

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

PRINTED: 12/17/2013
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 12/12/2013
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 157 SS=E	<p>Annual Licensure Certification Survey. 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in o483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in o483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

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 157	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review, interview and observation the facility failed to timely notify the physician and family after a resident falls and when residents have changes in the condition of their skin for 5 of 10 residents (R1, R2, R4, R5 and R7) reviewed for changes in condition in the sample of 10.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During an observation on 12/09/13 at 10:30 AM, R2's right heel was noted to have several pinpoint red areas inside of an area of pink skin measuring approximately a half of a centimeter (cm). R2 stated my heel is tender. The Treatment Record dated 10/10/13 notes R2 had a stage one area on the right heel. On 10/15/13 it notes R2 has a red area measuring 3cm by 3cm. The November 2013 Treatment Record notes the area on R2's heel measures 4cm by 4cm. E16 (Registered Nurse) stated during an interview on 12/09/13 at 10:40 AM, she was not sure if the doctor or family were notified of the red area on R2's heel. E16 stated the facility has a standing order to apply a topical dressing and the doctor does not have to be notified. E16 stated we (nurses) monitor the residents pressure areas. During an observation on 12/09/13 at 10:20 AM, E16 applied a antibiotic ointment and a dressing to a one centimeter open area on the top of R5's left foot. During the treatment E16 stated R5's shoe rubbed the area on his foot. On 12/09/13 at 12:25 AM, E16 assisted R5 to put on his shoe. The shoe is connected to a metal leg brace. E16 stated R5 began wearing 	F 157			

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F 157	<p>Continued From page 2</p> <p>the shoe and leg brace a couple of months ago. The treatment record notes R5 developed an open area on the top of his left foot on 12/04/13. E1 stated during an interview at 12:40 PM on 12/11/13, the facility does have standing orders to treat resident's minor skin tears and the doctor was not notified of the open area on R5's foot. R5 stated during an interview on 12/11/13 at 1:00 PM, he has no feeling in the left leg or foot because of a stroke.</p> <p>3. Nurses notes dated 08/29/13 indicate R7 has an area 0.3cm by 0.3cm on the right toe. The treatment record dated 09/03/13 noted R7 had a brown /black colored scab over the area on the right toe. During an observation on 12/10/13 at 11:10 AM, R7 had a bright red area approximately 0.5cm round. E16 stated the doctor was not notified of this area. During the observation a red scabbed area approximately 0.5 centimeters round was noted on the medial aspect of R7's right heel.. The treatment record did not indicate that the facility was assessing this area. E16 stated she was unaware of the area. On 12/11/13 at 12:00 PM the treatment record did not identify the area on R7's heel. The medical record did not indicate that the doctor or family was notified of the areas to R7's toe and heel.</p> <p>4. The Incident Fall Reports for R1 dated 10/12/13, 10/16/13, 11/19/13, 11/27/13, 11/28/13, and 11/30/13 were reviewed. These were all unwitnessed falls.</p> <p>The Incident Fall Report dated 10/12/13 at 1:30 PM documented the notification of physician on</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>10/14/13 and the notification of family on 10/14/13 at 9:45 PM. R1 received a one half centimeter laceration on the top of his head.</p> <p>The Incident Fall Report dated 10/16/13 at 9:30 PM did not document the notification of physician and the family was notified at 8:30 PM with no date. A hematoma was noted to the top of R 1's head.</p> <p>The Incident Fall Report dated 11/19/13 at 4:00 PM documented the time the physician and family was notified at 12:00, no PM or AM, and no date. No injury noted.</p> <p>The Incident Fall Report dated 11/27/13 at 11:55 AM. The physician was notified on 11/29/13. There was no notification of the family documented. R 1 found sitting on buttock with feet toward door. R1 received a skin tear to left elbow measuring 4 by 3 centimeters, adhesive strips applied.</p> <p>The Incident Fall Report dated 11/28/13 at 9:15 (no AM or PM) documents the physician was notified at 10:30 on 11/29/13. There was no notification of the family documented. R1 received small laceration with small amount of bleeding to right upper lip and a bruise to the right knee.</p> <p>The Incident Fall Report dated 11/30/13 at 5:30 AM does not include the time notification for the physician or family. R1 received skin tear to the left top of hand.</p> <p>On 12/10/13 at 3:00 PM E2 Director of Nurses stated during interview that they do not call the</p>	F 157			

