

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

PRINTED: 07/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146054</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/15/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>INTEGRITY HC OF RIDGWAY</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 WEST RACE STREET RIDGWAY, IL 62979</b>			
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F 000	INITIAL COMMENTS			F 000			
F 159 SS=B	<p>Annual Licensure and Certification Survey 483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>			F 159			7/6/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/07/2016

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 159	<p>Continued From page 1</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to have a process in place to record and monitor the funds of 4 of 4 residents (R3, R4, R6, R9) in the sample of 10 and R 11 and R 14 - R 32 in the supplemental sample.</p> <p>Findings include:</p> <p>1. On 6/14/16 at 11:00 AM Z1 (Family Member) stated he received a letter from the facility documenting R3's Trust Transaction History. He stated that the facility spent \$135. 89 on 1/27/16 and \$125.53 on 2/23/16. He stated he contacted E5 (Social Service Designee) and stated she bought pants and gowns in January and snacks in February.</p> <p>E5 stated on 6/14/16 at 12:00PM that the resident requested pants and gowns in January and snacks in February. She stated she always buys in bulk to save the residents money. E5 went on to say she does not keep the receipts or record what the money from the residents is spent on.</p> <p>R3's Minimum Data Set dated 5/17/15 documents</p>	F 159			

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F 159	Continued From page 2 the Brief Interview for Mental Status as 2 of 15 indicating R3's cognition is severely impaired.  The Trust Transaction History for R3, R4, R6, R9, R 11 and R 14 through R 32 list the dates and amount withdrawal but there is no record of receipts or notations of what the money was spent on.  E5 stated on 6/14/16 at 2:30PM that this is the first job she has had where she was over the resident's funds. She went on to say the last Administrator told her it was not necessary to keep receipts or record of what the money was spent on.	F 159			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that resident's were completely covered and dressed appropriately when out of their rooms for 3 of 3 residents (R4, R5, R7) reviewed for dignity in the sample of 10.  The findings include:  1. On 6/12/16 at 10:45 AM, R7 was wandering in and out of the nurses station with his pants loose.	F 241			7/6/16

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F 241	<p>Continued From page 3</p> <p>R7's incontinent brief and part of his buttocks were exposed. On 6/13/16 at 12:10 PM, R7 was walking in and out of the dining room and in and out of the nurses station with his shirt pulled up to his chest leaving his stomach, part of his buttocks and his incontinent brief exposed. E1 (Administrator) and E4 (Registered Nurse) were walking past him without assisting him with readjusting his clothing or informing a C.N.A. to assist him.</p> <p>2. On 6/12/16 at 10:15 AM, R4 was sitting in her wheelchair that was backed into a corner behind a petition in the dining room and R4 was chewing on her sleeve. R4 had her left arm out of the sleeve she was chewing on and it was underneath her blouse and one of R4's house shoes was off several feet away from R4.</p> <p>3. On 6/13/16 at 1:30 PM, at the Group meeting R5 had most of his thigh and part of his buttocks exposed. On 6/14/16 at 2:35 PM, R5 stated that he didn't know he was partially exposed and stated that he definitely wants to be completely covered and he will make sure the staff has him completely covered before he leaves his room. On 6/13/16 at 2:35 PM, R12 was visiting with R5 and stated that everyone needs to be covered up because exposing your body is embarrassing.</p> <p>4. R4's Care Plan dated 1/27/16 documents under "Interventions" that R4 is totally dependent on staff for dressing and hygiene. R5's Care Plan dated 4/2/15 documents under "Interventions" that R5 requires 2 assist with dressing and personal hygiene. R5's Minimum Data Set dated 5/11/16 documents under Section C that R5 is alert and oriented and able to make decisions. R7's Care Plan dated 4/27/16 under</p>	F 241			

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F 241	Continued From page 4	F 241			
F 242	"Interventions" that R7 requires assist of one person to dress.				
SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES	F 242			7/6/16
	<p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to allow residents to make a personal choice about going outside unsupervised and food selection for 4 of 4 residents (R3, R5, R6, R9) reviewed for making choices in the sample of 10 and 2 residents (R11 and R12), on the supplemental sample</p> <p>The findings include:</p> <p>1. On 6/12/16 through 6/15/16, R3 remained in her bed and was not up or out of bed at any time and was not asked if she would like to get up or go outside. R5 was also in his bed most of the time. R5 did get up on 6/13/16 at 1:30 PM. to go to the Group meeting. On 6/12/16, 6/13/16, 6/14/16 and 6/15/16, throughout the day, E7 (Activity Director) took R6, R9, R11 and R12 outside to smoke but not at other times. E7 stated that R5 hasn't asked to go outside and that R5 isn't very good at maneuvering his electric wheelchair. E7 also stated that R5 has not been</p>				

