

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

PRINTED: 11/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146144		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/01/2013	
NAME OF PROVIDER OR SUPPLIER STONEBRIDGE SENIOR LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 902 SOUTH MCLEANSBORO BENTON, IL 62812			
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F 000	INITIAL COMMENTS			F 000			
F 226 SS=C	<p>Annual Licensure and Certification 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to initiate within 10 days of employment, a State Police finger print criminal records check, for 2 of 10 Certified Nurse Aides (E11, E12) reviewed for health care worker background checks. This has the potential to affect all 57 residents in the facility.</p> <p>The findings include:</p> <p>1. On 10/31/2013, 10 employment records for 10 Certified Nurse Aides (CNA) were reviewed for evidence that State Police finger print background checks were obtained. The records of two employees E11, date of hire 6-7-13 and E12, date of hire 6-28-13 did not include evidence that a fingerprint background check was initiated within 10 days of employment.</p> <p>The facility Abuse Policy and Procedure dated 1-31-12 indicates that employees will have a state police finger print criminal records check initiated within 10 days of employment. E13, Executive Director of Nursing, verified by</p>			F 226			

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 226	Continued From page 1 interview on 10/31/2013 at 2:15 pm that E11 and E12's had not been done.	F 226			
F 244 SS=D	<p>The facility Resident Census and Conditions of Residents Report dated 11/1/2013 gave the census of the facility as 57.</p> <p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide interventions to address resident complaints documented in the Resident Council Minutes for 3 residents (R24, R56 and R57) in the supplemental sample. Findings include: According to Resident Council Minutes dated 10/3/13, "some residents stated that the call lights were not being answered at night." According to a Residential Council Minutes dated 10-3-13, the problem was described as "Call lights being ignored or takes too long to answer, mainly at night," and "Residents not getting to the bathroom quick enough." According to the Residential Council Minutes actions taken to address the concern, dated 10/4/13, were "1-1 with all staff to answer lights promptly,"and "1-1 with staff to take Res (residents) to B.R. (bathroom) promptly to offer B.R. @ Res. asks."</p>	F 244			

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F 244	Continued From page 2 When asked, on 10/31/13 at 1:30 p.m., what type of follow up was conducted to determine whether the problem continued, E1, Administrator, stated during interview, "We ask the person if it's better." When asked whether any further follow up would be conducted, E1 stated, "I'm not sure what you mean. We have another in-service coming up: we'll talk about it again." During the group interview on 10/30/13 at 10:15 a.m., R24, who is alert and oriented, stated, "I had a catheter taken out recently. They told me that I would have a difficult time holding my urine for very long at first, but last night when they put me in my room, I told them I had to go to the bathroom and they said they had to help other people first." R24 also stated that staff have come into her room when she put her call light on, and just turn off the call light and leave without coming back. R56, who is alert and oriented, stated that she had waited for 40 minutes within the past few days (not sure of the date) for staff to answer her call light. R56 also stated, "If you have to go to the bathroom real bad at mealtime and you try to get help, they just walk right past and ignore you." R56 added that she felt all the staff were wonderful, and that they just didn't have enough time to help her. R57, who is alert and oriented, concurred with R24 and R56, and all residents stated that they have had an accident while waiting for assistance to go to the bathroom. On 10/30/13 at 2:00 p.m., R56 was in the hallway crying. When surveyor asked what was the matter, R56 stated, "I just had to wait 45 minutes to go to the bathroom, and it hurt!"	F 244			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280			

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F 280	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to address the need for monitoring related to the use of an antipsychotic medication and/or the need for a contracture prevention appliance for 2 of 15 residents (R1, R2) reviewed for care plans in the sample of 15.</p> <p>The findings include:</p> <p>1. R1 is an 88 year old resident with diagnoses that include Non Alzheimer's Dementia and Depression, as noted on the October 2013 Physician Order Sheet. R1's care plan dated September 11, 2013 failed to adequately address</p>			F 280			