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F 157	Continued From page 4 physician every time a resident falls. If it is on a weekend we wait until after the weekend. 5. The Incident/Fall Report worksheet completed by E8, (Registered Nurse), for R4 indicates an unwitnessed fall at 6:55PM on 10-10-13. The location of the fall was noted to be the bathroom across from the nurses station. The resident was found sitting on her buttocks with the right leg crossed under the left lower leg. R4 was assisted up with the assistance of two and was able to bear weight. R4 complained of low back pain. A red area was noted on right posterior lower ribs. Ice was applied to this area. The Report indicates the physician and responsible party were notified at 2:00. (Dated not noted.)	F 157			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures	F 225			

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F 225	<p>Continued From page 5 (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide evidence that all alleged violations of abuse are thoroughly investigated and that further potential abuse was prevented during the investigation for 1 of 1 residents (R4) reviewed for abuse in the sample of 10.</p> <p>The findings include:</p> <p>1. During the facility's Abuse Prohibition Review beginning on 12/8/13 at 3:00pm E1 (Administrator) was asked to present the past years worth of abuse investigations for review. E1 indicated there had been just one allegation that was reported in the past year and it was against E1. E1 presented a folder for review that included only State of Illinois complaint</p>	F 225			

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F 225	Continued From page 6 investigation paper work from an investigation completed by an Illinois Department of Public Health surveyor in November 2013.	F 225			
F 226 SS=D	<p>2. During an interview with E1 on 12/9/13 at 11:00am E1 was asked about the allegation of verbal abuse involving herself and R4. E1 explained that a situation between herself and R4 had occurred over R4 refusing to eat. E1 explained that she felt a staff member became angry during the dining incident and initiated a complaint to the Department of Public Health of abuse against her. E1 further explained that she was not being verbally abusive at that time and that even after the complaint investigation the facility did not think it was abuse. E1 did not have any further evidence for review regarding the incident, the allegation of abuse, protection of R4 or any investigation details.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to operationalize its policy for Resident Abuse, Neglect, and/or Theft Investigation by not initiating or completing an investigation, for 1 of 1 residents (R4) reviewed related to abuse allegations in the sample of 10.</p>	F 226			

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F 226	Continued From page 7 The findings include: 1. During the facility's Abuse Prohibition Review beginning on 12/8/13 at 3:00pm E1 (Administrator) was asked to present the past years worth of abuse investigations for review. E1 indicated there had been just one allegation that was reported in the past year and it was against E1. E1 presented a folder for review that included only State of Illinois complaint investigation paper work from an investigation completed by an Illinois Department of Public Health surveyor in November 2013. Review of the surveyor information found the complaint allegations to include mental abuse. 2. A review on 12/11/13 of the facility's Resident Abuse, Neglect, and / or Theft Investigation policy dated 10/12 found the following: "Policy: This facility shall promptly and thoroughly investigate all reports or resident abuse, neglect and / or theft." During an interview with E1 on 12/9/13 at 11:00am E1 was asked about the allegation of verbal abuse involving herself and R4. E1 explained that a situation between herself and R4 had occurred over R4 refusing to eat. E1 explained that she felt a staff member became angry during the dining incident and initiated a complaint to the Department of Public Health of abuse against me. E1 further explained that she was not being verbally abusive at that time and that even after the complaint came in the facility did not think it was abuse. E1 did not have any further evidence available for review regarding the incident, the allegation of abuse, protection of R4 or any	F 226			

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F 226	Continued From page 8 investigation details.	F 226			
F 246 SS=C	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide an adequate supply of hot water to meet the needs of the residents during the survey. This has the potential to affect all 27 residents living in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 12/9/13, documented the facility had a census of 27 residents.</p> <p>1. During a tour of the facility on 12/10/13 the following water temperatures were noted: (All temperatures were taken with the surveyors thermometers that are regularly tested for accuracy)</p> <p>11:25am room 2 88 degrees Fahrenheit</p>	F 246			

