

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

PRINTED: 11/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>STONEBRIDGE SENIOR LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>902 SOUTH MCLEANSBORO BENTON, IL 62812</b>		
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F 000	INITIAL COMMENTS	F 000			
	Annual Licensure and Certification				
F 280 SS=D	Complaint 1454559/IL72553 No deficiencies were cited. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.  This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation, the facility failed to review and revise care plan interventions to minimize the risk of pressure areas, the condition of pressure areas and/or for appropriate behavioral interventions for	F 280			

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 280	<p>Continued From page 1</p> <p>two (R3 and R4) of 10 residents reviewed for pressure areas and/or behavioral symptoms in the sample of 16.</p> <p>The findings include:</p> <p>1. On 10-14-2014 at 1:45 PM, E4 (Licensed Practical Nurse) did wound care on R4 that included treatments to R4's lower back and R4's right buttock. At this same time, it was noted that R4 also had an open area on her right gluteal area that was approximately 3 centimeters in diameter that was red with surrounding inflamed tissue and also an open area on the left leg directly below the left hip that was approximately 2 centimeters in diameter.</p> <p>On 10-16-2014 at 3:45 PM, E3 (Executive Director of Nursing) stated that R4 is non compliant with letting the staff turn and reposition her and that she won't allow them to look at her buttocks or back to do an assessment. E3 also stated that R4 would not comply with her doctor when he asked to see her back and buttocks.</p> <p>R4's Care Plan on skin integrity dated 10-14-2014 does not include interventions to address R4's non compliance with turning and repositioning or for medical review of the condition of her pressure areas on her back or buttocks. The open area on R4's right gluteal area and the open area on the left leg below the left hip were not on the care plan and were added to R4's Care Plan after this surveyor brought the new areas to E4's attention.</p> <p>2. According to the Physician's Order Sheet dated October 2014, R3 has a diagnosis of Dementia with Psychosis, and has been receiving</p>	F 280			

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F 280	Continued From page 2 Risperdone 0.5 milligrams (mg) daily at 8:00 p.m. since 12/13/13. According to the Psychoactive Medication Quarterly Evaluation dated 8/29/14, R3's behavior warranting the antipsychotic medication is "seeing things that are not there" and "crying".  According to R3's October, 2014 Care Plan/Behavior Tracking Records, the only behavioral symptoms being tracked for R3 are "Signs and Symptoms of Depression with crying episodes" and "anxiety in public places/groups of people".	F 280			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  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 assess and implement a pressure ulcer intervention to prevent the development of a facility acquired pressure ulcer for one (R4) of four residents reviewed for pressure ulcers in the sample of 16.  The findings include:	F 314			

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F 314	<p>Continued From page 3</p> <p>On 10-14-2014 at 1:45 PM, it was noted that R4 had a red open on her right buttock, an open area on the right gluteal area that was approximately 3 centimeters in diameter that was red and the tissue around the area was inflamed, an open area on the left leg below the left hip that was approximately 2 centimeters in diameter, and an open area on her lower back between the folds of her skin that was black and the skin around the wound was very reddened and had some drainage. At this same time, E4 (Licensed Practical Nurse, LPN) did wound care on R4 that only included treatment to R4's lower back and R4's right buttock. E4, LPN did not notice the red open area on R4's right gluteal area or the red open area on R4's left leg below the left hip until this surveyor brought it to her attention.</p> <p>On 10-14-2014 at 1:45 PM, E4, LPN stated that the open area on R4's right buttock and R4's back were the only treatments that R4 was getting. E3 (Executive Director of Nursing, DON) stated that they would get the chart and call the doctor after this surveyor brought the new areas to their attention. On 10-16-2014 at 3:45 PM, E3, DON stated that R4 is non compliant with letting the staff turn and reposition her and that she won't allow them to look at her buttocks or back to do an assessment.</p> <p>On 10-14-2014 at 3:00 PM, after E4, LPN knew about R4's new open areas, the following information was added to R4's Care Plan; 09-08-2014, left inner thigh healed, 09-14-2014, left buttock area healed, 10-05-2014, right gluteal and left gluteal areas healed, and 10-14-2014, open area noted at left gluteal fold (observed at right gluteal fold) and a sheer at left hip and the treatment order to cleanse with soap and water</p>	F 314			

