

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

PRINTED: 02/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145295</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>RIVERSHORES HLTH &amp; REHAB CTR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>578 WEST COMMERCIAL STREET</b> <b>MARSEILLES, IL 61341</b>			
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F 000	INITIAL COMMENTS			F 000			
F 164 SS=D	<p>Complaint Investigation 1620842/IL83396</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide privacy during</p>			F 164			

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 164	Continued From page 1 incontinent care for one of four residents (R1) reviewed for privacy, in a sample of four.  Findings include:  The facility's "Resident Rights Protocol for All Nursing Procedures" (dated 8/08) states, "For any procedure that involves direct resident care, follow these steps...Close the room entrance door and provide for the residents privacy."  On 2/17/16 at 8:30 a.m., E4 (Certified Nursing Assistant/CNA), removed R1's sheet and pajamas to perform incontinence care. R1's room did not have a curtain or blinds to close during perineal care. R1's bare perineal area was exposed through R1's window to the outside.  On 2/18/16 at 7:15 a.m., E4 (CNA), removed R1's sheet and pajamas to perform incontinence care on R1. R1's bare perineal area was exposed through R1's window, which remained uncovered.  On 2/18/16 at 8:00 a.m., E4 verified that R1's window does not have any curtains or blinds to close for R1's privacy.  On 2/18/15 at 9:15 a.m., E2 (Director of Nursing) verified that R1's window did not have any curtains or blinds for R1's privacy. At this time, E2 also stated that all the window coverings should be closed during any cares.	F 164			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal	F 312			

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F 312	<p>Continued From page 2 and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to perform incontinence care on one resident (R1) of three residents reviewed for incontinence care in a sample of four.</p> <p>Findings include:</p> <p>The facility's Perineal Care policy, dated October 2010, documents "Review the resident's care plan to assess for any special needs of the resident."</p> <p>R1's current care plan documents "Assess toileting needs every 2 hours and PRN (as needed)."</p> <p>On 2/18/16 at 5:15 a.m., R1 was in R1's bed lying on R1's right side. R1's incontinence pad was soaked with urine that was cool to the touch with a gloved hand.</p> <p>On 2/18/16 at 5:15 a.m., E6 (Certified Nursing Assistant/CNA) stated E6 provided incontinent care to R1 around 5 a.m.</p> <p>On 2/18/16 between 5:15 and 7:15 a.m., R1 was observed in 15 minute intervals laying in the same position with the same incontinence pad in place until 7:15 a.m. By 7:15 a.m. a strong urine odor was noticed in R1's room. At that time, E4 and E5 (both CNA's) provided incontinent care for R1.</p>	F 312			

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F 312	Continued From page 3	F 312			
F 323 SS=D	<p>On 2/18/16 at 10:00 a.m., E2 Director of Nursing, stated that E2 expects staff to check every resident on their assigned list for incontinence and any other needs prior to starting daily cares. E2 also verified that the shifts are: 6:00 a.m. to 2:00 p.m., 2:00 p.m. to 10:00 p.m. and 10:00 p.m. to 6:00 a.m.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to use gait belts for residents requiring stand-by-assistance for transfers and ambulation for two of four residents (R2 and R4) reviewed for assistive devices during transfers and ambulation in a sample of four.</p> <p>Findings include:</p> <p>The facility policy "Safe Patient Lifting Policy" (undated) states, "Gait belt usage is required for all resident handling with the exception of bed mobility and medical contraindications. The gait belt will be considered a part of the certified nursing assistant's (CNA) uniform."</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>On 2/17/16 at 2:34 p.m., E2 (Director of Nurses/DON) stated, "I would expect my staff to place a gait belt on any resident they are assisting with a transfer or ambulation. CNA's should not grab resident clothing at any time during transfers. They're taught to use gait belts with transfers and ambulation during orientation."</p> <p>1. On 2/17/16 at 9:30 a.m., E2 (DON) provided a list documenting R4 required assistance of one person for transfers and ambulation.</p> <p>R4's Minimum Data Set Assessment (dated 1/5/16) documents in Section G: Functional Status that R4 requires extensive assistance of one person physical assist for transfers and walking in R4's room, and limited assistance of one person physical assist for walking in facility corridors.</p> <p>R4's Current Care Plan documents to educate and remind R4 to alert staff prior to ambulation.</p> <p>On 2/17/16 at 12:18 p.m., R4 was using wheeled walker to walk down the north south hallway with E8 (CNA) holding R4's hip and back clothing area. At this time, R4 started to feel leg pain and weakness. E8 assisted R4 to sit on padding of wheeled walker without using a gait belt.</p> <p>On 2/17/16 at 12:20 p.m., E8 stated, "(R4) was having problems walking. I should've placed a gait belt on (R4)." On 2/18/16 at 10:05 a.m., E8, following-up to 2/17/16 comment, stated, "Yesterday, due to (R4's) leg pain, (R4) required more extensive assistance with ambulation, which required a gait belt."</p> <p>2. On 2/17/16 at 9:30 a.m., E1 (Administrator)</p>	F 323			

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F 323	Continued From page 5 provided a list documenting R2 required stand by assistance for transfers and ambulation.  R2's Interim Care Plan, dated 2/15/16, states, "Resident is at risk for falls...assist for toileting and transfers as needed,"  On 2/17/16 at 12:00 p.m., R2 was using a wheeled walker to ambulate to the dining room with E9 (CNA) following behind R2 pulling R2's wheelchair and wheeled oxygen tank. R2 was not wearing a gait belt during ambulation to the dining room.  On 2/17/16 at 1:30 p.m., E9 (CNA) stated, "(R2) was in (R2's) wheelchair and stood up to start walking to the dining room. I came to assist (R2) while (R2) was walking. I should've put a gait belt on (R2) when (R2) was walking."  F 465 SS=C 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  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 repair peeling paint, and paint crack and chips on the ceiling in multiple resident rooms, hallways and common gathering areas throughout the building. This failure has the potential to affect all 80 residents that live in the facility.	F 323			
		F 465			

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F 465	<p>Continued From page 6</p> <p>Findings include:</p> <p>On 2/17/16 at 12:40 p.m., during a building walk through, multiple areas of chipping and peeling ceiling paint, and/or shallow branching and/or deep ceiling cracks were observed in the following areas: multiple areas throughout the north south hallway, multiple areas throughout the north east hallway, multiple areas throughout the the north west hallway, multiple areas throughout the south east hallway, multiple areas throughout the south west hallway, the south dining room on the east side, the sunroom dining room, and the following resident rooms: two, three, 26, 32, 34, 37, 40, 42, 44, 50, 52, 54, 55, and 58.</p> <p>On 2/17/16 at 12:45 p.m., E7 (Maintenance Director) stated, "The ceilings and walls are plaster board. This building was built with the radiant heat pipes located near the plaster board ceilings. Due to the constant heating and cooling, the plaster board has cracked in areas throughout the building. There are areas where tape and drywall mud was applied to try to minimize the cracks, but that only helps for a period of time before the cracks re-appear."</p> <p>The Facility Data Sheet completed by E1 (Administrator) on 2/17/16 documents 80 residents live in the building.</p>	F 465			