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F 246	<p>Continued From page 9</p> <p>11:30am East tub room 88 degrees Fahrenheit</p> <p>11:33am East common toilet 94 degrees Fahrenheit</p> <p>11:35am room 18 88 degrees Fahrenheit</p> <p>11:37am room 17 90 degrees Fahrenheit</p> <p>11:40am Nurses station 93 degrees Fahrenheit</p> <p>1:40pm East tub room 95 degrees Fahrenheit</p> <p>1:45pm West tub room 98 degrees Fahrenheit</p> <p>2:30pm Nurses station 95 degrees Fahrenheit</p> <p>2. An interview with E11 (Maintenance) on 12/10/13 at 11:40am, found that each morning E11 monitors the hot water temperatures and reports them to the nurse for recording in a log book. E11 indicated the log is kept at the nurses station. At that time the log book was reviewed and found no data entered for 12/10/13 at that time.</p> <p>3. The low water temperatures were brought to the attention of E1 (Administrator) on 12/10/13 at approximately 11:45am during the interview with E11. E1 indicated at that time that the one water heater has difficulty keeping up after meals when the kitchen uses so much hot water.</p> <p>4. On 12/12/13 at 11:15am, E18 (Certified Nurse Aide) was interviewed regarding bathing residents. E18 indicated that generally there are</p>	F 246			

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F 246	Continued From page 10 8 or 9 residents bathed each day on the day shift. E18 indicated the showers are spaced due to the water not being hot enough. E18 was asked and indicated that the warm water has run out in the past while bathing residents. 5. On 12/12/13 at 9:45am, E6 was interviewed regarding showers at the facility. R6 stated she did not receive her shower on 12/11/13 due to low hot water temperatures. R6 stated that the staff indicated they would return later in the day when the water warmed but they did not return. R6 further stated that during her last shower she told the staff to scrub fast because the hot water was running out. R6 indicated that other showers have been missed due to lack of hot water. R6 stated "Some kind of water heater problem". 6. On 12/12/13, E1 indicated that water heater elements have been replaced and the lack of adequate hot water should be resolved and the temperatures are being regulated.	F 246			
F 254 SS=D	483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION The facility must provide clean bed and bath linens that are in good condition. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure linens were not stained and in good condition for two of ten residents (R2 and R7) reviewed for incontinent care in the sample of 10.	F 254			

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F 254	Continued From page 11 Findings include: 1. During an observation of incontinent care on 12/10/13 at 11:15 AM, E3 (Certified Nurse Aide) had two pieces of cotton material that were approximately 7 inches by 6 inches. The material had strings hanging from all four sides approximately two inches long. The cotton material had several dark discolored areas covering most of the material. E3 stated we have to be careful that pieces of the material do not break off on the residents skin. During an interview with E17 (Laundry Personnel), on 12/10/13 at 2:15 PM, E17 stated when towels become worn they are told to cut the towels up and staff are to use them to clean residents who are incontinent of bowel.	F 254			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow the doctors order and obtain a laboratory test that was ordered by a doctor for one of ten residents (R5) reviewed for following doctors orders in the sample of 10. Findings include: 1. A physician order dated 07/26/13 in R5's record noted to repeat a prothrombin laboratory	F 282			

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F 282	Continued From page 12 test in one week. During an interview with E2, (Director of Nursing), on 12/10/13 at 3:30 PM, E2 stated this laboratory test was not repeated. The lab value of 7-26-13 noted a prothrombin time of 39.4 (normal 9.4 to 11.2) and International Normalized Ratio, (INR) 3.70 (normal 1.5 to 3.5).	F 282			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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, interview, and record review the facility failed to implement interventions for falls for 2 of 10 (R1 and R 4) residents in the sample of 10. The findings include: 1. The Incident Fall Reports for R1 dated 10/12/13, 10/16/13, 11/19/13, 11/27/13, 11/28/13, and 11/30/13 were reviewed. These falls were unwitnessed. The Incident Fall Report dated 10/12/13 did not document interventions to prevent further falls. The report documented R1 was leaning to his right side over the walker and oxygen concentrator. R1 stated he lost his balance. R1	F 323			

