

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

PRINTED: 04/01/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/28/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SALINE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 SOUTH LAND STREET, PO BOX 468 HARRISBURG, IL 62946</b>		
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F 000	INITIAL COMMENTS	F 000			
F 221 SS=D	<p>Annual Licensure/Certification Survey</p> <p>Licensure survey for Subpart S: SMI 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that restraints were assessed and re-evaluated for treatment of medical symptoms and to monitor and reduce restraints for one of one resident (R12) with a restraint in the sample of 24.</p> <p>Findings include:</p> <p>On 03-25-2014, at 12:00 noon to 12:45 PM, R12 was sitting at the dining room table eating her meal while E12 (Certified Nursing Assistant) was in the dining room. R12 had a soft waist restraint around her waist that was tied in the back of her wheel chair out of her reach and at no time during the meal was the restraint removed by staff. On 03-26-2014, at 12:00 noon to 1:00 PM, R12 was sitting at the dining room table with a soft waist restraint around her waist. E12 was also sitting at the table and at no time was R12's restraint removed.</p> <p>On 03-26-2014 at 10:20 AM, E5 (Minimum Data</p>	F 221			

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 221	<p>Continued From page 1</p> <p>Set/Care Plan Coordinator) states during interview that R12 does have a soft waist restraint that is on when she is up in her wheel chair. E5 states that the waist restraint was used because R12 fell last June and fractured her left hip and she was to be partial weight bearing. E5 also states that R12 has dementia and couldn't understand instructions to not bear weight or get up unassisted and that was the reason for use of the soft waist restraint. On 03-26-2014, at 10:25 AM, E6 (Minimum Data Set/Care Plan Coordinator Assistant) states that R12 has been weight bearing for several months, at least since December, 2013. E6 also states that R12 was not re-assessed for use of the restraint and verified that R12's care plan did not include R12's medical diagnosis for continued use of the soft waist restraint and how the staff are to reduce the use of the restraint. E6 states that the staff should remove the soft waist restraint during toileting, meals and while sitting at the nurses station.</p> <p>The facility's policy and procedure for Physical Restraint Application dated 10-2010, states under "Documentation" that the following information should be recorded in the resident's medical record: Line #4; The specific reason the restraint was applied, and line #5; Review quarterly for possible reduction. Line #6; Each time the device is released for resident exercise, toileting, and position change. The facility's "Protective Device Policy" states in the fourth line; "An assessment shall be performed which shows the benefits and the risks for the safety device. R12's Physical Restraint Assessment dated 03-10-2014 does not address current benefits or risks of the safety device or possible</p>	F 221			

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F 221	Continued From page 2 ways to attempt reduction. The 3rd quarter documentation states; "Device or soft wrap around continues. She is up in wheel chair and pushed by staff. Leans and grabs at staff and others. Continues to be unaware of safety issues. No changes." Section P of R12's Minimum Data Set states that R12 does not have a restraint and R12's Care Plan states that the soft waist wrap is to be applied when up in her wheel chair. There are no interventions for ways to reduce the use of the restraint.	F 221			
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 provide appropriate interactions during lunch by standing over a resident while assisting them to eat for 1 resident (R25) in the supplemental sample reviewed for assistance in feeding.  The findings include:  On March 27, 2014 at 12:50 PM, E12 (Certified Nursing Assistant) was observed standing over R25 while feeding R25's noon meal.  R25's Minimum Data Sets dated January 5, 2014 lists R25 as needing extensive assistance of 1	F 241			

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F 241	Continued From page 3 person for eating and staff's mental status assessment of R25's cognitive impairment indicates severely impaired.  The procedure entitled "Assistance with Meals" with a revised October 2009 date states "Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example (1) Not standing over residents while assisting them with meals".  E1 (Executive Director) and E2 (Administrator) verified on March 27, 2014 at 1:15 PM, during interview "the facilities policy is to not feed residents while standing, however E12 is the granddaughter of R25."	F 241			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 329			