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F 280	<p>Continued From page 4</p> <p>the use of the antipsychotic medication Seroquel in relation to the Food and Drug Administration's (FDA) Black Box Warning which warns healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of death in elderly patients treated for dementia-related psychosis (http://www.fda.gov/drugs/default.htm).</p> <p>2. R2 is a 94 year old resident with diagnoses that include Alzheimer's Dementia, as noted on the October 2013 Physician Order Sheet. R2 was observed to receive passive range of motion on 10/31/2013 at 9:45 am. Both of R2's hands were observed to have contractures of the fingers, with limited range of flexion and extension noted. R2 was resistive to passive range of motion to his fingers. There were no hand rolls or other type of contracture prevention present at the time of the observation.</p> <p>R2's most recent Resident Assessment Instrument dated 10/16/2013 indicated that R2 had limitations of the upper and lower extremities. A Contracture/Functional Assessment Restorative Quarterly Review dated 10/3/2013 indicated mild impairment of both hands and a Potential for Contracture Assessment dated 10/3/2013 indicated a moderate risk for development of contractures.</p> <p>The current Care Plan dated 10/10/13 indicates under Restorative Nursing: Range of Motion Program, an intervention of Passive Range of Motion but does not specifically address the contractures of fingers or the need for contracture prevention devices to prevent further decline in the range of motion of R2's fingers.</p>			F 280			

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F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and observation, the facility failed to follow care plan approaches designed to assist staff when giving personal care to a resistive resident for 1 of 15 residents (R2) reviewed for care plans in the sample of 15.</p> <p>The findings include:</p> <p>1. R2 is a 94 year old resident with diagnoses that include Alzheimer's Dementia as noted on the October 2013 Physician Order Sheet. The Care Plan dated 10/10/2013 lists a problem area of Resistance to Personal Hygiene. Interventions listed include "Focus on (R2,) not the task, allow adequate time, speak in low, calm pleasant voice, give information before and throughout the bathing." A problem area of Anxiety resulting in Irritability lists an intervention of "Speak in a tone that resident will be able to hear better, adjust to environment". A problem area of Agitation includes an intervention to "deliver care at an easy pace."</p> <p>During an observation of incontinence care made on 10/31/2013 at 10:00 am, E14, Certified Nurse Aide (CNA), leaned towards R2 who was in bed and told R2 that they were going to clean R2 and asked if that was ok. R2 stated yes. As E14</p>	F 282			

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F 282	Continued From page 6 began to wash R2 in the peri area, with E15 (CNA) who was assisting by holding R2's legs, R2 began to resist care and state "hey what are you doing?" At that time E14 asked R2 if he could tell her how to cut down a tree and continued in a very rushed manner to wash R2 who had been incontinent of stool. R2 continued to get agitated and resist with pulling away from staff, yelling and trying to hit at staff. E14 continued to ask R2 a couple more times if he could tell her how to cut down a tree but did not stop the procedure and attempt to calm resident and make sure that he could hear and understand that staff were trying to clean him nor did E14 attempt to deliver the personal care at a more slow and easy pace.	F 282			
F 315 SS=E	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide timely care for 1 of 3 residents (R6) reviewed for incontinence of bladder, and 3 residents (R24, R56, and R57) in the supplemental sample.	F 315			

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F 315	<p>Continued From page 7</p> <p>Findings include:</p> <p>1. On 10/31/13 at 12:15 p.m., R6 was lying on top of the bedding on his bed, apparently dozing. R6 was wearing an adult incontinent brief underneath his pants which were visibly wet as was his bedding underneath and around the perimeter of his hips. R6 remained in this state until 12:45 p.m., when 2 staff were observed entering R6's room and closing the door. At 12:50 p.m., R6 's door was open, and his bed had been stripped. According to the Minimum Data Set dated 9/1/13, R6 is frequently incontinent of urine and requires 2 assist for transfers.</p> <p>2. During the group interview on 10/30/13 at 10:15 a.m., R24, who is alert and oriented, stated, " I had a catheter taken out recently. They told me that I would have a difficult time holding my urine for very long. But last night when they put me in my room, I told them I had to go to the bathroom and they said they had to help other people first. " R24 also stated that staff have come into her room when she put her call light on, and just turn off the call light and leave without coming back.</p> <p>3. During the group interview on 10-30-13 at 10:15 a.m., R56, who is alert and oriented, stated that she had waited for 40 minutes within the past few days (not sure of the date) for staff to answer her call light. R56 also stated, "If you have to go to the bathroom real bad at mealtime and you try to get help, they just walk right past and ignore you." R56 added that she felt all the staff were wonderful, and that they just didn't have enough time to help her.</p> <p>On 10/30/13 at 2:00 p.m., R56 was in the hallway crying. When surveyor asked what was the matter, R56 stated, "I just had to wait 45 minutes</p>	F 315			

