STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING ______ B. WING ______	12/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	**707 WEST RIVERSIDE BOULEVARD** **ROCKFORD, IL 61103**

(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 Annual Licensure and Certification Complaint Investigation # 1314806 / IL# 66714 F242 cited. Licensure Survey for Subpart S: SMI	F 000		
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 (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported	F 225		

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 225	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that an allegation of abuse was thoroughly investigated. This applies to 1 of 19 residents (R87) reviewed for abuse in a sample of 19. The findings include: The Minimum Data Set of 11/28/13 shows that R87 has a cognitive score of 12 (cognitively intact). On 12/11/13 at 9:30 AM, E4(CNA) stated, " I reported an allegation of abuse for (R87) earlier this week. (R87) said that the CNAs were not washing her and that they tell her to shut up. I told my nurse (E8-LIcensed Practical Nurse/LPN) and I told (E2- Social Worker/MSW). On 12/11/13 at 12:00 PM, E2 stated, " No one reported any abuse allegation to me. (R87 ' s) daughter was here and had a complaint because she was missing the raised toilet seat and there was no hot water in her room. I talk to (R87) all the time. She is upset now because the (Z3-Doctor) told her she could not go home. " On 12/11/13 at 1:30PM, E8 stated, " (R87 ' s) daughter was here the same day. She was complaining that (R87) was red under her breasts and in her groin because she hadn ' t been washed. I got an order for (anti-fungal) powder. (R87) had been talking to (E4). (E4) told me that	F 225		

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F 225	Continued From page 2 (R87) said the CNAs had been mean to her. (E4) washed her up and when I saw the washcloths, they were awful. That wasn ' t from just 1 day. (E4) went and told (E2). " On 12/11/13 at 1:35PM, R87 stated, " They say, ' I ' ll be back ' and then they leave me on the toilet for an hour. Someone told me once, ' I wish you would shut- up and wait until I get back from my break. ' I have been treated so bad. They don ' t wash me. " On 12/11/13 at 1:40 PM, E7 (CNA) stated, " (R87) complained to me that no one had cleaned her. She also told me that they ignore her and treat her mean. When E4 and I cleaned her up (last Thursday) the washcloths were just black. Her whole body was just gross. E4 told E7 and then went and told E2. " The undated facility policy entitled, Abuse Prevention Program states, " Supervisors shall immediately inform the administrator or designee of all reports if potential mistreatment. Upon learning of the report, the administrator or designee shall initiate an incident investigation. "	F 225		
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES 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. This REQUIREMENT is not met as evidenced by: Based on Interview and Record Review the	F 242		

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F 242	Continued From page 3 facility failed to ensure R85's choices are honored by not giving her phone calls or messages when people outside of the facility try to contact her. This is for 1 of 1 resident (R85) reviewed for choices in the sample of nineteen. The findings include: On 12/11/13 during a Confidential Interview, the person stated, " R85 called me; I am a public guardian in Florida. R85 told me she was being abused physically and financially. R85 gave me her personal information. R85 sounded like she was panicked and pressured and hung up. R85 said she would call me back but never did. I called the facility and I was told that they do not put calls through for residents or take messages. I spoke with whoever answered the phone. I called the facility around 9:00pm or 10:00pm Eastern Standard Time. The fact that the facility refused to put a call through or take a message is a concern. In this state (Florida) it is illegal. " On 12/11/13 at 8:25am, E1 (Director of Nursing - DON) stated, " If the resident has a call we give it to them. If somebody calls the facility for a resident we have the certified nursing assistant get the resident. We will take a message. If the resident is not able to come to the phone we will ask if they want to wait for the resident or have the person call back. " The facility ' s Policy for Resident Communication (no date) showed, " Every resident shall be permitted unimpeded, private and uncensored communication of his /her choice by mail, public telephone, or visitation. "	F 242		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain	F 309		

