

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2016
NAME OF PROVIDER OR SUPPLIER SALINE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET, PO BOX 468 HARRISBURG, IL 62946		
(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/Certification Survey Complaint Investigation 1650226 / IL 82711 - No deficiency cited Licensure Survey for Subpart S:SMI No findings at this time	F 000			
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 ensure a medication error rate of less than 5%. There were 30 opportunities for error with 3 errors resulting in a 10% medication error rate. This was for 1 of 24 residents on the sample (R12) and 2 residents in the supplemental sample (R50, R113). The findings are: 1. E5, Licensed Practical Nurse, (LPN) was observed during the morning medication pass on 1/20/2016 from 8:20 am to 8:45 am. E5 was observed to prepare R50's medications. R5 prepared an ordered dose of Miralax 17 Grams (per capful) by pouring 2 measured capfuls into 4 ounces of water in a plastic drinking cup. The January Physician Order Sheet (POS) has the order written as Miralax 17 grams, give two capfuls and intructs to dissolve in 8 ounces of water. E5 entered R50's room and started administering the Miralax. R50 took a drink then	F 332		2/11/16	

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

TITLE

(X6) DATE

02/08/2016

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 332	Continued From page 1 refused to take any more of the Miralax. E5 verified on 1/21/2016 at 9:45 am that 4 ounces of water was used to dissolve the Miralax. 2. At 8:40 am on 1/20/2016, E5 was observed to prepare R12's morning medications. E5 placed an ordered Losartan 50-12.5 milligrams (mg) into the medication cup along with R12's other medications. E5 then crushed all the medications, mixed them with applesauce and administered to R12. The January 2016 POS lists Losartan 50-12.5 mg and states "Do not crush". 3. E3, LPN was observed while passing medications on 1/20/2016 at 8:50 am. E3 administered R113 his ordered Glipizide 5 mg. tablet. The January 2016 POS lists Glipizide 5 mg and states "every morning before meal". E4, Certified Nurse Aide stated at 8:55 am on 1/20/2016 that breakfast is served at 7:00 am. E3 acknowledged on 1/20/2016 at 3:00 pm that R113's Glipizide was given after the breakfast meal that morning.	F 332			
F 441 SS=D	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,	F 441		2/11/16	

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F 441	<p>Continued From page 2</p> <p>should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure that proper infection control was maintained during incontinence care and wound care for 2 of 6 residents (R8, R18) observed during provision of care in the sample of 24.</p> <p>The findings are:</p> <p>1. E5, Licensed Practical Nurse, was observed on 1/21/2016 at 8:45 am during wound care for R18. E5 used a pair of scissors to cut through R18's</p>	F 441			

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F 441	Continued From page 3 soiled dressing on R18's left lower leg. The dressing extended from mid calf down past R18's heel. A 4x4 centimeter area of the dressing was noted to be soaked thru with blood in the calf area. After cutting through the dressing, E5 laid the scissors down on the top of the treatment cart without a barrier in place. After completing the wound care, E5 picked up the contaminated scissors and without cleaning them, placed them in the pocket of her shirt. E18 has a diagnosis of Hepatitis C as noted on an 8/28/2015 hospital Discharge Summary. 2. E13, Certified Nurse Aide, was observed during incontinence care of R8. on 1/21/2016 at 10:00 am. After cleaning stool from R8's perineal area, E13 touched the bed linens and gown of R8 with the soiled gloves. E8 continued to adjust R8's bed linens then abruptly stopped, took off the soiled gloves and applied clean gloves to finish the resident care. The facility policy titled Handwashing/Hand Hygiene with a revision date of April 2012 states that the facility considers hand hygiene the primary means to prevent the spread of infection.	F 441			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to provide at least 80 square feet of floor space per resident bed for two multiple rooms on	F 458		2/11/16	

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F 458	<p>Continued From page 4</p> <p>side 1 and 32 multiple rooms on side 2. These failures affect 7 of 7 sampled residents (R2, R3, R6, R16, R18, R20 and R21) who occupy these rooms from the sample of 24, and 57 residents (R32, R33, R34, R66, R69 through R103, R106 through R123) from the supplemental sample.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Room 108 and 109 on side one only provide 78 square feet of floor space per bed. These rooms are provided with two beds each and are occupied by R18, R32, R33 and R34. 2. The following multiple resident rooms on side two only provide 72 squared feet of floor space per resident beds; Rooms 3, 6, 8, 9, 11, 12, 15 through 20, 22 through 27, 29, 30, 31, 34, 35, 38, 39, 41, 42, 44, 45, 46, 47 and 48. These rooms are occupied by resident R #s 2, 3, 6,16, 20, 21, 66, 69-103, 106-123. <p>E2 (Administrator) confirmed on 1/21/16 at 9:30am that Rooms 108 and 109 are Medicare and Medicaid certified and all of the rooms on side two are Medicaid certified. There were no negative resident interviews regarding room size. At the times of this survey the space provided in these rooms were adequate to meet the needs of the residents. There were no environmental or infection control issues found related to the undersized rooms.</p>	F 458			