

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

PRINTED: 09/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146036		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/22/2016	
NAME OF PROVIDER OR SUPPLIER SHAWNEE CHRISTIAN NURSING CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 13TH STREET HERRIN, IL 62948			
(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			F 000			
F 323 SS=D	<p>Complaint Investigation</p> <p>1655396/IL88628</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide, a safe environment and follow resident's plan of care for risk of falls and/or injuries for two residents (R2, R4) of 4 residents reviewed for falls and injuries in the sample of 4 Finding Include 1.) On 9/21/16 at 9:15 AM, R2, who is blind, was noted to have her roommate's fall mat folded up next to the bathroom doorway, in R2's pathway. At 1:50 PM and 3:20 PM the same fall mat was in the same place and position. On 9/21/16 at 9:15 AM, R2 stated it was not the first time something had been placed in her way or in her walking path and no one made her aware. R2 stated she was totally blind and unless someone made her aware, if something was there she had no way of knowing. R2 stated more than once she had almost fallen because of items in her walk way. R2 stated she had spoken</p>			F 323			

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 323	Continued From page 1 to several CNA's (Certified Nursing Assistants) and Nurses about her concerns. R2 stated she had also talked to the administrator last week and thought things would have been taken care of and changed but they had not, and the problems continued. On 9/22 at 8:50 AM, in R2's room it was noted the third drawer on her chest of drawers was over half way out. R2 stated she wasn't aware of this. R2's drawer was still out at 11:15 AM. On 9/22/16 at 11:30 AM, E2 DON (Director of Nursing) stated the fall mats should not be kept next to the door in R2's room because it is a safety issue and would increase her risk for falls. E2 stated the staff is to place the fall mats under the bed or at the head of the bed if the resident is out of bed and not using them for safety issues. On 9/22/16 at 11:45 AM, E1 (Administrator) stated she had talked with R2 last week regarding her concerns about things being in her way and the possibility of the injuries this could lead to. E1 stated it was unacceptable to have fall mats by R2's bathroom doorway with her being legally blind. E1 stated she had asked staff to make signs to remind the rest of the staff to keep R2's pathways clear but apparently they had not been put up yet. E1 stated she had told the staff herself about R2's safety concerns and issues. R2's Care Plan with admission date of 10/21/15 shows she is legally blind and identified focus area is R2 is at risk for falls related to blindness and other conditions, and another intervention noted is educate staff that pathway from bed, closet and bathroom is clear. R2 also has a focus that shows resident is legally blind and may have difficulty with ADLs (Activities of Daily Living) and making needs known. The goal is R2 will feel safe in her living environment and identified intervention is: Identify medical, psychosocial	F 323			

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F 323	<p>Continued From page 2</p> <p>and environmental needs, explain to resident all needs/request/procedures, assist R2 with all ADL's as needed, visit with R2 to address concerns.</p> <p>R2's last Brief Mental Assessment done on 7/14/16; she received 14 out of 15 making her able to voice her wants and needs appropriately.</p> <p>2.) On 9/21/16 at 1:45 PM, R4's bed was in a low position and the fall mat was on the floor next to it; however the resident was not in the bed. The bed and fall mat were also found in the same positions on 9/22/16 at 8:50 AM.</p> <p>On 9/22/16 at 8:50 AM, E3 CNA stated R4's mat should not be on the floor next to the bed unless R4 is in it.</p> <p>On 9/22/16 at 11:30 AM, E2 DON stated R4's fall mat should be under the bed or at the head of the bed if the resident is not in it and it is in a low position or it is a safety hazard.</p> <p>The facility document titled "Fall" date 8/10/16, R4 had a fall and was sent to the hospital per family request and was admitted after the fall.</p> <p>R4's Care Plan with admission date of 3/22/16 shows identified focus area that R4 is at high risk for falls and noted intervention is to have floor mat while in bed.</p> <p>Facility document titled " Fall " date 8/10/16, R4 had a fall and was sent to the hospital.</p> <p>R4's Care Plan with admission date of 3/22/16 shows identified focus area that R4 is at high risk for falls and noted intervention is to have floor mat while in bed.</p> <p>The facility policy titled "Fall Prevention" with revision date of 10/18/13 shows residents are identified as at risk for falls clinically appropriate interventions will be put into place to reduce the risk for falls and/or to prevent recurrence of falls.</p>	F 323			

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F 465 F 465 SS=C	<p>Continued From page 3</p> <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> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prevent trash cans from overflowing and to maintain resident equipment in a clean condition. These failures have the potential to affect all 121 residents.</p> <p>Findings Include: On 9/21/16 during initial tour from 9:00 AM to 10:25 AM the following issues were noted: 1.) In the following adjoining rooms, in the bathroom it was noted that the trash cans were overflowing and there was multiple amounts of debris on the bathroom floor, some of the debris consisted of soiled adult briefs, soiled toilet tissue and soiled wipes. The adjoining rooms are: 30 and 31, 32 and 33, 34 and 36, and rooms 42 and 44. 2.) R2's bed linens were noted to have several soiled areas from dime size to quarter size that were pink, beige, dark brown and orange. R2's Care Plan with Admission date of 10/21/16, states she is legally blind. These areas were again noted on 9/22/16 at 8:50 AM. 3.) R4's special reclining wheel chair noted to have several soiled/discolored areas on the right side of her chair from the size of a pin head to the size of a dime. These areas were beige, brown and orange in color. R4's right specialized arm</p>	F 465 F 465			

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F 465	Continued From page 4 cushion was also noted to have a large off white substances the size of a softball. All these areas were still noted to be there on 9/22/16 at 9:00 AM 4.) At 9:15 AM, in the bathrooms between rooms 30 and 32 there was a dark brown substance noted on the toilet seat, this substance was still noted at 10:25 AM. E3 CNA stated there was a resident in both rooms 30 and 32 that were ambulatory and shared the bathroom On 9/21/16 at 9:15 AM R2 stated her bathroom trash can is always overflowing and she has stuff on the floor. R2 stated it is a problem because she is legally blind, and she will ask the staff to take care of it but, more often than not they just leave it until a housekeeper gets here to clean it up. On 9/22/16 at 11:55 PM, E1 (Administrator) stated there was no excuse for trash cans overflowing or trash being on the floor. E1 stated anyone can, and is expected to, pick up trash if they see it, and it should not just be left for the housekeepers. E1 also stated that the wheelchairs should kept clean and there is a rotating schedule for midnight CNA's to clean them but they (wheelchairs) should also be cleaned if needed and can be wiped off as well. According to the document titled "Facility Data Sheet" dated 9/21/16, there are 121 residents in the building.	F 465			