

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

PRINTED: 12/15/2015
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 12/10/2015
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=D	<p>Annual Licensure and Certification Survey</p> <p>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 interview and record review the facility failed to follow their Abuse Prevention Program Facility Policy for 1 of 3 residents (R14) reviewed for abuse.</p> <p>Findings include:</p> <p>The initial report of an abuse investigation, dated 03/19/15 and signed by E1 (Administrator) states R14 was admitted to the facility on 03/14/15 for therapy. The record states R14 was alert with increased confusion, verbal aggression with attempts to leave her home. The record continues with details of E1 and E2 (Director of Nurses) introducing themselves to R14 on 03/16/15. During this encounter, E1 inquired about bruises he observed on R14. R14 stated, "that daughter of mine beat the shit out of me." The record states on 03/17/15, E1 asked R14 again how she received the bruises and R14 stated, "I just don't know." The record states on 03/18/15, E1 heard R14 yelling and when he went to investigate he noted Z1 (Family) standing over R14 asking for a kiss goodbye. E1 asked R14 if</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 she was okay and R14 stated, "no this is the one that beat me up." The records state E1 reported the allegation of abuse to the Ombudsman, the local police and the Illinois Department of Public Health (IDPH) on 03/18/15. A facsimile dated 03/19/15 documents the investigative details of R14's alleged abuse were sent to IDPH on 03/19/15. A police Incident/Offense Report dated 03/19/15 with Z2's (Sheriffs Deputy) name states E1 called the Sheriff's Office on 03/18/15 to report R14 alleged the numerous brusies on her arms and face were caused by Z1 while at her residence. The Facility's 2011 Abuse Prevention Program Facility Policy states, "The facility shall immediately contact local law enforcement authorities (i.e., telephoning 911 where available) in the following situations: 1) Physical abuse involving physical injury inflicted on a resident by staff member or a visitor." E1 (Administrator) stated on 12/09/15 at 10:00AM that he did report the alleged abuse to the local police and Ombudsman on 03/16/15 within the one hour timeframe, but he cannot find the documentation to prove it. E6 (Regional Director) stated on 12/10/15 at 12:20PM that he would report the alleged abuse immediately or within one hour.	F 226			
F 368 SS=E	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.	F 368			

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F 368	<p>Continued From page 2</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to offer a snack daily at bedtime for the residents as required for 6 of 6 residents (R17, R31, R49, R53, R54 and R55) in the supplemental sample.</p> <p>The findings include:</p> <p>1. During the Quality of Life Assessment Group interview held on 12/9/15 at 10:00am, the six residents in attendance were asked about offered bedtime snacks. The six agreed that snacks are not offered to the individuals in their rooms. R49, R31, R17, R54 and R55 all indicated they would occasionally eat a bedtime snack or drink if offered to them. R17 and R49 indicated that they have their own snacks and did not know the facility was to offer a snack nightly. All of the residents indicated that they do not retire for bed until at least 8:00pm and some stated they routinely stay up until 11:00pm so they would be awake if the staff were to come by their rooms.</p>	F 368			

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F 368	Continued From page 3 2. R55 stated she has asked for hot chocolate in the evening and was told by nursing staff that the "kitchen was closed." R55 further stated she just quit asking for anything in the evening. R53 indicated during the meeting that she has asked for cheese and crackers in the evening and has been told by nursing staff that they can't get it. R53 further stated she has Diabetes Mellitus and needs a snack to hold her blood sugar through the night. 3. Interview with E5 (Food Service Supervisor) on 12/9/15 at approximately 2:45pm found that the dietary staff prepare evening snacks and take them to the nurse's station before they leave for the evening. E5 provided a December, 2015 form that is signed by nursing staff daily when the evening snacks are delivered to the nurse's station. The form documented on 12/8/15 that peanut butter and jelly sandwiches, graham crackers, tea and juice were delivered. The form included a variety of items each evening. E5 further indicated that the nurse in the evening has a key to access the kitchen if needed. 4. Interviews with E11 (Certified Nurse Aide, CNA) E4 (CNA), E12 (CNA) and E13 (Licensed Practical Nurse) on 12/9/15 from 2:55pm to 3:10pm, all indicated that evening snacks are available at the nurses station. E11 stated they do not go room to room to offer snacks. E4 and E12 stated if the residents ask they will get a snack and that sometimes snacks are used in the evening as behavioral interventions. E13 stated she has access to the kitchen if needed and the residents will tell you if they need a snack.	F 368			
F 431	483.60(b), (d), (e) DRUG RECORDS,	F 431			

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F 431 SS=C	<p>Continued From page 4 LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and</p>	F 431			

