

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

PRINTED: 04/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2016
NAME OF PROVIDER OR SUPPLIER RIVERSHORES HLTH & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341		
(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=D	<p>Complaint 1622159/IL00084951.</p> <p>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 §483.12(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 §483.15(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	Continued From page 1 by: Based on interview and record review the facility failed to notify resident's representative of a newly acquired pressure ulcer for one of two residents (R1) reviewed for notification in a sample of three. Findings include: The facility's Change in Condition or Status-Notification policy, dated 03/2016, documents "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the residents medical/mental condition and/or status...There is a significant change in the resident's physical, mental or psychosocial status." R1's Nurses Notes, dated 4/22/16, documents that R1 has a new area to R1's middle back that does not resolve with repositioning. This same form documents that a treatment order was received for R1's middle back wound. This form does not contain documentation the R1's representative was notified of R1's new wound to R1's middle back. On 4/25/16 at 10:30am, Z3, R1's representative, verified that Z3 was not notified of a wound on R1's middle back. On 4/26/16 at 10:30am, E2, Director of Nursing, verified that a residents representative should be notified of a new pressure area or treatment orders.	F 157			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314			

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F 314	<p>Continued From page 2</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to reposition residents and failed to perform incontinence care for two of two residents (R1, R2) reviewed for pressure ulcers in a sample of three.</p> <p>Findings include:</p> <p>The facility's Skin Management Guidelines, dated 10/2014, "Pressure Ulcer risk evaluations are completed on admission, quarterly and as the residents clinical condition indicates...Limit time in chairs...The resident should be repositioned, shifting the points of pressure at least every hour or be placed back in bed."</p> <p>R1's current Braden Scale-For Prediction Pressure Sore Risk, dated 10/18/15, documents a score of 12, indicating R1 is at high risk for pressure ulcers. This form has not been updated quarterly as the facility policy documents.</p> <p>The facility's Weekly Pressure Ulcer Report, dated 4/15/16 through 4/21/16, documents that R1 has an acquired stage three wound on R1's left third finger measuring, 0.2 cm (centimeter) by</p>	F 314			

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F 314	<p>Continued From page 3</p> <p>0.2 cm by 0.1 cm, and another on R1's left fourth finger measuring 0.6 cm by 0.6 cm by 0.1 cm. This same form documents a treatment of medicated gauze to bilateral hands and change daily and as needed.</p> <p>R1's Nurses Notes, dated 4/22/16, documents redness to R1's middle back that does not resolve with repositioning, (stage one pressure ulcer). This same form documents a new treatment order for a medicated dressing and change it every three days.</p> <p>On 4/25/16 from 8:30am until 10:40am, continuous observations were made on R1. R1 remained in R1's chair, without being repositioned, nor was incontinence care performed, during this time.</p> <p>On 4/25/16 from 12:00pm until 2:15pm, R1 was up in R1's chair without being repositioned.</p> <p>On 4/25/16 at 2:15pm, E5 CNA (Certified Nursing Assistant), and Z2 Agency CNA, assisted R1 to bed. R1 was incontinent of urine, neither E5 nor Z2 performed incontinence care on R1. R1's lower middle back had a medicated dressing covering R1's wound dated 4/24/16.</p> <p>On 4/25/16 at 2:30pm, Z2 verified that incontinence care was not performed on R1 after R1 was incontinent. Z2 also stated that R1 should have been assisted to bed after lunch, for repositioning.</p> <p>The facility's Weekly Pressure Ulcer Report, dated 4/8/16 through 4/21/16, documents that R2 has an acquired stage two pressure ulcer, measuring 1.8 cm by 2.5 cm by 0.3 cm to R2's</p>	F 314			

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F 314	<p>Continued From page 4 right superior buttocks.</p> <p>R2's Braden Scale-For Predicting Pressure Sore Risk, dated 10/18/15, documents that R2 is a low risk for pressure ulcers. This form has not been updated quarterly as the facility policy states.</p> <p>On 4/25/16 from 8:30am through 10:40am continuous observations were made on R2. R2 was up in R2's wheel chair without being repositioned or incontinence care performed, during this time.</p> <p>On 4/25/16 at 11:55am, E3 CNA and E5 CNA, performed incontinence care of urine only. R2 buttocks dressing was coated with dry stool. E6 Registered Nurse changed R2's dressing as ordered. R2's buttocks wound was nickel size with a yellow center with yellow drainage and surrounding tissue was very red.</p> <p>On 4/25/16 at 12:00pm, E3 verified that R2 is to lie down after meals, due to R2's pressure ulcer. E3 stated that R2 did not return to bed until around 11:00am.</p> <p>On 4/25/16 at 12:00pm, E4 verified that R2 was incontinent of a large amount of stool at 11:00am when R2 was put to bed. E4 also stated that R2 was not put back to bed after breakfast as usual nor was incontinence care performed, until 11:00am.</p> <p>On 4/26/16 at 9:00am, E1 Administrator, verified that the Braden Scale and any other tools needed to prevent pressure ulcers need to be updated. E1 also stated that incontinence care is to be performed on everyone.</p>	F 314			

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F 441 F 441 SS=D	Continued From page 5 483.65 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. (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.	F 441 F 441			

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F 441	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to perform hand hygiene during incontinence care for one of two residents, (R1), reviewed for incontinence care in a sample of three.</p> <p>Findings include:</p> <p>The facility's Infection Control and Prevention Standard Precaution Policy, dated 12/2015, documents "Perform hand hygiene: Before having direct contact with patients...After contact with a patient's intact skin...If hands will be moving from a contaminated-body site to a clean body site during patient care...After removing gloves."</p> <p>On 4/25/16 at 2:15pm, E5 CNA, (Certified Nursing Assistant), and Z2, Agency CNA, transferred R1 to R1's bed. E5 and Z2 applied gloves and removed R1's incontinent brief. Z2 then placed R1's positioning devices in place and pulled up R1's sheets. Neither E5 nor Z2 performed incontinence care on R1. Z2 did not change Z2's gloves or perform hand hygiene after removing R1's urine soaked incontinent brief or before touching clean items in R1's room.</p> <p>On 4/25/16 at 2:30pm, Z2 verified that incontinence care was performed on R1. Z2 stated that Z2 did not perform hand hygiene when moving from a dirty area to a clean area.</p> <p>On 4/26/16 at 9:00am, E1, administrator, verified that every resident should receive pericare if the</p>	F 441			

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F 441	Continued From page 7 resident is incontinent. E1 also stated that hand hygiene should be performed when moving from a dirty area to a clean area during care.	F 441			