

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

PRINTED: 09/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>STERLING PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 EAST 23RD STREET STERLING, IL 61081</b>		
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F 000	INITIAL COMMENTS	F 000			
F 323 SS=D	<p>Annual Licensure and Certification Survey 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 ensure residents are transferred in a safe manner when using a sit to stand mechanical lift. This applies to 3 of 13 residents (R1, R5) reviewed for safety in the sample of 15 and 1 resident (R16) in the supplemental sample. The findings include: 1. On September 13, 2016 at 10:35 AM, E6 CNA (Certified Nursing Assistant) transferred R5 from the wheelchair to the toilet and back to the wheelchair using a sit to stand mechanical lift. R5 remained in a sitting position with her knees flexed during both transfers and released her right hand from the grab bar during the transfer back to the wheelchair. On September 14, 2016 at 8:30 AM, E6 (CNA) transferred R5 from the toilet to the recliner using a sit to stand mechanical lift. R5 had her knees flexed in a sitting position and let go of the grab bar with her right hand during the transfer On September 14, 2016 at 10:55 AM, E5 CNA</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	<p>Continued From page 1</p> <p>transferred R5 from the recliner to the toilet using a sit to stand mechanical lift. R5 had her knees flexed and was in a sitting position during the transfer. The leg straps were not secured during the transfer.</p> <p>On September 14, 2016 at 8:35 AM, E6 said R5 does not like to stand upright during transferring and it was not safe when R5 let go of the hand bar. On September 14, 2016 at 9:30 AM, E8 (CNA) said " yes " the leg straps should have been secured during the transfer but she forgot to do it. On September 14, 2016 at 10:55 AM, E5 said she only uses the leg straps for residents who don ' t move their legs.</p> <p>R5 ' s care plan for decreased mobility (last updated February 6, 2016) shows to instruct resident to position hands on the lift and remove hands from the lift once on another surface. R5 ' s cognitive impairment care plan (last revised May 12, 2016) shows she is cognitively impaired due to dementia, has poor short term memory, poor reasoning and/or judgment and may be easily distracted. R5 ' s care plan (last revised February 6, 2016) shows she is at risk for falls due to diagnosis of osteoarthritis, Parkinson ' s disease and Dementia. R5 ' s alteration in musculoskeletal status care plan initiated on August 15, 2016 shows she has a decreased ability to stand and transfer and staff should follow the restorative assessment for weight bearing status. R5 ' s therapy recommendation for restorative nursing dated July 7, 2016 shows R5 is unable to ambulate. R5 ' s fall risk assessment dated July 12, 2016 shows a score of 21 which indicates the resident is at risk for falls. R5 ' s BRADEN assessment dated August 7, 2016 shows she cannot bear weight on her own and/or must be assisted into a chair or wheelchair.</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>2. On September 13, 2016 at 11:10 AM, E7 CNA transferred R16 from the bed to the toilet using a sit to stand mechanical lift. R16 remained in a sitting position with her knees flexed during the transfer.</p> <p>On September 13, 2016 at 11:15 AM, E7 said she does not know why R16 does not stand during the lift transfer but R16 does not like it. On September 13, 2016 at 11:16 AM, this surveyor asked R16 why she does not stand up during the transfer and R16 said because it hurts her knees. R16 ' s fall risk screening tool dated May 24, 2016 and August 16, 2016 shows a history of a fracture, a decline in function and scores of 26 and 24 indicating resident is at risk for falls. R16 ' s BRADEN scale dated August 25, 2016 shows she is chair fast with very limited mobility. R16 ' s MDS (minimum data set) dated August 16, 2016 shows she requires extensive assistance to transfer and use the toilet. R16 ' s physical therapy plan of care dated February 23, 2015 shows R16 is non-ambulatory.</p> <p>3. On September 14, 2016 at 9:25 AM, E8 CNA transferred R1 from the toilet to the wheelchair using a sit to stand mechanical lift. R1's knees were flexed and she was in a sitting position during the transfer. The leg straps were not secured for support during the transfer. R1 ' s Physical Therapy Plan of Care dated November 25, 2015 to December 7, 2015 shows R1 demonstrates an increased need for physical assistance with functional transfers due to muscle weakness and pain to the right knee and that she is non-ambulatory. This evaluation shows R1 is a fall risk and has pain to the right knee aggravated by movement which causes her to keep it in a flexed position.</p> <p>R1 ' s fall risk assessment dated August 9, 2016 shows a score of 21 which indicates the resident</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>is at risk for falls. R1 ' s BRADEN assessment (which indicates risk for pressure injury) dated April 20, 2016 shows she is chair fast and cannot bear weight on her own and/or must be assisted into a chair or wheelchair. R1 ' s decreased mobility care plan (last revised January 14, 2016) shows to report any decline to restorative staff. R1 ' s care plan dated January 14, 2016 shows cognitive impairment due to a diagnosis of dementia and depression with poor short term memory, poor reasoning and/ or poor judgment and is easily distracted.</p> <p>On September 15, 2016 at 7:20 AM, E2 DON (Director of Nursing) said a sit to stand mechanical lift should be used for weight bearing residents and they must be able to grab and hold onto the grab bars. E2 said she or therapy determines which lift should be used for each resident. E2 said she would expect residents are able to stand if a sit to stand mechanical lift is used for their transfers. E2 said if this does not occur residents can be injured and there is an increased risk of falls.</p> <p>On September 15, 2016 at 12:50 PM, Z2 (Occupational Therapist) said if there is a decline in a resident ' s condition a re-evaluation of weight bearing/lift/transfer methods needs to occur. The therapy department is to be notified. Z2 said the therapy department cannot access nursing ' s documentation so they would need to be notified of any resident change. Z2 said there have been no requests to re-evaluate the weight bearing transfer methods for R1, R5 or R16 in last four months.</p> <p>The facility provided manufacturer ' s recommendation booklet that shows the sit to stand mechanical lift was designed specifically for assisting patients to a standing position. This booklet also shows it is important to determine</p>	F 323			