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F 431	<p>Continued From page 5</p> <p>interview, the facility failed to provide adequate, sanitary and safe storage of medication and biologicals. This has the potential to affect all 57 of the residents living in the facility.</p> <p>Findings include:</p> <p>The Resident Census and Conditions of Residents form dated 12/7/15 documented the facility has 57 residents.</p> <p>1. The Medication Room contained the following items on 12/08/15 at 4:15 PM:</p> <ul style="list-style-type: none"> - (1) pint bottle liquid Benadryl, unopened, expired 10/15. - (1) 2 Liter bottle of root beer, half full, unlabeled, stored on the third, (top shelf), next to (2) boxes containing 50% Dextrose Injections. - (3) purses and (1) lunch container placed on a shelf, next to nursing supplies were identified by E14, (Licensed Practical Nurse), as belonging to staff. - (2) food items present in the ice tray portion of the Medication Refrigerator; an unopened frozen food carton and an opened carton of ice cream bars. Residents' medications were also present in the Medication Refrigerator. On 12/09/15 at 3:10 PM, E2, (Director Of Nursing), said that the food carton belonged to E2. <p>2. The North Medication Cart contained the following items on 12/08/15 at 4:30 PM:</p> <ul style="list-style-type: none"> - (1) opened and undated 16 fluid ounce bottle of Hydrogen Peroxide with expiration date 3/15. - (1) opened and undated 16 fluid ounce bottle of 	F 431			

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F 431	Continued From page 6 Betadine Solution. - E15, (Licensed Practical Nurse), said that these medications should be labeled with the date opened and needed to be thrown away. - (14) loose pills in the second drawer: 2 large orange pills, 1 white caplet, 3 yellow capsules, 1 large white oval pill, 2 small white oval pills, 1 small orange oval pill, 1 yellow round pill, 1 small white pill, 1 pink pill, and 1 peach pill.	F 431			
F 441 SS=F	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 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	F 441			

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F 441	<p>Continued From page 7</p> <p>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, interview and record review the facility failed to ensure that staff are knowledgeable on how to disinfect the glucometers between use, handle clean linens without cross contaminating, and prevent cross contamination while providing nursing care. These failures have the potential to affect all 57 residents living in the facility.</p> <p>Findings include:</p> <p>The Facility Resident Census and Conditions of Residents form dated, 12/07/15 documented the facility had a census of 57 residents.</p> <p>1. On 12/07/15 at 11:50 AM, E15 (LPN Licensed Practical Nurse), obtained a germicidal cloth from a container and wiped a glucometer for approximately 20 seconds. The label on the germicidal cloth container stated, for proper disinfection to occur the device must be in contact with the disinfectant solution for three to five minutes. E15 said she had just used the glucometer meter to check blood sugar on a resident.</p>	F 441			

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F 441	<p>Continued From page 8</p> <p>2. On 12/8/15 at 2:00pm, E17 (Laundry) removed a large bundle of clean linen from a clothing dryer with her hands and leaned the linen on her chest to move the items to a rolling laundry cart. Several items including wash clothes and other resident use linen were noted to drop to the laundry room floor. E17 picked up the items from the floor shook them off and placed them on top of the clean linen in the cart.</p> <p>On 12/07/15 at 12:40 PM, E15, (Licensed Practical Nurse), performed a blood glucose check for R1 in the resident's room. Following the procedure, E15 wiped the glucometer with a germicidal wipe for approximately 20 seconds and placed the unit on a paper towel on a table. E15 said that she allows the glucometer to air dry for 5 minutes and then returns it to the medication cart drawer. E15 failed to keep the moist germicidal wipe in contact with the glucometer unit for 3 minutes as directed by the germicidal wipe label on the container used by E15. In addition, E15 picked the glucometer unit up from the paper towel, threw the paper towel away in the waste can, then placed the glucometer back onto the table without a barrier. The glucometer was returned to the medication cart drawer without being placed in a plastic bag and was not wrapped separately. In addition, E15 was not observed to clean the glucometer before use on R1.</p> <p>According to the undated facility Policy And Procedure For Disinfecting Accu check Machine, the Procedure is as follows: "1. Place accu check machine on barrier. Especially when in a resident's room. 2. Clean the accu check machine before each use with a disinfectant wipe.</p>	F 441			

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F 441	Continued From page 9	F 441			
F 458 SS=B	<p>3. The accucheck machine is to be wiped clean with a disinfectant wipe after each use and placed in a plastic bag or wrapped separately.</p> <p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT</p> <p>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide 80 square feet of space per resident bed for 9 of 9 (R3, R4, R6, R7, R8, R9, R10, R11 and R13) reviewed for a room size waiver in the sample of 15 and 38 residents (R16 - R53) in the supplemental sample.</p> <p>The findings include:</p> <p>A room / bed / level of care listing provided by R3 (Executive Director) on 12/8/15 identified the resident rooms on Grant Hall 1, 3 and 6 - 20, as well as Logan Hall resident rooms 1 - 14 are included in the facility's room size waiver. The facility resident roster indicates that R3, R4, R6, R7-R11, R13, and R16-R53 reside in these rooms. Historical data of room measurements document the rooms are 72 square feet per resident bed instead of the required 80 square feet per resident bed. E9 (Executive Director of Nursing) stated on 12/9/15 that all of the waived rooms are Medicaid certified.</p> <p>Throughout the survey, and during observations</p>	F 458			

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F 458	Continued From page 10 during a tour beginning at 2:00pm on 12/8/15 the resident rooms on Grant and Logan halls had no negative environmental concerns related to the size of the rooms. There was adequate space to meet the medical and personal needs of these residents. There were no negative interviews related to room size during the survey, with residents or family members of the residents assigned the small rooms.	F 458			