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F 329	<p>Continued From page 4</p> <p>contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to attempt a gradual dose reduction of psychotropic drugs and/or address the use of a psychotropic drug in excess of the recommended maximum geriatric daily dose, for 2 of 12 residents (R10, R13) reviewed for psychotropic drugs in the sample of 24.</p> <p>Findings include:</p> <p>1. R10 is a 74 year old resident with diagnoses that includes Alzheimer's Disease, Dementia with Behavioral Disturbances, Psychosis and Anxiety, as noted on the March 2014 Physician Order Sheet (POS). Listed on the Behavior Tracking Logs are behaviors of repetition of sounds, physical behaviors during care and sitting in a position to trip others. A 3/23/2014 Daily Charting note indicates R10 has delusions of his wife being dead (will repeat "wife not here anymore" or "Molly's dead"), hitting the table at peers and hollering out while eating.</p> <p>R10 was observed on 3/25/2014 at 12:30 PM and on 3/26/2014 at 11:00 AM up in his wheel chair by the nurses station repeating over and over " Molly's dead, she's gone".</p> <p>The current March 2014 POS lists Seroquel 50</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>milligrams twice daily. A Psychotropic Medication Review form dated 1/10/2014 indicates that the last reduction of this medication was made on 1/27/2012. A Pharmacist Communication form dated 1/29/2014 recommends a reduction, citing that R10's current dose exceeds the recommended geriatric dose of 150 mg daily (R10 is only receiving 100 mg daily). Z1, Physician, declined the recommendation and stated that R10 was not exceeding the maximum dose. No further consideration to reduce the Seroquel was noted, even though R10 has been on this dose since 2012. There is no documentation by Z1 found to support that previous reductions resulted in a decline and that R10 is at the lowest possible dose. This was verified with E2, Administrator, during interview, on 3/26/2014 at 2:00 PM.</p> <p>R10's current POS also notes the hypnotic drug Ambien 5 mg at bedtime which was last reduced from 10 milligrams on 10/9/2013 as noted on the Psychotropic Medication Tracking form. A 1/29/2014 Pharmacist Communication form recommends to further reduce the Ambien and was approved by Z1 on 2/5/2014 with orders to reduce to 2.5 milligrams at bedtime. A handwritten note on the Pharmacist Communication form dated 1/29/2014 notes that Z2, Power of Attorney, refused stating "he needs it to sleep." R10's current Care Plan dated 1/2/2014 lists Insomnia as a problem area. Tracking of sleep patterns was not found in R10's record since the 10/9/2013 reduction. There is no indication of education given to Z2 regarding the need to attempt further reduction. This was verified with E2 on 3/28/2014 at 10:30 AM.</p>	F 329			

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F 329	Continued From page 6  R10's current POS for March 2014 lists Lorazepam 0.5 mg at 8 AM and 4 PM and 1 mg at 12 PM and 8 PM for a total of 3 mg daily. The recommended maximum daily dose for use in the elderly is 2 mg. A Pharmacist Communication form dated 1/29/2014 notes the exceeding of the recommended maximum daily dose, and recommends a decrease. Z1 has signed and dated the form on 2/5/2014 and wrote that R10 was not exceeding the maximum dose. There is no indication of any further discussion regarding the use of the Lorazepam at the 3 mg daily dose. This was verified with E2 on 3/27/2014 at 10:00 AM.  2. R13 is a 63 year old resident with diagnoses that include Delusional Disorder, Psychosis and Anxiety as noted on the current March 2014 POS. The March 2014 POS includes the antipsychotic medication Risperidone 2 mg, a dose of half tablet at 8 AM and 12 PM and 2 mg at bedtime. The March 2014 POS indicates that R13 has been on this same dose since 9/14/2012. An untitled form which addresses the use of the Risperidone is dated for 2/27/2014, and is marked that the medication is at maintenance dose and that previous attempts to reduce have failed. This is signed E9, Registered Nurse. The Physician signature area is blank. There is no documentation by Z1 that previous reductions have been attempted and resulted in R13's decline or an increase in behaviors or delusions. There is no documentation noted in the Annual Psychiatric Evaluation done by Z3, Psychiatrist, dated 8/23/2013 and 4/07/2012 to indicate that reduction attempts had occurred. This was verified by E2 on 3/26/2014 at 2:00 PM.	F 329			