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F 323	<p>Continued From page 13</p> <p>sustained a one half centimeter laceration to the top of his head.</p> <p>The Incident Fall Report dated 10/16/13 did not document changes in interventions to prevent further falls. R1 stated he lost his balance getting up from the toilet and bumped his head on the hand rail. R1 received a hematoma to the top of the his head.</p> <p>The Incident Fall Report dated 11/19/13 did not document changes in interventions to prevent further falls. R1 was found leaning against windowsill with left side of head and shoulder. R1 stated he lost his balance when he leaned over to turn the heater off. No injury documented.</p> <p>The Incident Fall Report dated 11/27/13 did not document changes in interventions to prevent further falls. R1 was found by a housekeeper sitting on buttock with feet toward the resident's door. R1 sustained a skin tear to the right elbow measuring 4 by 3 centimeters, thin adhesive strips applied.</p> <p>The Incident Fall Report dated 11/28/13 documents R1 lost his balance and fell forward and hit his right upper lip. R1 received a small laceration to right upper lip with small amount of bleeding and bruising to the right knee. The Incident Fall Report documents the following interventions: Encourage resident to use call light to ask for assist when transferring and monitor blood pressure for low blood pressure. Minimum Data Set dated 11/1/13 documents the Brief Interview Mental Status is scored zero of a possible 15. Zero indicates resident is unable to repeat 3 words given to him and unable to tell</p>	F 323			

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F 323	<p>Continued From page 14 what year, month, or day of week it is.</p> <p>The Incident Fall Report dated 11/30/13 documents R1 lost his balance, fell to floor, and hit his head. R1 sustained a skin tear to the top of his left hand. The Incident Fall Report contain the following intervention: Doctor to review medications on 12/4/13. No change or evaluation of medications was performed from 11/30/13 through 12/3/13. On 12/4/13 physician visited R1 and decreased the dose of Coreg and Diovan.</p> <p>On 12/10/13 at 3:00 PM E1 (Administrator) stated they did interventions but they are not documented. She went on to say the resident was at some point confined to a wheelchair due to the loss of balance.</p> <p>On 12/12/13 at 10:05 AM E1 provided an undated Notification of the Physician of Resident's Change of Condition policy. Policy documents that this facility shall notify the attending physician of any measurable change in the resident's condition such as in the event of incidents, accidents, 5 % weight gain or loss, abnormal vital signs, abnormal lab results and changes in the resident's behavior.</p> <p>2. The Incident/Fall Report worksheet completed by E8, (Registered Nurse), for R4 indicates an unwitnessed fall at 6:55PM on 10-10-13. The location of the fall was noted to be the bathroom across from the nurses station. The resident was found sitting on her buttocks with the right leg crossed under the left lower leg. R4 was assisted up with the assistance of two and was able to bear weight. R4 complained of low back pain. A red area was noted on right posterior</p>	F 323			

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F 323	<p>Continued From page 15</p> <p>lower ribs. Ice was applied to this area. The Report indicates the physician and responsible party were notified at 2:00. (Dated not noted.)</p> <p>An unsigned and undated Fall/Found on the Floor Data Collection Worksheet indicates wearing shoes and pants that fit good. The fall precautions section of this form was not completed. The notification section of the form was blank and therefore failed to indicate if or when the physician, nursing home administrator, and family or power of attorney was notified.</p> <p>The Post Fall Assessment Form for the 10-10-13 fall was completed on 10-11-13 by E1, (Administrator). Documentation on the Form indicates R4's walker was the safety device in place at the time of the fall. The causative factor was loss of balance. The activity was getting up from the toilet and trying to pull up incontinent aide. The section of the Form noting changes in interventions and potential interventions to prevent further falls was blank. The Form indicates a Safety Team Review was done on 10-21-13. An outcome of the Safety Team Review was not noted.</p> <p>The Fall Tracking Form for R4 documents a fall occurred on 10-10-13. The recommendation/intervention noted on this Form for this fall was encourage to put shoes on before walking. Yet the Fall/Found on the Floor Data Collection Worksheet noted R4 wearing shoes that fit good.</p> <p>During the survey on 12-8-13, 12-9-13, 12-10-13 and 12-11-13, R4 was randomly observed ambulating with a walker and poor</p>	F 323			