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F 242	<p>Continued From page 5</p> <p>watched or evaluated to see how he would do if he goes outside in his electric wheelchair. On 6/14/16 at 9:10 AM, E2 (Director of Nursing) stated that R5 is alert and oriented, but E2 stated he is concerned about R5's safety should he turn his electric wheelchair over because of physical limitations. E2 stated that he will have E7 start asking him if he wants to go outside.</p> <p>2. On 6/13/16 at 1:30 PM, R5 stated at the Group meeting that he doesn't get to go outside of the facility unless he is supervised, and on 6/14/16 at 8:40 AM, R5 stated that he would really like to go outside, but no one asks him if he wants to go and they always tell him that he can't go unless a staff member goes with him. R5 went on to say he only gets to smoke one cigarette and then has to go back into the facility.</p> <p>R5, R6, R9, R11, R12 stated they would all like to go outside. They all stated that they are not allowed outside without supervision. R5 went on to say he only gets to smoke one cigarette and then has to go back into the facility.</p> <p>3. R5's Care Plan dated 2/27/16 documents under "Focus" has little to no activity involvement and disinterest, and under "Goal" R5 will express satisfaction with type of activities. R5's "Activity Assessment" dated 2/10/16 documents under "Activity Preferences" that R5 has interest in Outdoor Activities.</p> <p>4. On 6/14/16 at 11:00 AM, Z1 (Family Member) stated R3 has not been allowed to go outside in the 3 years she has been in this facility. He went on to say R3 liked being outside. R3's activity log documents one on one time with resident and</p>	F 242			

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F 242	Continued From page 6 watching TV. On 6/15/16 at 8:45 AM, E7 (Activity Director) stated she has not taken R3 outside.	F 242			
F 280 SS=E	<p>5. On 6/13/16 at 12:15 PM, in the kitchen serving tray line, there are only chicken legs and thighs in the pan. When E8 (Dietary Manager) was asked about the chicken she replied there is no white chicken meat served, no resident has complained and she does not ask the residents about their preferences. On 6/13/16 at 1:30PM, R6 stated he would like chicken wings and chicken breast meat but has never been asked and always get legs and thighs. E8 said the residents who received pureed diets received breaded chicken breast.</p> <p>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>	F 280		7/6/16	

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F 280	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to invite residents or family members to Care Plan meetings for 5 of 5 residents (R3, R5, R6, R8, R9) reviewed for Care Plans in the sample of 10 and 2 residents (R11 and, R12), in the supplemental sample.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. During the Group Meeting on 06/13/16, at 1:30 PM, R5, R6, R9, R11 and R12 said they had never been invited to a Care Plan Meeting and were not sure what a Care Plan Meeting was.</li> <li>2. On 06/14/14 at 1:15 PM, R8 said she had never been invited to a Care Plan Meeting and she was not sure what a Care Plan Meeting was.</li> <li>3. On 06/14 /16 at 11:00 AM, R3's family said he has never been invited to a Care Plan Meeting and did not know what a Care Plan Meeting was.</li> <li>4. R3, R5 , R6, R8 and R9's Current Care Plans did not indicate that they were involved in the Care Planning Process.</li> <li>5. On 06/15/16 at 11:37 AM, E5 (Social Service Designee) stated I used to send letters out to invite residents and families to Care Plan Meetings. About ten months ago I was told by a former Administrator to let another former employee send out the letterers. I kept the letters in a binder. I don't know what happened to the</li> </ol>	F 280			



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F 280	Continued From page 8	F 280			
F 363 SS=F	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow the pre-planned menu for all resident diets for entrees, entree substitutes and dessert items for the noon meal of 6/13/16. This has the potential to affect all 35 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 6/13/16 documented the facility had a census of 35 residents.</p> <p>1. The noon meal menu for 6/13/16 called for the service of Golden Brown Oven Fried Chicken (3 ounces of protein) to all residents with regular, puree and mechanical soft diet orders.</p> <p>The facility staff were observed serving a small thigh and a leg to each resident with a regular diet order. At 12:30pm, E13 (dietary aide) was asked to weigh the meat that had been boned from a leg and thigh. The meat weighed a little less than 2</p>	F 363			7/6/16

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F 363	Continued From page 9 ounces. E13 indicated she had not weighed the meat prior to the surveyor request.  The facility staff were observed serving a scoop of ground chicken to each resident with a mechanical soft diet order. At 12:30pm, E13 was asked to weigh the scoop of ground meat that was prepared for service to the residents. The meat weighed approximately 1 ounce.  The facility staff were observed to serve a number 8 scoop of a pureed chicken product. E14 (dietary) stated she had pureed breaded chicken patties with broth for the pureed chicken. E14 served all of the residents with a number 8 scoop and product (1 to 2 servings) remained in the serving container. E14 stated she made 6 portions and served the 6 residents. E14 indicated she did not follow a recipe for the pureed chicken patty and did not know how to determine the serving size for this product.  2. The noon meal menu for 6/13/16 called for the service of a 2/3 cup of Ambrosia to all residents with a regular and pureed diet order. The Ambrosia was measured by the dietary staff during the meal service and was found to be a 1/2 cup portion for all regular diets. The pureed dessert was observed to be different, E14 indicated the pureed dessert was mixed fruit not the Ambrosia and was a 4 ounce portion.	F 363			
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.	F 465			7/6/16