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F 323	Continued From page 4 the appropriateness of the equipment for a particular patient and to ask the therapy department for assistance in assessing a patient ' s weight-bearing ability. The manufacturer ' s information shows to operate the lift correctly the resident is raised to the standing position and the patient must be weight bearing to use the lift. The facility ' s Safe Lifting policy date November 2013 shows nursing staff in conjunction with rehabilitation staff shall assess individual resident ' s needs for transfer on an ongoing basis.	F 323			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to identify a resident with significant weight loss, failed to implement interventions for a resident with significant weight loss and failed to ensure a resident received a physician prescribed fortified food for the prevention of weight loss. This applies to 3 of 5 residents (R2, R6, R13) reviewed for weight loss in the sample of 15.	F 325			

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F 325	<p>Continued From page 5</p> <p>The findings include:</p> <p>1.R13 ' s initial nutrition assessment dated July 5, 2016 shows a weight of 168.4. Weights recorded in R13 ' s electronic record between June 24, 2016 and August 5, 2016, shows a 14 pound loss which was 8.4% loss in less than two months. The weights were as follows: June 24, 2016-162.7 pounds, June 27, 2016-160.8 pounds, July 4, 2016-158.2 pounds, July 7, 2016-156.6 pounds, July 15, 2016-155.8 pounds and on August 5, 2016- 154.3 pounds On September 15, 2016 at 8:00 AM, R13 was eating breakfast in his room with his son present. Less than half of the food served was consumed. On September 15, 2016 at 7:20 AM, E2 DON (Director of Nursing) said newly admitted residents are weighed daily for a week then weekly for three weeks and then monthly. E2 said they have a monthly weight meeting to discuss resident weights. E2 said the dietitian, doctor and family should be notified if there is a weight loss concern. Interventions should be implemented if there is a concern i.e.; nursing can implement med pass (fortified nutritional shake), extra protein with meals and health shakes can be implemented with a doctor ' s order. If a weight concern is identified, weekly weights are implemented.</p> <p>On September 15, 2016 at 11:40 AM, Z1 (Dietitian) said she is normally notified of significant weight losses monthly but staff can call or fax her to notify of weight loss concerns prior to an onsite visit. Z1 said she did not receive any calls or faxes regarding R13 ' s weight loss prior to August 9, 2016. Z1 said the facility can initiate interventions such as med pass or snacks without consulting her or a physician. Z1 said, "I am sure we could have done more to address his (R13 ' s) significant weight loss " .</p>	F 325			