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F 323	<p>Continued From page 16</p> <p>fitting slip on shoes and loose pants that were dragging on the floor. Dates and times of specific observations were 12-8-13 at 3PM, 12-9-13 at 9AM, 12-10-13 at 11:30AM, and 12-11-13 at 1PM.</p> <p>Based on interview, observation, and record review the facility failed to provide a safe environment and secured chemicals for 2 of 10 (R 6 and R 8) residents in the sample of 10 and 4 residents (R 14, R 15, R 16, R 17) in the supplemental sample.</p> <p>1. On 12/11/13 at 9:30 AM in the ladies shower room is a small portable oxygen tank with 1000 pounds per square inch of oxygen on a deflated air mattress that is on a commode chair. E 8 Registered Nurse stated the oxygen tanks are kept outside by the back door. Once portable resident tanks are filled they are left in the residents rooms until the resident needs portable oxygen.</p> <p>2. During initial tour at 9:30 AM on 12/8/13 in empty resident Room 10 was a housekeeping cart. On top of housekeeping cart was , spray bottle.. E 8 Registered Nurse stated the spray bottle contained window cleaner and that the housekeeper was at break. There are 5 (R8, R14, R15, R16, and R 17) residents that wander and are confused in this facility. This list was provided by E8, (Registered Nurse), on 12/11/13 at 2:20 PM.</p> <p>3. On 12/8/12 at 12:55 PM in R 6's room in the clothes closet is a can of air freshener. There are 5 (R8, R14, R15, R16, and R 17) residents that</p>	F 323			

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F 323	Continued From page 17 wander and are confused in this facility. This list was provided by E 8 Registered Nurse on 12/11/13 at 2:20 PM.	F 323			
F 364 SS=C	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to prepare and serve food by methods to ensure palatability and appropriate temperatures. This has the potential to affect all of the 27 residents living in the facility. Findings include: 1. At 12PM on 12-9-13 food items were observed on the steam table for lunch. When the surveyor was obtaining a temperature of Sliced Carrots on the steam table, E10, (Cook) stated they may need to be pulled and put on the stove to heat. E10 stated she had opened the can and poured the carrots into a steam table pan. E10 noted she did not add any seasoning. The recipe for Buttered Carrots states to heat to a boil, cook 20 minutes and add 1/2C margarine. When questioned about the Stewed Tomatoes also observed on the steam table, E10 explained canned tomatoes were being served and no seasoning was added. The recipe for Stewed Tomatoes states to add chopped onion, diced	F 364			

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F 364	Continued From page 18 celery and diced green peppers. The menu included 3 ounces of ham. The recipe for Sliced Ham is not standardized and does not state the amount of ham to prepare. The recipe does state to use brown sugar, dry mustard, pineapple or apple juice in preparation. The recipe was not followed for the ham was prepared in its own juice without the added flavoring. The ham slices served weighed 1.23 ounces to 2 ounces. Plain unflavored instant Mashed Potatoes were served to pureed diets. The menu states pureed Potato Wedges. The recipe for Potato Wedges is not standardized and does include the amount of potatoes to prepare. The recipe includes browning in oil in the oven and using seasoned salt for flavoring. E4, (Dietary Manager), stated at 9:55AM on 12-11-13, E10 should have followed recipes, seasoned the foods, and pureed Potato Wedges in place of serving plain instant Mashed Potatoes. Beverage glasses filled with Milk and bowls with Chocolate Fortified Pudding or Yogurt were observed sitting on the food counter during tray preparation. At 12:36PM the Milk was 50.9 degrees Fahrenheit, (F), the Chocolate Fortified Pudding was 58.8 degrees F and the Yogurt was 61.3 degrees F. The temperatures were obtained with an Illinois Department of Public Health digital thermometer calibrated by ice point method plus or minus 2 degrees F on 9-3-13. The Resident Census and Conditions of Residents form completed by E2, (Director of Nursing), on 12-9-13, indicates a census of 27 residents.	F 364			
F 425 SS=C	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	F 425			

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F 425	<p>Continued From page 19</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in o483.75(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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review the facility failed to provide quality control for blood glucose monitoring for 1 of 10 residents (R1) in the sample of 10 and 3 residents (R11, R12, R13) in the supplemental sample.</p> <p>The findings include:</p> <p>1. During the medication pass on 12/9/13 at 12:30 PM E8, (Registered Nurse), stated she was unable to locate the blood glucose control test log. E1 (Administrator) stated there is no log available, calibration are only performed when a vial of blood sugar monitor strips are opened and</p>	F 425			