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F 465	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain all wall material, floor material, dining room chairs and resident care equipment for the residents, staff and visitors during the survey. This has the potential to affect all 35 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 6/12/16, documented the facility had a census of 35 residents.</p> <p>1. E1 (Administrator) stated on 6/14/16 at 10:30am, that the facility has been without a maintenance person for a considerable time and they have been attempting to hire someone to fill the position. When questioned E1 stated that the corporation does not employ a corporate maintenance person or crew and that repairs are only made in-house and under the direction of the Administrator.</p> <p>2. The dining room had 7 dining room chairs that were sagging in the seat and had exposed springs and 8 dining room chairs that were very soiled with food debris and dried liquids on 6/12/16 at 10:30am.</p> <p>3. The entry way to the 200 hall had no transition strip and the flooring was not even when changing from tile to wood laminate flooring. A three foot section was taped with black tape.</p> <p>4. The transitions from the hall to the resident</p>	F 465			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>INTEGRITY HC OF RIDGWAY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 WEST RACE STREET RIDGWAY, IL 62979</b>		
(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 465	<p>Continued From page 11</p> <p>rooms in the following rooms were missing or filled with a loose piece of laminate that moved from side to side in the gap. Rooms 202, 203, 204, 206, 207, 209, 210, 211, 212 the shower room, janitor closet, barber shop and Care plan office.</p> <p>5. The laundry soiled holding area wall behind the soiled linen carts was soiled with brown material on 6/13/16 at 2:05pm</p> <p>6. The laundry room window behind the washers and dryers held and air conditioning unit. Towels and blankets were packed in around the air conditioning unit.</p> <p>7. The curtains on the outside of the activity / dining area were stained with a dried white liquid on 6/12/16 at 10:45am.</p> <p>8. During Initial Tour on 6/12/16 at 10AM, R9's wheelchair armrests are tattered with sharp edges.</p> <p>9. On 6/13/16 at 10:45 AM, in the dining room, 3 windows had dust and dead insects on and around the seal and 4 windows had dirt at the bottom of the window and the curtains were not completely hooked on the curtain rods and some were tattered. The ceiling tiles were also stained and dirty. The partition in the dining room had chipped dry wall compound on the edges and black marks and the walls in the dining room were very scuffed with brown and black marks.</p> <p>10. The 100 hall had brown paint started around door handles and partially on the frame that was started and not finished. On 6/13/16 at 11:15 AM, E15 (Maintenance) stated that the paint has been ordered and the dining room and halls will</p>	F 465			

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F 465	Continued From page 12 be painted as soon as it comes in.	F 465			
F 469 SS=C	<p>11. On 6/14/16 at 2:15 PM the outlet cover for the airconditioner was broken and half of the outlet cover was missing.</p> <p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and observations the facility was free from flies. This has the potential to affect all of the 35 residents living in this facility.'</p> <p>Findings include:</p> <p>1. The Resident Census and Condition of Residents dated 6/12/16 documents the facility has a census of 35 residents.</p> <p>2. E16 (Physical Therapist Assistant), on 6/13/16 at 12:45 PM stated he has had trouble with flies in the Physical Therapist Office and in room 310. He continued the conversation by stating he uses a fly swatter in room 310 to kill them.</p> <p>In Room 210 on 6/13/16 at 12:55 PM, there are 4 flies on R3's bed, 2 flies on an empty bed, and 3 flies on the yellow privacy curtain.</p> <p>3. On 6/13/16 at 12:55 PM, R13 stated he has trouble with flies being in his room. He stated he</p>	F 469		7/6/16	

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F 469	<p>Continued From page 13 uses a newspaper to kill them.</p> <p>4. On 6/12/16 at 12:00 PM there were flies noted in the dining room on the resident's dining tables.</p> <p>5. On 6/12/16 at 10:03 AM, during the tour, 2 flies were observed in room 102 and on 06/13/16 at 10:45 AM, 2 flies were in room 104.</p> <p>6. On 6/14/16 at 11:15 AM, R5 stated that he does have flies that he swats with his fly swatter.</p> <p>7. On 6/13/16 at 2:00 PM there are 2 flies on the curtain and 3 flies on the empty bed in room 204.</p> <p>8. On 6/14/16 at 3:15 PM in E1's (Administrator) office there were 2 flies on his desk and he brushed away a fly several times to remove it from his forehead.</p> <p>9. On 6/13/16 at 2:05 PM there was one fly in the soiled side of the laundry room.</p> <p>10. On 6/13/16 at 12:40 PM there was one fly in the dining room while the residents were eating lunch</p> <p>11. On 6/13/16 at 1:50 PM in the activity room there is 2 flies on R5.</p> <p>12. On 6/12/16 at 9:52 AM there is 2 flies on the dining room table. There was no attempt by staff to remove the flies.</p>	F 469			