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F 309	Continued From page 4 or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on Interview and Record Review the facility failed to provide necessary services for R89's current condition by not assessing and monitoring the skin to his left buttock. This failure resulted in R89 having a painful abscess to his left buttock with purulent drainage that was identified by the physician on 12/10/13. This is for 1 of 1 residents (R89) reviewed for an abscess in the sample of nineteen. The findings include: On 12/10/13 at 11:19am, Z3 (Physician) walked out of R89's room and stated to E8 (Licensed Practical Nurse - LPN), "R89 has a wound and I need you to culture it." E8 stated, "When? I don't know about any wound." Z3 stated, "Now, R89 still has his pants down." On 12/10/13 at 11:21am, R89 was sitting on his bed with an incontinence brief and sweatpants pulled down in the back. R89 had a long scar from the left side of his lower back down into his buttock. The scar had deep grooves to the buttock area with some yellow-white drainage between the grooves of the scar on his buttock. R89 stated his buttock was painful. R89 stated, "I have had this for 1 week and it is painful. It is an abscess and I have had it before because of my surgery. The nurses haven't looked at it." E8 cultured the drainage from R89's left buttock. E8 stated, "This is something new. No one reported it to me. R89 hasn't been to the hospital in a long	F 309		

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F 309	Continued From page 5 time." The Physician Order Sheet (POS) for R89 showed, "12/10/13 - Wound culture and sensitivity; Please have Z1 (Wound Care Physician) see R89; Start Augmentin 875mg tablet by mouth, twice a day for 10 days; X-ray sacral to rule out Osteomyelitis." On 12/11/13 at 8:37am, E1 (Director of Nursing - DON) stated, "E8 (Licensed Practical Nurse - LPN) did not tell me about R89's wound. I did not know Z3 (Physician) saw the wound. I did a skin in-service awhile ago. There is a new form they are to use for any reddened or open area regardless of where it is, it needs to be initiated. It doesn't matter if it is pressure or some other type of wound. The form goes to E5 (Registered Nurse/Wound Nurse). E5 then does a skin risk assessment and assesses the wound. Nurses will check interventions in place, make changes if necessary and put it in the care plan." E1 reviewed the Skin Risk Assessment dated for R89 and it showed a score of 17 (low risk skin assessment). E1 stated the number for sensory perception should be 2, mobility should be a 2, friction and shearing should be a 1; the other numbers documented by the facility she agreed with the original score of 2 for moisture, 2 for activity and 3 for nutrition. When the numbers are added up the total score is 12 and a score of 12 or less is a high risk score. The Wound Documentation for R89 showed, "Date identified: 12/9/13 - Abscess; Location - Buttock; 12/10/13 - Three pinpoint areas on buttock; Drainage - moderate, purulent; Wound related pain - No." The Wound Documentation for R89 dated 12/9/13 did not show if the wound was on his right or left buttock and the body diagram did not show where the open areas were located. The Wound Care Specialist's Initial Evaluation for	F 309		

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F 309	Continued From page 6 R89 showed, "12/10/13 - discussed with Z3 (Primary Care Physician). R89's buttock region has multiple areas of scar tissue. R89 appears to have had multiple surgeries/procedures to this region. R89 is unsure why and it is not clear on his chart. Today there are 3 pinpoint areas that are draining purulent drainage. Z3 ordered an x-ray of the sacrum, a culture, complete blood count and started him on Augmentin. I agree with the current plan. Await tests and monitor closely. If there is no improvement with antibiotics, R89 may need surgical intervention." On 12/11/13 at 10:05am, E1 (Director of Nursing - DON) stated, "The wound documentation for R89 that E5 (Registered Nurse/Wound Nurse) gave me said they knew about the wound on 12/9/13 but that she did not see it until 12/10/13. It is an abscess. I asked E5 about the inconsistent documentation on for the date identified because there isn't any documentation to show that it was identified on 12/9/13. E5 said she looked at R89's wound with the wound doctor and there are 3 small open areas inside the crack in the scar on his buttock." The Minimum Data Set (MDS) with an Assessment Reference Date of 10/3/13 for R89 showed extensive assistance needed for bed mobility, transfers, dressing, toilet use, and bathing; Brief Interview of Mental Status (BIMS) score of 15 - cognitively intact. The Physician Order Sheet (POS) dated 12/1/13 for R89 showed Diagnoses including End Stage Renal Disease, Diabetes Mellitus, Right Above Knee Amputation, Depression, Hypertension and Peripheral Vascular Disease.	F 309		
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314		