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F 325	Continued From page 6 R13 ' s August 9, 2016 nutritional note by Z1 shows a 8.4% significant weight loss in 1 ½ -2 months and shows his diet has remained a General diet. This note recommended to add a sugar free health shake daily and extra protein at each meal. R13 ' s dietary report shows the health shake was not implemented until August 18, 2016, and extra protein was only added with the morning meal. R13 ' s nutritional care plan dated June 23, 2016 through revision on September 15, 2016, shows no nutritional interventions initiated. The initial care plan dated on June 23, 2016 shows an intervention to offer activities to help divert attention from food. R13 ' s BRADEN (skin risk assessment to predict pressure injury risk) dated July 2, 2016 shows a probable inadequate nutritional status. The facility ' s Weight Assessment and Intervention Policy dated November 2013 shows the care plan shall address the cause of weight loss and parameters for monitoring and assessment. This policy also shows the multidisciplinary team will prevent, monitor and intervene for undesirable weight loss. 2. R6 ' s POS (Physician Order Sheet) shows diagnoses to include obsessive compulsive disorder, and major depression. R6 ' s POS shows an order dated January 18, 2016 for fortified potatoes at lunch. The August 2, 2016 MDS (Minimum Data Set) shows R6 is cognitively impaired and requires extensive assistance with activities of daily living (transferring, dressing, bathing, toileting and eating). R6 ' s nutrition care plan dated May 12, 2016 shows " has unplanned/unexpected weight loss related to poor food intake. " This care plan shows interventions for super cereal (fortified cereal) every am, and fortified potatoes (additional calories and fat) at lunch. R6 ' s nutrition assessment shows her usual body	F 325			

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F 325	<p>Continued From page 7</p> <p>weight range as 116-125 pounds, and her weight as 96.4 pound. This assessment includes " added fortified foods at noon. "</p> <p>R6 ' s May 12, 2016 Quarterly Nutrition Notes shows R6 ' s weight as 91.4 pounds and " Resident weight is down significantly since last review ... "</p> <p>On September 13, 2016 at 11:50 AM, R6 was sitting at the dining room table with her lunch tray in front of her. E13(Care Plan Coordinator) was assisting R6 with lunch. R6 was served regular spaghetti, peas, mixed vegetable, and a brownie. R6 was not served potatoes.</p> <p>On September 13, 2016 during lunch service, no potatoes were prepared or served for the lunch meal.</p> <p>On September 14, 2016, E15 (cook) said she fortified the noodles at lunch on September 13, 2016 with 1 to 1.5 teaspoons of evaporated milk.</p> <p>On September 15, 2016 at 10:15 AM, E18 (Dietary Manager) said fortified potatoes should be served to R6 at lunch. E18 said pasta cannot be fortified with evaporated milk unless it is pureed. E18 said the recipe for fortified potatoes includes evaporated milk, butter, milk, and potatoes.</p> <p>On September 15, 2016 at 11:43 AM, Z1 (Registered Dietician) said fortified foods have a higher calorie and protein count than regular foods, and R6 needs this due to weight loss. Z1 said R6 has an afternoon snack, so the fortified potatoes should be given at lunch, not supper to spread them out. Z1 said she does not know how regular pasta would be fortified.</p> <p>On September 15, 2016 at 9:45 AM, E13 said she helped R6 eat her lunch on Tuesday September 13, 2016. E13 said R6 was not served fortified potatoes for lunch.</p> <p>On September 15, 2016 at 9:45 AM, E8 CNA</p>	F 325			



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F 325	<p>Continued From page 8</p> <p>(Certified Nurse Assistant) said she cares for R6, and R6 requires assistance with meals. E8 said she does not think R6 has any special foods served to her at lunch. E8 said she has never heard of her getting fortified potatoes.</p> <p>R6 's lunch meal card shows super cereal daily, and fortified potatoes for lunch. This card shows R6 is on a general mechanical soft diet.</p> <p>The facility September 14, 2016 recipe for Fortified Mashed Potatoes shows to add margarine, evaporated milk, and potatoes made with milk.</p> <p>The undated facility policy: Dietary Department Food Preparation shows</p> <p>" Nutritional supplements will be provided as ordered by the physician to residents whose nutrient needs may be increased. "</p> <p>" Nutritional supplements may include fortified products prepared in the dietary department, such as super cereal, super soup, super pudding, super mashed potatoes or super drinks. "</p> <p>On September 13, 2016, there were no fortified potatoes or super cereal served at the lunch meal.</p> <p>3. On September 13, 2016, there were no fortified potatoes or super cereal served at the lunch meal.</p> <p>On September 15, 2016 at 10:15 AM, E18 dietary manager said, potatoes and super cereal are the only fortified foods.</p> <p>On September 13, 2016 at 3:10 PM, E22 evening cook said, she did not do any fortified foods for the supper meal.</p> <p>R2's August 3, 2016 care plan shows R2 to be at risk for weight loss. The August 23, 2016 R2's nutritional notes shows to serve super cereal at</p>	F 325			

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F 325	Continued From page 9 breakfast, and add fortified foods to current diet, and the same document on September 13, 2016 shows fortified foods should be served three times a day.	F 325			