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F 441 SS=D	<p><b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b></p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441			



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F 441	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to properly implement the use of gloves and resident equipment as indicated by contact isolation precautions while providing care to 1 of 4 residents (R11) reviewed for Urinary Tract Infections in the sample of 24.</p> <p>Findings:</p> <p>A laboratory report of a urinalysis collected 3/18/2014 for R11 states the urine is positive for Vancomycin Resistant Enterococcus Faecium. R11's Minimum Data Set of 1/5/2014 indicates that R11 requires the assistance of two persons for transfers and toilet use and extensive assistance with hygiene.</p> <p>On 3/26/2014 at 8:15 a.m., a sign was noted on the door to R11's room indicating that contact isolation precautions are in effect for R11. A gait belt was on top of R11's bedside table. E7 (CNA- Certified Nurse Aide) and E8 (CNA) put on clean gloves and assisted R11 to the bedside commode from his wheelchair with the use of a gait belt brought into the room by E8. Following use of the commode by R11, E7 provided perineal care for R11. E7 and E8 then transferred R11 back to the wheelchair. E7 did not change gloves after providing perineal care and before touching the gait belt and proceeding with the transfer. E8 then replaced the gait belt around her waist and left the room.</p> <p>On 3/26/2014 at 8:40 a.m., E7 verified that the gait belt in R11's room is placed there for use for</p>	F 441			

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F 441	Continued From page 9 R11 as part of contact isolation precautions.  The facility's policy, " Isolation -Categories of Transmission -Based Precautions" with a revision date of April/2012 states: "Contact Precautions: In addition to Standard Precautions, implement Contact Precautions for residents known to be infected with microorganisms that can be transmitted by direct contact with the environmental surfaces or resident-care items in the resident's environment. While caring for a resident, change gloves after having contact with the infective material.	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 observation, record review and interview the facility failed to provide the required 80 square feet of floor space per resident bed for 2 multiple resident rooms on Side 1 and 32 multiple resident rooms on Side 2. This affects 12 of the sampled residents (R2, R3, R8, R9, R10, R12, R13, R14, R15, R17, R18, R19) who occupy these rooms in the sample of 24 and 53 residents (R25 through R78) in the supplemental sample.  Findings include:  1 On 03-25-2014 at 10:00 AM, E2 (Administrator) states that resident rooms 108 and 109 on side 1	F 458			

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F 458	<p>Continued From page 10</p> <p>provide 78 square feet of floor space per bed. E2 further stated that these rooms are provided with 2 beds each and are occupied by R18, R26, R27 and R28.</p> <p>2. On 03-25-2014 at 10:10 AM, E2 verified during interview that on side 2 the following are multiple resident rooms and provide 72 square feet per resident bed: room numbers 3, 6, 8, 9, 11, 12, 15-20, 22-27, 29-31, 34, 35, 38, 39, 41, 42 and 44-48. E2 further stated that these rooms are provided with 2 beds each and are occupied by R2, R3, R8, R9, R10, R12, R13, R14, R15, R17, R19, R25, and R29 through R78.</p> <p>3. Interview with E2 on 3/26/14 at 10:15 AM found that resident rooms 108 and 109 on Side 1 are Medicare and Medicaid certified and that all of the rooms on Side 2 are Medicaid certified. Previous room measurements of the indicated rooms were reviewed and found they are all under the required 80 square feet of space required per resident.</p> <p>4. Observation of these rooms during the initial tour of the facility on 3/25/14 beginning at 9:00am found no negative environmental concerns regarding these undersized rooms. During the survey, there were no negative interviews with residents or family of residents, who reside in these rooms. Observation of the rooms found there was adequate space to meet the medical and personal needs of the residents in the waived rooms.</p>	F 458			