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F 315	Continued From page 8 to go to the bathroom, and it hurts!" 4. During this same group interview on 10-30-13 at 10:15 am., R57, who is alert and oriented, concurred with R24 and R56. R24, R56 and R57 all stated that they have had an accident while waiting for assistance to go to the bathroom.	F 315			
F 323 SS=D	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 interview and record review the facility failed to adequately assess the medications that could affect one resident's (R1) fall potential, and implement a plan to prevent future falls for one resident (R4) of 5 residents reviewed for falls in the sample of 15. The findings include: 1. R1, as noted on the October 2013 Physician's Order Sheet, has diagnoses that includes General Muscle Weakness, Hypertension, Non Alzheimer's Dementia, Depression, Congestive Heart Failure; Arthritis, Anxiety, and Asthma. According to the Physician's Order Sheet dated October 1 through 31, 2013, R1 has the following	F 323			

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F 323	<p>Continued From page 9</p> <p>medications prescribed: Oxybutynin 5 milligrams (mg) twice per day; Lorazepam 0.5 mg 1/2 tablet twice per day; Mirtazepine 15 mg at night, Quetiapine 50 mg at night; Tenormin 25 mg daily and Lisinopril 10 mg daily, all of which list a side effect of dizziness(http://www.fda.gov/drugs/default.htm).</p> <p>R1 has fallen on the following dates without serious injury June 21, June 23, July 2, July 17, July 19, August 15, September 22, and September 27, in 2013.</p> <p>Review of R1's care plan dated September 11, 2013 for Category Problem for falls and Fall investigation reports for falls occurring on June 23, June 21, July 17, July 19, and September 27, 2013 did not include that medications had been reviewed for their potential to cause or contribute to dizziness and falling. There was no indication that the physician or the pharmacist had considered medications as a potential contributor to falls.</p> <p>During an interview with Z1 (Medical Director) at 8:45 A.M. on November 1, 2013, this surveyor provided Z1 with the list of prescribed medications for R1 and the number of falls from June through September 2013 and Z1 stated "That's a big red flag I will review them".</p> <p>2. According to an Occurrence Report dated 6/1/13, R4 was found sitting on the floor in the North Hallway at 5:45 p.m. The report states that R4 had attempted to stand from sitting in wheelchair. The report concluded with a plan to use a personal body alarm when up in any chair. On 6/1/13 R4's Interdisciplinary Plan of Care</p>	F 323			

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F 323	Continued From page 10 was updated to state, "PBA (personal body alarm) while up in chair for safety awareness." According to an Occurrence Report dated 7/6/13, R4 was found on the floor in R4's room at 8:50 p.m. The report states that prior to the fall R4 had been sitting in a wheelchair in R4's room, and that R4 had slid out of the chair and crawled to the door to call for help. The report states that no alarm was in place at the time. The report concludes with a plan to " Put to bed earlier, 1-1 with (R4) to use call light for assist." According to an Occurrence Report dated 8/4/13, R4 fell in the common area of the facility at 1:15 p.m. The plan to prevent further falls was stated as "1-1 with staff to encourage res to stay within site and assist with all ambulation; 1-1 with Res to have assist to ambulation." According to the Minimum Data Set assessment dated 10/13/13, R4 received a score of 5 on the Basic Interview for Mental Status, indicating severely compromised cognitive status, calling into question the appropriateness and efficacy of fall intervention plans which depend upon R4 to follow specific instructions.	F 323			
F 329 SS=D	483.25(I) 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	F 329			

