

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

PRINTED: 06/13/2016
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 06/10/2016	
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 309 SS=D	<p>Annual Licensure and Certification Survey. 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to identify medications that carry an FDA (Federal Drug Administration) Black Box Warning (BBW) and to educate the family representatives of this warning for 2 of 3 residents (R11, R13) reviewed for antipsychotics in the sample of 21. Findings include: 1. According to R13's profile Sheet, R13 is 80 years old with a date of birth of 2/13/36. R13's Medication Administration Record for June 2016 indicates that R13 is receiving Seroquel 25 mg (milligrams) in the am and 50 mg in the pm. R13's Diagnosis includes a diagnoses of Dementia with behavioral disturbance and Major Depressive Disorder.</p> <p>According to 2013 Lippincott's Drug Guide for Nurses, Seroquel carries a Federal Drug Administration Black Box Warning for use in elderly patients with Dementia - Related psychosis indicating there is an increased risk of cardiovascular mortality and myocardial</p>			F 309			

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 309	Continued From page 1 infarction. This warning could not be found in the medical record of R13. Documentation of education of R13's family member could not be found. 2. According to R11's Profile Sheet, R11 is 97 years old with a birth date of 9/12/1918. R11's Medication Administration Record for June 2016, includes an order for Risperdal. R11's Diagnosis Sheet includes a diagnosis of Dementia with Behavioral Disturbances. According to 2013 Lippincott's Drug Guide for Nurses, Risperdal carries a Black Box Warning for use in elderly patients with Dementia with an increased risk for cardiovascular mortality. This warning could not be found in R11's medical record. Documentation of education with R11 and R11's family regarding the BBW could not be found in R11's Record. On 6/10/2018 at 9:35 am, E5, Nurse Manager, stated that when obtaining consent for use of an antipsychotic, information regarding the BBW is not routinely addressed. On 6/10/2016 at 10:05 am, E3, Director of Nurses, confirmed that identification of medications carrying a BBW was not included in R11's, and R13's medical records and documentation of discussion of the BBW with R11 and R13 and their families can not be found.	F 309			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or	F 371			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: T5ZR11 Facility ID: IL6008528 If continuation sheet Page 3 of 5

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F 441	<p>Continued From page 3</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 -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(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.</p> <p>(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.</p> <p>(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 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to maintain aseptic technique during incontinence care for one (R12) of 21 residents reviewed for infection control in the sample of 21.</p> <p>Findings include:</p> <p>On 06/07/16 at 1:45pm, E6, Certified Nursing Assistant, was observed performing incontinence care on R12. With gloved hands, E6 cleansed urine from R12's perineal area. While wearing the contaminated gloves, E6 reached into her pants pocket and took out a roll of trash bags, took a bag off the roll, and replaced the roll in her pocket.</p> <p>R12's most recent Minimum Data Set dated 03/31/16 Bladder Continence section is coded at 3, meaning R12 is always incontinent of urine. R12's Care Plan dated 03/31/16 showed a problem area of Incontinence, with a corresponding intervention: to "monitor/document for signs and symptoms of Urinary Tract Infection."</p>	F 441			