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F 314	Continued From page 4	F 314			
F 329 SS=D	<p>daily and apply Calazime ointment daily to left gluteal area and the sheer at left hip. R4's Care Plan did not include interventions to address R4's non compliance with turning and repositioning. R4's Braden Scale dated 10-14-2014 states that R4 is at Moderate Risk for skin breakdown.</p> <p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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 contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility</p>	F 329			

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F 329	Continued From page 5 failed to provide comprehensive behavior tracking and attempt a psychotropic medication dose reduction for one of five residents (R3) receiving psychotropic medications in the sample of 16.  The findings include:  According to the Physician's Order Sheet dated October 2014, R3 has a diagnosis of Dementia with Psychosis and has been receiving Risperdone 0.5 milligrams (mg) daily at 8:00 p.m. since 12/13/13. According to the Psychoactive Medication Quarterly Evaluation dated 8/29/14, R3's behavior warranting the antipsychotic medication is "seeing things that are not there" and "crying".  According to the Care Plan/Behavior Tracking Records for October 2014, the only behavioral symptoms being tracked for R3 are "Signs and symptoms of Depression with crying episodes" and "anxiety in public places/groups of people."  On 10/16/2014 at 4:00 p.m., E2, Director or Nurses, confirmed that R3 has been receiving Risperidone 0.5 mg daily since 12/13/13 and there has been no attempt at a gradual dose reduction of R3's antipsychotic medication.	F 329			
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:	F 458			

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F 458	<p>Continued From page 6</p> <p>Based on observation and record review, the facility failed to provide 80 square feet of space per resident bed for 10 of 10 residents ( R1-R3, R5-R7, R9, R11-R13) reviewed for the room size waiver in the sample of 16 and 38 residents ( R17-R35 and R45-R68) in the supplemental sample.</p> <p>The findings include:</p> <p>Resident rooms Grant 1 and 3-20, and Logan 1-14 are Medicaid certified resident rooms. On 10/14/14 at 9:00 a.m., all of the indicated rooms were observed to be are under the 80 square feet of space required, providing only 72 square feet per resident bed.</p> <p>On 10/14/14 at 11:00 a.m., E3, Executive Director of Nursing, presented this surveyor with the facility's letterhead that documented Grant rooms 1 and 3-20 and Logan rooms 1-14 as rooms that are less than the required footage.</p> <p>On 10/14/14 at 9:00 a.m., there were no negative environmental concerns regarding these undersized rooms noted. There were no negative interviews with the residents or families of residents who reside in these rooms. There was adequate space to meet the medical and personal needs of the residents in the waived rooms.</p>	F 458			
F 465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p>	F 465			

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F 465	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to store equipment and supplies in a safe manner in three storage areas in the facility and maintain a bathroom door. This has the potential to affect all 65 residents living in the facility.</p> <p>The findings include:</p> <p>During a tour of the facility with E6, Maintenance Supervisor on October 14, 2014 at 9:50 AM, the following was found: a cardboard box with a belt inside covered in lint was on the floor behind the clothes dryer; in the storeroom between the dining room and North hallway, a fan cover and phone cord were noted on top of the hot water heater; in the storeroom between the front entrance and South hallway two brushes, 2 washbasins, a word search books, and a knit glove were observed on top of the hot water heater; in the clean utility room, which is located in the main dining room, isolation gowns, wash basins and grooming items were being stored on top of the emergency cart blocking the suction machine.</p> <p>On 10/14/14 at 9:50 a.m., E6, (Maintenance Supervisor) reported the items in the box in the laundry room contained "a belt", and the items stored on top of the water heaters "has been their since E6's employment began approximately a year and half ago".</p> <p>During the initial tour of the facility on October 14, 2014 at 7:50 AM, the first bathroom on the South</p>	F 465			

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F 465	Continued From page 8 Hall had the cold water faucet cover missing, and the bathroom door in room G13 had the wood veneer pulled away from the bottom of the door in an approximate 1/4 inch wide by 6 inch long area.  The facility's Resident Census and Conditions of Residents form, dated 10/14/14, documented that the facility had a census of 65 residents.	F 465			