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F 329	<p>Continued From page 11</p> <p>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 observation, interview, and record review the facility failed to implement and monitor individualized non-pharmacological interventions to reduce distressed behaviors for one of four residents (R10) reviewed for Depressive Symptoms in the sample of 15.</p> <p>Findings include:</p> <p>R10's Physician Order Sheet for November 2013, lists diagnoses of Depression, Dementia, and Parkinson's Disease. R10's prescribed medications include Paxil 20 mg daily and Ativan .25 mg 30 minutes prior to meals three times a day. R10's MDS (Minimum Data Set) Version 3.0, Section D Mood, lists a Total Severity Score of 0 on 3/7/13 and a score of 11 on 9/1/13 indicating an increase in the presence and frequency of symptoms.</p> <p>R10's Behavior Tracking Record of 10/2013</p>	F 329			

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/01/2013
NAME OF PROVIDER OR SUPPLIER STONEBRIDGE SENIOR LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 902 SOUTH MCLEANSBORO BENTON, IL 62812		
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F 329	<p>Continued From page 12</p> <p>identifies the following behaviors to be monitored daily for frequency, interventions implemented, and outcome. 1. Depression 2. Sadness 3. Low appetite. 4. Uncontrollable crying. Behavior Tracking Records for September and October 2013 indicate that no behaviors occurred in September and on only 5 days in October. The record does not indicate which of the 4 behaviors occurred. The interventions for these behaviors are: 1. Make sure resident feeds self. 2. Invite resident out to common area .3. One on One time with resident. The record indicates that on some days all three interventions are implemented. The MDS of 3/7/13 Section F0500 Interview for Activity Preferences for R10 indicates that "doing things with groups of people" is "Not important at all" to R10.</p> <p>On 10/30/13 and 10/31/13 during the noon meal in the dining room, R10 was sitting at the dining room table crying and sobbing. Attempts were made periodically by staff to console her. On 10/30/13 at 3:30 PM, R10 was lying in her room in her bed crying and sobbing.</p> <p>On 10/30/13 at 3:30 pm, R10 was lying in her bed crying and sobbing.</p> <p>On 10/31/13 at 7:55 AM, R10 was at the dining room table, staff was assisting her with breakfast. R10 is crying and sobbing, eyes closed.</p> <p>On 10/31, at 1:10 PM, E3 (Restorative Aide) stated that R10 "cries a lot" and behavior occurs "mostly" at lunchtime.</p> <p>On 10/31/13 at 11:05 AM, E4 (Certified Nurses Assistant) stated that she is not able to walk with</p>	F 329			

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F 329	Continued From page 13 R10 very often because she begins crying behavior. On 10/31/13 at 3:30 PM, E5 (Social Services Director) stated R10 "cries a lot" On 10/31/13 at 2:45 PM, E7 (CNA) reviewed the Behavior Tracking Record for 10/2013 and stated that it is not clear which behaviors actually occurred on those days where an entry was made. On 10/31/13 at 2:50PM, E5 stated during interview that the Behavior Tracking Record does not make clear which behavior was observed and that the documentation needs to be more specific. R10's Care Plan dated 9/2/13 lists Problem of Depression with an intervention of : Obtain referral for Mental Health Consult to address mood issues. A mental health consult was not found in the Medical Record. On 10/31/13 at 9:47 AM, E8 (Care Plan Coordinator) stated during interview that to her knowledge the referral had not been made	F 329			
F 458 SS=C	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 and record review, the	F 458			

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F 458	<p>Continued From page 14</p> <p>facility failed to provide 80 square feet of space per resident bed for 11 of 11 residents (R2, R3 R4, R6 thru R13) reviewed for the room size waiver in the sample of 15 and 38 residents (R16-R32 and R37-R57) in the supplemental sample.</p> <p>The findings include:</p> <p>Resident rooms Grant 1, 3, 6 to 20, and Logan 1 - 14 are Medicaid certified resident rooms. All of the indicated rooms are under the required 80 square feet of space required (11-1-13 at 10:00 a.m.), providing only 72 square feet per resident bed.</p> <p>On 11-1-13 at 10:00 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			