

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

PRINTED: 09/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145836	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2015
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NAME OF PROVIDER OR SUPPLIER SHELBYVILLE REHAB & HLTH C CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565
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(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
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F 000	INITIAL COMMENTS Complaint #1565137/ IL80226-F309	F 000		
F 309 SS=D	<p>Complaint #1565170 / IL 80262-No deficiency 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 observation, interview and record review the facility failed to ensure aspiration precautions were followed while eating for one of three residents (R3) with dysphagia, on the sample of nine.</p> <p>Findings include:</p> <p>The History and Physical dated 8/17/15 documents that R3 has a history of a Cerebrovascular Accident (CVA). The Minimum Data Set dated 7/8/15 documents that R3 has severe cognitive defecits and requires extensive assist of one with eating. The Physician Order Sheet dated September 2015 documents that R3 is on a Pureed diet with nectar thick liquids.</p> <p>The initial Speech Evaluation dated 1/27/15 documents R3 has "delayed swallow...decreased laryngeal elevation...mild (3-5 seconds) swallow</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	<p>Continued From page 1</p> <p>initiation.....minimal impairment (10-25% impairment)" of swallowing, formation of bolus. The evaluation documents diagnoses of Dysphagia, "oropharyngeal phase" and "pharyngoesophageal phase."</p> <p>The Care Plan dated 7/22/15 documents interventions as follows: "1/29/15...Pureed Nectar thick [liquids]...Can use straw, single small sips. Alternate solids and liquids. Check for pocketing-good oral care. Keep head up for 30-60 minutes. Aspiration and Reflux precautions. Must be assisted..."</p> <p>On 9/22/15 from 12:20-12:35 pm, R3 was seated in a tilt back, high back wheelchair in the dining room feeding herself from a divided plate of pureed meat, mashed potatoes and vegetable, which was resting on the wheelchair tray, without staff assistance. At 12:40 pm, E10, LPN (Licensed Practical Nurse) assisted R3, offered a drink. At 12:45pm R3 continued feeding herself pureed food without alternating liquids and solids. At 12:50pm, E10 turned the divided plate for R3, so she could continue feeding herself the pureed food. At 1:00pm, E3, CNA (Certified Nurse Aide) was sitting next to R3 and gave her a drink of nectar thick liquid and then left to check a door alarm at 1:02pm, returning at 1:05pm, with R3 continuing to feed herself bites of pureed food without alternating sips of fluid. E3 left at 1:10pm and R3 continued to feed herself bites of pureed food without alternating sips of fluid. At 1:15pm, R3 began coughing after eating repeated bites of pureed meat. E10 walked over to check R3 as she was coughing and offered R3 sips of nectar thick water. With a couple sips of thickened water, R3 was able to clear her throat on her own and quit coughing. E3 and E10 did not verbally</p>	F 309			

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F 309	Continued From page 2 cue R3 to alternate solids with fluids while she was feeding herself the pureed food. On 9/23/15 at 2:10pm E11, Speech Therapist, looked at the swallow precautions (1/29/15) outlined on R3's care plan and confirmed those were "standard recommendations for aspiration precautions and would still be current" for R3. E11 stated R3 needed " [verbal] cues to follow the plan [precautions]. I would say that's what we need to follow for safety and in general to alternate solids and liquids."	F 309			