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F 425	Continued From page 20 they are not documented. Owner's booklet for the blood glucose monitor documents on page 17 that control test should be performed: For practice to ensure your testing technique is good, Occasionally as you use the vial of strips, When opening a new vial of strips, If results seem unusually high or low, If a vial has been left opened or exposed to extreme heat or cold, or humidity, If meter damage is suspected (Meter was dropped, crushed, wet, etc). The facility has no policy regarding calibration of the blood glucose monitor. 2. On 12/10/12 at 11:45 AM it was noted R1's vial of blood glucose strips was expired 10/31/13. E16, (Register Nurse), states she was unaware the glucose strips were out dated. The facility has no policy regarding outdated blood glucose strips. List of residents receiving blood sugar monitoring was provided by E8, (Registered Nurse), on 12/11/13 at 10:30 AM. The residents receiving blood glucose monitoring are R1, R11, R 12, and R 13.	F 425			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain a functional,	F 465			

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F 465	<p>Continued From page 21</p> <p>safe, sanitary and comfortable bathing, laundry and beauty shop environment for all residents, staff and the public. This has the potential to affect all 27 residents living in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 12/9/13, documented the facility had a census of 27 residents.</p> <p>1. During a tour of the facility's outdoor laundry building on 12/10/13 at 2:15pm the following items were found to be unsanitary and non-functional.</p> <p>*The three washing machines were observed to be rusted under the lids and in the opening to the drum. The rusted areas were noted on two of the machines to be rusted, jagged metal covered with a soft blue tape to cover the edges. E17 (Laundry) was interviewed during the observation regarding the washing machines. E17 indicated the two machines facing North were working but rusty. The machine facing East was not working correctly and had to be manually started in several of the cycles to use the machine.</p> <p>*The utility sink in the Southwest corner of the building was not accessible for use. The sink was used as storage and had several hoses in the basin. E17 indicated that the laundry staff do not use this sink.</p> <p>*The building is equipped with 2 heating units attached to the ceiling. The unit in the Southeast corner near the entrance door was noted to be working. However, E17 stated the unit will run</p>	F 465			

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F 465	<p>Continued From page 22 for a short time and shut off. E17 then said you must wait for the unit to cool for 15 minutes before it will restart. The unit in the Northwest corner of the building was not in working order at the time of the observation. A small infrared heater was noted placed between the washing and drying area but was not in use at the time of the observation.</p> <p>*The residents clean clothing is sorted into small wooden cubbies near the South entry door. The cubbies are unprotected from contamination and some of the clothing was laying against the concrete block wall. The wooden cubbies are not smooth and made from wood that is splintering.</p> <p>*The entire Northwest corner of the building is used for miscellaneous storage. There were baby items, old beauty shop chairs, fans, an egg crate mattress pad, a soiled reclining chair, hanging clothes and wet resident items were hung for drying over all of the dirty and dusty soiled items.</p> <p>*On the South wall of the building were unprotected pillows and egg crate mattress pads stacked against the concrete block walls.</p> <p>2. On 12/11/13 at 2:35pm in the facility beauty shop the room was noted to be very crowded. The South part of the room was filled with large plastic bags, plastic and cardboard boxes, book shelves and computer parts. The area used for storage was unorganized and filled a four foot high by three foot area of the room. The facility does not use this area for beauty shop</p>	F 465			

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F 465	<p>Continued From page 23</p> <p>equipment. A chair with an attached hair dryer and a separate hairdryer is stored and used in the alcove across from the beauty shop. This area, when used is in full view of the nurses station and in the main entry to the dining room. On each day of the survey residents have been seen sitting in the dryer chair for leisure activities.</p> <p>3. On 12/8/13 at 1:30pm the East hall shower room was noted to be cluttered and unkempt. There were small cups of liquids on the floor of the shower. The metal coil shower hose was noted to be covered with a black material. The black material wiped from the hose with a towel and smelled of mold. The metal cabinet near the shower contained a variety of items and was soiled and unorganized. The unit had unlabeled hair pics and combs with hair in the tines. The shower and tub area was separated by clothing on hangers. The tub was very soiled, a variety of items were in the area such as; a soiled vacuum cleaner, wheel chair parts, walkers, unprotected incontinent briefs, a portable oxygen tank, a privacy screen, and a night stand. The floor was soiled and littered with paper in the corner. The wall heater serving this area was not in working order when tested at the time of the observation.</p> <p>4. On 12/10/13 at 1:45pm the West hall shower room was noted to be cluttered and unkempt. The floor in the tub room section of the room was very soiled. The tub was very soiled and an pedal exerciser was observed in the tub. The tub area was used for storage of broken window blinds, a lamp, 5 soiled chairs, a shower chair, a privacy curtain, and a bedside commode.</p>	F 465			