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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.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide pressure redistribution for residents with pressure sores and failed to prevent infection to a pressure sore. These failures contributed to a delay in healing. This is for 2 of 3 residents (R14 & R37) reviewed for pressure sores in the sample of 19.

The findings include:

1. The facility's 12/3/13 Pressure Wound Log shows that R37 has a stage 4 sacrum/coccyx pressure sore that was acquired in the facility on 8/27/13.

R37's Wound Care Specialist Evaluation Notes show on 10/8/13 the wound size was 3.0 X 2.8 X 1.5 centimeters (cm) with 2.3 cm of undermining at the 6 o'clock position. The wound had 30 % thick devitalized necrotic tissue and 40 % slough. R37's wound was improving and had increased granulation tissue. On 11/12/13 R37's wound was 3.5 X 3.5 X 2.5 cm with 5.0 cm of undermining at the 6 o'clock position. A 2.0 X 0.5 cm area of detached bone was removed from the middle of the wound and was sent for culture

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and biopsy to rule out osteomyelitis (infection of the bone). R37's wound progress was not improved. On 12/10/13 R37's wound was 4.0 X 4.0 X 3.0 cm with 4.0 cm of undermining at the 1 o'clock position. R37's wound progress was stable- showing neither improvement nor decline.

R37's 11/15/13 laboratory final report shows acute osteomyelitis of the bone.

R37's December 2013 Physician Order Sheet shows treatment orders to clean the sacral wound with normal saline; moisten gauze with Exsept wound spray and pack wound. Apply anti fungal ointment to skin around the wound and cover with a dressing. R37 is receiving IV antibiotics every 8 hours (Zosyn 2.25 grams IV).

On 12/9/13 at 3:00 PM, R37 was reclining flat on her back in the dialysis chair. On 12/10/13 at 9:00 AM, R37 was in the bed flat on her back. R37's reclining wheelchair had an inflatable plastic waffle cushion approximately 1 inch thick.

On 12/10/13 at 11:30 AM, E4 (Certified Nursing Assistant) said the plastic waffle cushion was all R37 had for her wheelchair. "She [R37] asked me to put a pillow on top of it because it was so hard to sit on."

On 12/10/13 at 11:35 AM, Z1 (Wound Care Specialist Physician) said R37 needs a better seat cushion. The current cushion provides no pressure reduction. Pressure reduction is needed for a wound to heal.

R37's 12/3/13 Pressure Ulcer care plan states, "Follow facility policies/protocols for the prevention/treatment of skin breakdown.

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Pressure relieving/reducing device on bed/chair."

The facility's 7/2006 Pressure Ulcer Treatment Protocols policy states, "Foam or gel cushions on chair when up out of bed. If unable to reposition self in bed or chair, staff to reposition every 2 hours, minimally."

2. The facility's 12/3/13 Pressure Wound Log shows that R14 has a stage 4 pressure sore to the right heel that was acquired in the facility on 8/23/13.

R14's December 2013 Physician Order Sheet shows treatment orders for waffle boots to be worn on both heels. Apply Bactroban and Santyl ointment with wet to moist gauze to the right heel and wrap with gauze daily.

On 12/9/13 at 12:25 PM, R14 was in the dining room, seated in a wheelchair with both feet on the wheelchair foot rests. R14 had a gauze dressing on her right heel and no waffle boots. R14 stated, "It (the waffle boot) was tight around the toe so they (CNA's) took it off earlier today. They (CNA's) didn't put it back on. I only have one boot in my room because I only have one sore."

