

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

PRINTED: 02/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2015
NAME OF PROVIDER OR SUPPLIER TWIN WILLOWS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 NORTH BROADWAY, PO BOX 370 SALEM, IL 62881		
(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 155 SS=F	<p>Annual Licensure and Certification survey.</p> <p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES</p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility did not have staff members certified to perform Cardiopulmonary Resuscitation (CPR) present in the facility for 19 of 75 shifts, from December 28, 2014 through January 27, 2015. This has the potential to affect all 39 residents living in the facility.</p> <p>Findings include:</p>	F 155		2/14/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/17/2015

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 155	Continued From page 1 1. E2 (Director of Nursing) prepared and presented to the surveyors on 01/28/15 a document of the Nursing and Certified Nurse Aide schedules, from December 28, 2014 through January 27, 2015. The document indicates 19, 11pm to 7am shifts, where no staff who are certified to perform Cardiopulmonary Resuscitation were present in the facility: The shifts include: December 31, of 2014 January 01, 02, 03, 07, 08, 09, 10, 11, 15, 16, 18, 19, 21, 22, 23, 24, 26 and 27 of 2015. E2 (Director of Nursing) on 01/28/15 at 1:30 PM, stated staff who are trained in CPR were not present on the shifts listed above. The Facility's Resident Census and Conditions of Residents form dated 01/25/15, documented the facility has a census of 39 residents.	F 155			
F 166 SS=C	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: The findings include: The facility's Resident Census and Conditions of Residents form, dated, 1/25/15 documented the	F 166			2/14/15

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F 166	Continued From page 2 facility had a census of 39 residents. 1. Resident council meeting minutes for the past 12 months were reviewed prior to the Quality of Life Group Interview held on 1/27/15 at 10:00 am. The minutes for the residents' meetings listed resident complaints regarding call light response 6 times : 1/17/14, 7/18/14, 9/19/14, 11/21/14, 12/19/14 and 1/16/15. There were no written responses from the facility to the residents' complaints for review regarding the call light complaint, or any other complaints made during the time frame reviewed. E16 (Activity Director), who is responsible for the resident council, stated on 1/29/15 at 9:10 am that she verbally communicates the resident complaints to the related department for consideration: Maintenance to the maintenance man, nursing to the Director of Nursing, and Dietary to the Dietary Manager. E16 stated that the old complaints are reviewed at the following meeting. The minutes from the last three meetings from January 2015, December 2014 and November 2014 specifically state call lights are being answered slowly. The last two meetings the call lights are noted both in the old and new business area of minutes. The five residents (R2, R16, R17, R18 and R19) who participated in the meeting on 1/27/15 were questioned about the repeated complaint of slow call light response and the facility response to the issue. The residents indicated that they review old business at the meetings but the solution to the repeated complaints is not discussed.	F 166			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES	F 242			2/14/15

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F 242	<p>Continued From page 3</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation, and record review the facility failed to include a residents food preferences in the comfort care plan for 1 of 10 residents (R4) reviewed for Physician Orders in the sample of 10.</p> <p>Findings include:</p> <p>1. R 4 was admitted 11/15/14 with Fractured Hip, Chronic Obstructive Pulmonary Disease, Malnutrition and Esophageal Reflux as documented on the Accumulative Diagnosis Record dated 11/15/14. The Physician's Orders Medications and Treatments record, dated 1/1/15 thru 1/30/15, documents an order on 1/16/15 for 'Comfort Care'. On 1/26/15 at 12:30 PM resident is being fed a Mechanical Soft Heart Healthy diet with a health shake. Resident ate 25 % of the lunch meal and stated I don't like what you are bringing me to eat. Brief Interview Mental Status and is 10 of 15, indicating she is moderately impaired. The Meal Intake sheets, from 1/15/15 to 1/26/15, of 26 meals documented there are 11 times R4 refused her meal, 10 times she ate 25%, and 5 times she ate 50%.</p> <p>E8 (Dietary Manager) stated, on 1/27/15 at 9:35</p>	F 242			

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F 242	<p>Continued From page 4</p> <p>AM, the Sugar Free Health Supplement is given because it taste better. E8 went on to say she is unaware of the comfort care order and why R4 is still on Mechanical Soft Heart Healthy Diet. E2 (Director of Nurses) stated, on 1/27/15 at 9:45 AM, we just need to talk about it. E2 went on to say they is no comfort care policy in the facility at this time or a plan when a resident receives a Comfort Care Order. On 1/28/15 at 9:15 AM, E10 (Registered Nurse) stated when a patient receives a comfort care order they give the resident whatever they want. She continued by saying the staff works with family and physician to keep resident comfortable. E10 stated there is no policy or guidelines for the staff to follow regarding what is included in comfort care. Social Service Assessment and Note (undated) does not mention the comfort care order or working with the family and resident regarding comfort care. Interdisciplinary Progress Notes (undated) does not address the comfort care order or talking to the resident or family regarding comfort care preferences. The Care Plan documentation include 'Resident is now comfort measures only- Has little appetite. Encourage her as much as you can' and 'Resident has been classified as comfort measure only'. Undated policy titled Comfort Measures Policy was presented by E2 on 1/28/15 at 9:30 AM.</p> <p>A new diet order received on 1/27/15 is documented on the Physician's Order Medication and Treatments sheet as 'May have any type of diet, food, or consistency of diet that she chooses per her comfort measures only preference'. E8 stated on 1/27/15 at 1:15 PM that she talked to R4 and has a new meal plan with food she prefers. E 13 (Certified Nurse Aide) stated, on 1/28/15 at 12:45 PM, R4 ate 75% for supper last</p>	F 242			

