

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

PRINTED: 09/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E360</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELDON HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>170 WEST CONCORD SHELDON, IL 60966</b>		
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F 000	INITIAL COMMENTS	F 000			
F 164 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure privacy while</p>	F 164			

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 164	<p>Continued From page 1</p> <p>toileting and providing incontinence care for one of three residents (R7) reviewed for privacy during incontinence care in the sample of 10.</p> <p>Findings include:</p> <p>R7's Minimum Data Set (MDS) dated 7/7/16 documents that R7 is severely cognitively impaired, frequently incontinent, and requires extensive physical staff assistance with hygiene and toileting.</p> <p>R7's Care Plan dated 7/13/16 documents the following: "Self Care Deficit, needs supervision and / or assist to complete quality ADL's (activities of daily living)...provide privacy and dignity. Remind (R7) as necessary to pull curtains and keep closed during times of undress."</p> <p>On 7/28/16 at 8:10 am, E3, Certified Nursing Assistant removed R7's incontinence brief and assisted R7 to a seated position on the toilet. E3 left the bathroom door completely open. R7 was in full view of R6 (R7's roommate) who was seated in a recliner across the room. E3 assisted R7 to a standing position and provided complete incontinence care. R7 leaned forward as R7 held onto R7's front wheeled walker during this care. R7 was naked from the waist to R7's knees. R7 remained in full view of R6 during toileting and incontinence care.</p> <p>On 7/28/16 at 8:27 am, E3 stated "I was nervous and rushed. Usually I would close the door or make sure the curtain was closed for (R7's) privacy and dignity...."</p> <p>The facility pamphlet " Residents' Rights" dated 3/2016 documents the following; "Privacy, your</p>	F 164			

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F 164  F 280 SS=D	Continued From page 2 medical and personal care are private." 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  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.  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.  This REQUIREMENT is not met as evidenced by: Based on record review, interview, and observation the facility failed to revise the Plan of Care for one of ten residents (R7) reviewed for Care Plans in the sample of 10.  Findings include:  R7's Physician Order Sheet (POS) dated 7/16/16 - 8/15/16 documents the following diagnoses: Anxiety, Vertigo, Dementia, Alzheimer's with	F 164  F 280			

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F 280	<p>Continued From page 3</p> <p>Behaviors/Delusions, Depression, Pain and Osteoarthritis.</p> <p>R7's Minimum Data Set (MDS) dated 7/7/16 documents that R7 is severely cognitively impaired and requires extensive physical staff assistance with transfers.</p> <p>R7's "Fall Risk Assessment" dated 7/7/16 documents R7 is at high risk for falls.</p> <p>R7's Care Plan dated 7/13/16 documents the following: "Self Care Deficit, needs supervision and / or assist to complete quality ADL's (activities of daily living)...Assist to transfer and ambulate with wheeled walker as needed, supervision / cueing and / or physical assistance as needed." This same current and working Care Plan does not include a revision to direct staff to use a gait belt with when assisting R7 with transfers.</p> <p>On 7/28/16 at 8:10 am, E3, Certified Nursing Assistant (CNA) assisted R7 to a seated position on the toilet. R7 was unsteady and required E3 to physically steady R7 and guide R7's down to the seated position on the toilet. E3 physically lifted up on R7's arms to position R7 in a standing position in front of the toilet to complete incontinence care. R7 was unsteady while holding on to the front wheeled walker during care. E3 then walked next to R7's walker, stabilizing R7's unsteady gait by holding onto R7's walker. E2, Director of Nursing / Care Plan Coordinator (DON) entered the room and together E2 and E3 held R7's arms and physically assisted R7 down to the recliner chair. During these transfers, no gait belt was used.</p>	F 280			

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F 280	Continued From page 4 On 7/28/16 at 8:27 am, E3, CNA stated "(R7) is not a resident that we use a gait belt on. It's not in her Care Plan..."  On 7/28/16 at 10:40 am, E2, DON stated "Since (R7) has had a decline, (R7) should have been transferred using a gait belt. I will be updating (R7's) Care Plan as it is in direct conflict with the gait belt policy...The gait belt should have been on the care plan 7/13/16 (last care plan conference)."  The facility policy "Transfer Belts/Gait Belts" dated 4/10/06 documents the following: "To promote safety in transferring and ambulating residents.....Gait Belts Are Mandatory.....Gait belt is used if indicated on the care plan and/or kardex."	F 280			
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 record review and interview, the facility failed to recognize a fall as an incident, and failed to follow their falls policy and assess for new interventions post fall. These failures have the potential to affect two residents (R4 and R9) out of seven reviewed for falls on the sample of ten.	F 323			

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F 323	<p>Continued From page 5</p> <p>Findings include:</p> <p>The facility "Fall Prevention" policy dated 9/3/15 documents the following: "Report all falls during morning Quality Assurance meetings, Monday through Friday. All falls will be discussed and comments will be written on the Quality Assurance Fall Tracking Form and any new interventions will be written on the care plan."</p> <p>1. R9's Physician Order Sheet dated 7/16/16 - 8/15/16 documents the following diagnoses: Fractured Spine and Ruptured Aorta, Farming Accident Twenty Years Ago, Paraplegia, Osteoporosis, Neuropathy of Lower Extremities, Peripheral Vascular Disease, CVA and a History of Falls.</p> <p>R9's Fall Risk Assessment dated 5/12/16 documents that R9 is at high risk for falls, has decreased muscle coordination, loss of balance standing and requires assistance to stand.</p> <p>R9's Minimum Data Set dated 5/12/16 documents that R9 does not ambulate and requires extensive physical assistance to transfer.</p> <p>R9's Nurses Note dated 1/20/16 and signed by E5, Licensed Practical Nurse, documents the following: "Writer had resident (R9) in bathroom to check for bleeding due to daughter here. When resident (R9) started to sit back down (R9) didn't get back far enough and sat on edge of wheelchair, sliding out onto the floor. (R9) assisted back to the wheelchair. (R9) stated left knee gave out."</p> <p>The facility "Fall Analysis Log" does not document</p>	F 323			

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F 323	<p>Continued From page 6 R9's 1/20/16 fall.</p> <p>On 7/28/16 at 4:20 pm, E5 stated "I didn't think of it as a fall. (R9) went to sit back down after I checked (R9) for bleeding (hemmoroids) and (R9) was not back far enough. (R9) sat on the front edge of the wheelchair and slid down to the floor. (R9) had no injury....This incident would not have been investigated (root caused) because I did not view this as a fall..." R9's Plan of Care dated 5/12/16, confirms that a root cause with targeted intervention for R9's 1/20/16 fall was not documented.</p> <p>2. The facility's Nurse's Notes dated 5/12/16 document R4 experienced a fall on 5/12/16, incurring a hematoma and laceration over the left eye.</p> <p>The facility's undated Care Plan, with initiated 12/3/14, and with the most recent revisions dated 3/3/16, does not document any post-fall intervention for R4.</p> <p>On 7/28/16 at 9:57 am, E2, Director of Nursing, stated, "I am totally at a loss as to why (R4's) fall is not on our Fall Analysis Log. Our investigation (for root cause of R4's fall) was in medical records, so I can only assume it got mixed in with a stack of papers that went to medical records. Since the investigation was sent to medical records, I did not get an new intervention in place for (R4's) fall. The Care Plan you have is the current Care Plan for (R4)."</p>	F 323			