On 12/10/13 at 10:30 AM, Z1 (Wound Care Specialist Physician) said R14's right heel wound is a pressure sore that is complicated by her Diabetes. Off loading pressure to the wound is needed for healing.

R14's Wound Care Specialist Evaluation Notes show on 12/10/13 the right heel measured 3.7 X 5.3 X not measurable cm. There was no redness around the wound however the wound edges

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F 314	Continued From page 10 were macerated (white and moist). R14's care plan (initiated on 8/23/13 and revised on 12/10/13) states, "the resident has a diabetic ulcer of the right heel related to Diabetes." Interventions include- "Determine and treat the cause: pressure area, infection. Ensure appropriate protective devices are applied to affected areas."	F 314		
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 provide safety for residents by leaving insulin syringes unattended on top of a medication cart in the hallway. The facility failed to provide safe hot water temperatures at common sinks used by residents. This is for 3 of 15 residents (R50, R55 & R75) reviewed for safety in the sample and 25 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R17, R18, R19, R20, R21, R22, R23, R42, R43, R44, R45, R46, R65, R66, R76 & R84) in the supplemental sample. The findings include:	F 323		

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F 323	Continued From page 11 1. On 12/10/13 at 10:55am, E8 (Licensed Practical Nurse - LPN) had a container with several vials on top of the cart. E8 was filling another open container on top of the cart with insulin syringes. R8 left the containers on top of the cart and went into a locked medication room to return a basket of supplies. At 10:59am, E8 took the cart down to R84 ' s room to check his blood glucose level. When E8 finished checking R84 ' s blood sugar she put the cart over by the entrance of the short hall on the second floor. The cart had insulin syringes in an open container on top of the cart. The syringes were observed to be left unattended by staff from 11:08am to 11:21am and 11:29am to 11:55am. On 12/10/13 at 11:24am, E8 was observed getting a wound culture for R89. At 11:48am, E8 got on the elevator and took the culture downstairs. At 11:53am, E8 returned to the second floor with R75 to check the resident ' s blood glucose level. At 11:55am, E8 took the cart, with the syringes that had been left out, to R75 ' s room to check her blood glucose level. R50, R55, R75 and R85 are residents on the second floor with histories of substance abuse and/or suicidal attempts in the past. The Nursing Facility Placement Assessment Summary Information screening dated 8/16/12 for R50 showed a diagnosis of Schizoaffective Disorder with auditory hallucinations, flat affect and paranoid behavior. The Nursing Facility Placement Assessment Summary Information screening dated 3/13/13 for R55 showed diagnoses of Schizoaffective Disorder and Anxiety Disorder; and history of marijuana, cocaine, heroin and stimulants in the past. The Nursing Facility Placement Assessment Summary Information screening dated 11/23/12	F 323		

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F 323	Continued From page 12 for R75 showed, " R75 reports she was residing at another nursing facility and tried to leave. R75 states she was having suicidal ideations and began to cut herself with a plastic knife on the table. R75 then states she tried to use the pin in her watch to " stab her vein " in her arm. R75 reports feeling like all the staff and Emergency responders were laughing at her. R75 states she was in the hospital from 9/22/13 to 9/30/13 after trying to suffocate herself with the garbage liners while at the nursing home. R75 states the certified nursing assistant found her with the bag over her head. " The Nursing Facility Placement Assessment Summary Information screening dated 10/12/11 for R84 showed diagnoses of Schizoaffective Disorder and Personality Disorder with one suicide attempt in the past. The Psychosocial and Psychiatric Rehab Group Members List dated November 2013 showed 4 residents (R48, R54, R76 & R82) as members of the Substance Abuse Support Group. On 12/11/13 at 11:30am, E1 (Director of Nursing - DON) stated, " I don ' t know if I have a specific policy for the syringes being left on the medication cart. I have a policy and procedure for safety for falls. They should not have left the syringes out. E1 stated leaving the syringes out on top the medication cart was a safety concern. 2. On 12/11/13 at 9:15am, an environmental tour of the facility was conducted with E10 (Maintenance Supervisor) and E15 (Maintenance). The hot water temperatures were taken at resident handwash sinks on the 1st and 2nd floors of the facility. The hot water temperature in the 1st floor long hall common bathroom measured 113.3F (degrees Fahrenheit) at the handwash sink used by R1-R15 and R17-R23. The hot water temperature at	F 323		