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F 242 F 312 SS=E	Continued From page 5 night and 75% for breakfast today. 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that personal hygiene was provided for two of nine residents (R5, R6) the sample of ten and two residents (R11 and R12) in the supplemental sample, who were dependent on staff for daily grooming and hygiene. Findings include: 1. On 01-25-15, 01-26-15, 01-27-15, and 01-28-15, R11 was observed to be unshaven. R11 was observed on those days to have long fingernails with dark material noted underneath the fingernails. The current shower schedule for R11 documents R11 is to have a shower on Sundays and Wednesdays. Review of the January 2015, shower records found R11 did not receive the scheduled 1/25/15 shower. R11's Minimum Data Set dated 01-16-15 indicates he requires extensive assistance of one with bathing. On 01-27-15 at 3:30 PM, R11 stated he did not get his shower on Sunday. 2. On 01-27-15 at 9:00 AM, R12 was observed	F 242 F 312			2/14/15

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F 312	Continued From page 6 with food underneath her long, jagged fingernails. On 01-28-15 at 2:00 PM, R12 was observed in bed with brown food material underneath her long, jagged fingernails. R12 was noted to have brown food material on the bodice of her top. At 3:00 PM on 01-28-15, E14 (Licensed Practical Nurse) stated E15 (Medical Records) had put R12 to bed after the noon meal. R12's Minimum Data Set dated 01-10-15 indicates she is totally dependent on staff for all of her activities of daily living. 3. R5 was observed on 01-25-15, 01-26-15, 01-27-15 and 01-28-15 to have long fingernails with dark material noted under his fingernails. R5's Minimum Data Set dated 10-2014 indicates he is totally dependent on staff for all of his activities of daily living. 4. On 01-25-15, 01-26-15, 01-27-15, and 01-28-15, R6 was noted to have long fingernails with dark material underneath her fingernails. R6's Minimum Data Set dated 12-05-14 indicates she is totally dependent on staff for all of her activities of daily living.	F 312			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain all doors to	F 465		2/14/15	

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F 465	<p>Continued From page 7</p> <p>the outside, cabinets, storage areas, wall material, common resident equipment, and individual resident equipment throughout the facility. This has the potential to affect all 39 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 1/25/15 documented the facility had a census of 39 residents.</p> <p>1. On 1/25/15 at 9:20 am, during the initial observation of the small dietary storage room, it was noted to be extremely full and a storage area for numerous items not related to the dietary food storage. Including examples: laundry chemical 5 gallon buckets, a large popcorn popping unit, and soda stacked on the floor for the facility soda machine. E8 (Dietary Manager) stated at that time that a portion of their storage space has been removed due to the additional plumbing in that room for the new facility sprinkler system. E8 further stated there are some items that are not routinely used and could be removed from the area.</p> <p>2. The kitchen delivery door was observed, at 9:25 am on 1/25/15, to be deteriorating at the base and areas of opening to the outside were noted at the bottom of both sides measuring 3 inches by 1 inch on the left and 2 inches by 1 inch on the right side.</p> <p>3. On 1/25/15 at 9:25 am the front of the three cabinets in the dietary food preparation area under the microwave were noted to be soiled and stained. Staff were observed attempting to clean the cabinet doors, and there was little</p>	F 465			

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F 465	<p>Continued From page 8 improvement and were not easily cleanable.</p> <p>4. On 1/27/15 on the East hall at 8:55 am, in the bathroom labeled men, the coved mop board was away from the wall on both sides of the toilet stool, the scale was soiled, the bathing portion of the room was cluttered with resident equipment, multiple barrels for laundry, and the two privacy curtains were soiled.</p> <p>5. On 1/27/15 on the East hall at 9:00 am, the resident mechanical standing transfer device in the hall was observed to be very soiled.</p> <p>6. On 1/27/15 at 9:05 am, R12 was noted sitting in her room with very soiled hands near a bedside table that was smeared with dried food.</p> <p>7. On 1/27/15 at 12:33 pm, the cushion being used by R14 was observed to have holes with the foam padding exposed.</p> <p>8. On 1/27/15 during the noon meal, R1's reclining wheelchair was observed to have a cracked vinyl foot rest.</p> <p>9. On 1/25/15 at 9:15 am, the vinyl right armrest of R15's wheelchair was observed to be cracked and broken.</p>			F 465			