax Removal solution, labeled for R12, expired 4/2013. (1) stock bottle of Stomahesive, expired 9/2014. E5 (R.N.) stated, "Nobody here is using it". (1) bottle of Fluticasone nasal spray, labeled for R13, expired on 8/1/13. (1) container of Ambesol, expired 8/14, labeled with the name of a resident whom had been discharged, "a few months ago", according to E5 (R.N.). (1) Pro Air inhaler, labeled for R14, expired 9/2013. (1) bottle of Afrin nasal spray, labeled for R15, expired 8/2014. (1) opened and undated bottle of liquid Benadryl, labeled for R15, expired on 7/3/2014.	F 425			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL	F 465			

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F 465	<p>Continued From page 7</p> <p>E ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation ,record review and interview the facility failed to replace peeling paint, damaged plaster, tattered shower curtains and a floor drain cover. This has the potential to affect all 25 residents living in the facility.</p> <p>Findings include:</p> <p>The Facility's Resident Census and Condition of Residents form dated, 11/17/19 , documented the facility has a census of 25 residents.</p> <p>1. On 11/18/14 at 11:10 AM, and 11/19/14 at 11:20 AM, three shower curtains in the east and west hall shower rooms were tattered and discolored. The plaster was damaged around the bath tub in the west hall shower room. On 11/19/14 at 3:00 PM, E1 (Administrator) said she was not aware the shower curtains were tattered.</p> <p>2. On 11/19/14 at 11:20 AM , a cover over a drain pipe in the floor of the laundry room was missing.</p> <p>3. On 11/20/14 at 10:00 AM, a three feet by twelve inch area of bubbling paint and damaged plaster was observed on wall next to the window R4's room .</p>	F 465			

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F 465	Continued From page 8 4. On 11/19/14 at 10:30 AM, an area of peeling paint, measuring eight inches by eight inches was noted in the ceiling of the closet in R3's room. 5. On 11/18/14 at 1:45 pm in R7's room, there was an approximately 12 inch square area of plaster to the right of the window, and a corner near the baseboard which were crumbled and peeling. The adjacent bathroom had several areas of similarly damaged plaster. A grab bar on the wall to the left of the toilet was loose and wobbly.	F 465			