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F 323	Continued From page 13 handwash sink for R65 and R66 measured 114.6F. The hot water temperature measured 114F at the handwash sink used by R42, R43, R44, R45 and R46. E10 said, "The mixing valves needed to be adjusted."	F 323		
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed toensure resident's fulid needs were met by not monitoring the daily fluid intake and output for a resident on a fluid restriction. This applies to 1 of 8 residents (R87) reviewed for hydration in a sample of 19. The findings include: The Physician ' s Order Sheet dated 12/2013 shows that R87 has diagnoses including Congestive Heart Failure and Cellulitis of the Legs. This same form shows that R87 has an order for a 1500ml Fluid Restriction. R87 ' s medical record shows that R87 is currently being seen by hospice due to a terminal diagnosis of Congestive Heart Failure. On 12/11/13, at 9:15 AM E7 (LPN) stated, " The CNAs document (I&O-Intake and Output) on their assignment sheets and it is in the report book. " On 12/11/13 at 9:20 AM, E9 (LPN) stated, " There should be an I&O sheet in the Medication Administration Record (MAR) that the nurse totals	F 327		

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F 327	Continued From page 14 up every day. " On 12/11/13 the Nurse ' s Report Book for the 2nd floor short hall did not contain any I &O daily monitoring sheets for R87. The MAR shows an order for 1500 Ml Fluid Restriction that is being signed off daily by the nurses. There is no documentation of how much fluid R87 actually consumed. On 12/11/13 at 9:45 AM, E4 (CNA) stated, " When her tray comes up from the kitchen it tells us how much fluid she can have. We mark how much she takes throughout our shift and then we give it to the nurse. " R87's MAR shows that R87 has a new order for increased Lasix (diuretic) written in 12/10/13 due to continued lower extremity edema. The facility policy entitled Hydration of Residents dated 7/2006 states, " Resident ' s Intake and Output are monitored by nursing according to policy. "	F 327		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications as ordered by the physician. There were 40 opportunities with 2 errors, resulting in a 5% medication error rate. This applies to 2 of 2 residents (R76, R87) reviewed for medication administration in a sample of 19.	F 332		

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F 332	Continued From page 15 The findings include: 1. The Physician ' s Order Sheet dated 12/2013 shows that R76 has orders for Quetiapine (Antipsychotic) 200mg 1x daily and Quetiapine 400 mg at bedtime. On 12/10/13 at 8:45AM, E7 (LPN) administered medications to R76. E7 removed the medication cards for R76 from the medication cart and one by one she pushed the pills into the medication cup then handed each medication card to the surveyor. E4 quickly took the medication cup to resident and resident swallowed all medications with one gulp. When E4 returned to the medication cart E4 was asked why she administered Quetiapine 400mg and Quetiapine 200mg. E4 stated, " I don ' t remember putting that in the cup. She is supposed to get that at night. " The undated, untitled facility policy for medication administration states, " 2. The Right Medication: Verify that the name and dose of the medication are correct, and Verify each medication against the MAR. 2. The Physician ' s Order Sheet for dated 12/2013 shows that R87 got a new order for Lexapro (Antidepressant) 10mg Daily on 12/6/13. On 12/10/13 at 9:15 AM, E4 administered medications to R87. E4 noticed a full medication card of Lexapro in the medication cart but did not see an order for the medication on the Medication Administration Record. E4 stated she would have to check on it. On 12/11/13 at 9:50 AM, E4 stated, " I didn ' t get a chance to follow-up on that. I got out of here late and he (doctor) wrote so many orders yesterday. " At 1:30 PM, E4 stated, " There is an order in her chart for the Lexapro, so I put it on the MAR. " The Nurse ' s Notes dated 12/7/13 shows that	F 332		

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F 332	Continued From page 16 consent was received for the use of the Lexapro on 12/7/13; however the medication was not administered until 12/11/13 due to the medication not being transcribed onto the MAR.	F 332		
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the planned menu was served to residents receiving a mechanical soft diet on 12/10/13. This applies to 1 resident (R56) reviewed for mechanical soft diets on the second floor in a sample of 19 and 5 residents (R43, R73, R46, R71,R81) in the supplemental sample . The findings include: The Daily Spreadsheet for Week 4, Tuesday (12/10/13) shows the Mechanical Soft diet for lunch is to receive Turkey Pot Pie, Strawberry Cobbler, and Bread Stick. On 12/10/13 at 11:45 AM, E18 (Cook) stated the cooked ground turkey was for the mechanical soft lunches. E18 stated he made a pureed sauce from the gravy and vegetables of the Pot Pie and it would be served over the turkey. On 12/10/13 at 12:15 PM, E14 (Dietary Aide) moved the buffet serving unit to the second floor dining room. E14 removed the foil covering from	F 363		

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F 363	Continued From page 17 the food items. E14 observed the sauce and stated he was not sure what he was to do with it. The mechanical soft lunch E14 served included a 4 ounce serving of dry ground turkey and 1 breadstick with the strawberry dessert. No sauce was served on the gravy. On 12/10/13 at 12:50 PM, E12 (Dietary Manager) stated the cook should review the menu with the servers prior to the meal is served.	F 363		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record the facility failed to ensure the sanitationitizer levels in the 3 compartment sink and dish machine were tested and recorded on a consistent schedule. The facility failed to ensure persons in the food preparation and staff who serve food used hair coverings. This applies to 90 of 93 residents that eat daily in the facility. The findings include: The Facility Census and Condition Report (CMS 672) dated 12/9/13 shows a facility resident census of 93 and 3 residents do not eat orally.	F 371		

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F 371	Continued From page 18 1. On 12/9/13 at 9:45 AM in the facility kitchen, E15 (Maintenance) was in the food preparation area working on the oven, he was not wearing any hair covering. Food preparations were in progress for the noon meal. E15 stated, " I ' m just checking the oven, they reported it was not working properly last night. " In the same area of the kitchen, E14 (Dietary Aide) was completing food preparation tasks. E14 was wearing a sports related stocking hat over the top of a white hair covering. Shoulder length dreadlocks of hair were hanging out from the sides and back of the hair covering. E12 (Dietary Manager) stated all persons in the kitchen should have their hair completely covered. On 12/9/13 at 12:20 PM, E16 (Activity Aide) and E17 (Certified Nursing Assistant) were observed passing food trays to the residents in the second floor dining room. E16 had a white hair covering on the top of his head; jaw length dreadlocks were hanging out from the sides and back of the hair covering. E17 (CNA) was wearing a white hair covering on the top of her head and had hair hanging out from the sides and back of the hair covering. A sign posted in the dining room dated 2009 states, " All staff members serving food or food products to resident must wear hairnets. This pertains to all staff. " The facility policy for required dietary uniforms states, " Employees must use hair restraints such as hair nets. " 2. On 12/9/13 at 11:45 AM, E14 (Dietary Aide) was filling the 3 compartment sink to wash large dishes used to prepare the noon meal. E14 tested the sanitation level of the rinse water. E14 showed the log where testing results were recorded. The log started mid November 2013 and the testing results were documented	F 371		

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F 371	Continued From page 19 inconsistently. E14 stated the staff started recording the levels in the log book in November. E14 stated testing is to be done 3 times a day (breakfast, lunch and dinner). The log showed dish wash water temperature, rinse temperature and sanitizer level to be recorded at breakfast, lunch and dinner. The log showed 10 omissions out of 25 meals between December 1 - 9. On 12/9/13 at 11.50 AM, E12 (Dietary Manager) stated she changed forms in November and is working to get the staff compliant with documenting the test results. 3. On 12/9/13 at 12:40 PM, E13 (Dishwasher) was asked to demonstrate how he monitored the function of the dishwasher. E13 pointed to the temperature gauges and stated the water should be 140 degrees for both the wash and rinse cycle. E13 was asked to test the sanitation level in the dishwasher. E13 stated he only monitors the water temperatures; the sanitation test strip is only done in the evening. E13 went to get a test strip and the storage vial was empty. After additional strips were replaced by E12 (Dietary Manager) the test showed no sanitation reading. E13 asked to trouble shoot why there was no sanitation agent in the dishwasher. E13 again stated he only watched the temperature levels. E12 was consulted and was unable to determine why there was no sanitation agent in the dishwasher and she would contact the dishwasher repair company. The dishwasher machine was examined, and found the sanitation tubing leading into the dishwasher was empty and further inspection showed the chemical bucket was near empty. On 12/9/13 at 1:05 PM, E11 (Cook) entered the kitchen to check the function of the dishwasher. E12 (Manager) stated E11 (cook) was the only staff member who knew how to trouble shoot	F 371		

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F 371	Continued From page 20 problems with the dishwasher. E12 stated they did not want a lot of people messing with the equipment. E11 stated it was his day off, but came in to help check out the dishwasher. On 12/9/13 at 12:55 PM, the sanitation log for the low temperature dishwasher showed the wash and rinse temperature and sanitation level is to be recorded for breakfast, lunch and dinner. E14 stated the log does not allow enough room to record all the information or secure the test strip to the log. Temperatures and sanitation levels were inconsistently recorded on the December log.	F 371		
F 441 SS=E	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	F 441		

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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.

This REQUIREMENT is not met as evidenced by:
Based on Observation, Interview and Record Review the facility failed to clean a shared blood glucose monitoring device after checking a resident's blood sugar. The facility failed to ensure staff used gloves when giving a supplement to a resident using a tube feeding syringe. The facility failed to prevent cross contamination of a residents personal property and contact surfaces after providing incontinence care.
This is for 2 of 19 residents (R75, R84) reviewed for infection control in the sample of nineteen and 2 residents (R14, R67) in the supplemental sample.
The findings include:
1. On 12/10/13 at 10:59am, E8 (Licensed Practical Nurse - LPN) went to R84's room to check his blood glucose level. The blood glucose monitoring device showed a blood glucose reading of 246. After checking R84's blood sugar level, E8 put the blood glucose monitoring device on top of the medication cart next to a second

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F 441	Continued From page 22 blood glucose monitoring device. E8 gave R84 an injection of insulin. R84 removed the test strip with blood on it from the blood glucose monitoring device and discarded it. E8 stated, "My other person for blood glucose monitoring is down stairs." E8 did not clean the shared blood glucose monitoring device after checking R84's blood sugar. On 12/10/13 at 11:53am, E8 picked up the blood glucose monitoring device from on top of her medication cart, put a test strip in the device and was getting ready to check R75's blood glucose. E8 was stopped at this point and asked if the last blood glucose level could be recalled on the blood glucose monitoring device? E8 showed the last reading on the device was 246. E8 picked up the other blood glucose monitoring device from the top of her medication cart and checked R7's blood glucose level. E8 took an alcohol wipe and cleaned the top of both of the blood glucose monitoring devices. On 12/10/13 at 11:57am, E8 stated the first blood glucose monitoring device she was going to use for R75 was the same one she had used for R84 and did not clean after using. E8 stated that alcohol wipes are not to be used for cleaning the blood glucose monitoring devices. E8 pointed to a container on top of her medication cart and stated the disposable disinfectant towels with bleach are to be used to clean the blood glucose monitoring devices. The facility's Blood Glucose Monitoring Device Policy (1/1/98) showed, "If blood glucose meters must be shared, the device should be cleaned and disinfected (e.g. hypochlorite detergent) after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected then it	F 441		

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F 441	Continued From page 23 should not be shared." 2. On 12/10/12 at 11:15 AM, E9 (Licensed Practical Nurse - LPN) was observed at R67's bedside holding his opened gastrostomy tube in one hand and a 60 cc piston syringe in the other. E9 was not wearing gloves. E9 held the plunger and chamber piece of the syringe in her bare hands as she let the remaining fluid run into the tube. E9 capped off the tube and stated, "I need to go get another pair of gloves, mine ripped." E9 left the syringe and glass of fluid on the bedside table and left the room. E9 returned to the room, put on a pair of gloves (without washing her hands first) and proceeded to finish administering R67's fluid and supplement administration. The wastebasket near R67's bed was empty, did not contain any used gloves. E9 stated, "I put the gloves in my pocket when they ripped and discarded them at the desk when I got a fresh pair". When E9 finished administration of the fluids, E9 removed her gloves, discarded them in the wastebasket and left the room without washing her hands. The facility policy for Enteral Tube Medication Administration states to use proper hand washing before and after administration of medication and to apply gloves after cleansing hands. 3. On 12/9/13 at 1:10 PM, E6 (CNA) washed R14, cleaning a large amount of bowel movement (BM) from her skin. E6 did not change her gloves or wash her hands. E6 then washed R14's front perineal area with the cloth soiled with brown BM material. E6 applied barrier cream to R14's skin, touched R14's personal items, adjusted R14's pillow, adjusted linens, and clutched R14's hand to assist with positioning all with the same contaminated gloves.	F 441		

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F 441	Continued From page 24 On 12/10/13 at 4:00 PM, E1 (Director of Nursing) said gloves should be removed and hands washed when they become contaminated. The facility's undated Hand Hygiene policy states the purpose is "to decrease the risk of transmission of infection by appropriate hand hygiene."	F 441		
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 and interview the facility failed to maintain walls, lights, mattresses, directional signs and laundry equipment in good repair. This has the potential to affect all 93 residents in the facility. The findings include: The facility's CMS-672 form (dated 12/9/13) shows a total census of 93 residents. On 12/11/13 during the survey the following environmental concerns were noted: Two of 3 washers were leaking at the hoses going into and/or out of the washer. There was standing water behind the washers and water	F 465		

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ASTA CARE CENTER OF ROCKFORD	**707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103**

(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	Continued From page 25 flowed into a floor drain. E10 (Maintenance Supervisor) attributed the leakage to hoses connected to the chemical dispensers. There were 3 boxes of new linen stored on the floor under the linen folding table in the laundry. The contact paper on the clean linen folding table was peeling off and missing in places on the surface. The duct tape holding the contact paper in place was also peeling off. The table was not easily cleanable in this condition. The hot water faucet handle for the laundry sink was broken off. There were 2 exit signs not lit for the first floor long hall exit door to the outside and the exit sign near room 216. The paint was peeling/hanging from the ceiling in a 12"x 6" area in the 1st floor TV lounge. The mattress for R85 was ripped and offered no support when R85 sat down. R85 said she had to flip the mattress over because it hurt to lay on it. The plastic covering on the mattress for bed #1 in resident room 206 was significantly torn and hanging loose off of the mattress. The plastic offered no protection to the mattress. The caulk was cracked and in poor repair at handwash sinks in resident rooms 115, 118, 106 and 201 (sink slow to drain). The light was burnt out over the sink, the toilet seat riser was not secured to the toilet in the	F 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING ______ B. WING ______	12/12/2013

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F 465	Continued From page 26 bathroom and there was a 4"x4" hole in the wall at the baseboard near bed #1 in resident room 225. The light was burnt out over the sink in resident room 210.	F 465		