

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

PRINTED: 05/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14A453	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2013
NAME OF PROVIDER OR SUPPLIER UNION COUNTY HOSPITAL L T C			STREET ADDRESS, CITY, STATE, ZIP CODE 521 NORTH MAIN STREET ANNA, IL 62906		
(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 318 SS=D	<p>Licensure and Certification Survey</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide comprehensive passive range of motion exercises, which included all modalities for such exercises, for one resident (R1) from the sample of nine.</p> <p>Findings include:</p> <p>Observations on 5/2/13 at 9:30 a.m., of E3 (Certified Nurse Aide) and E4 (Certified Nurse Aide) performing passive range of motion exercises for R1, revealed that the following modalities were not included: shoulder abduction /adduction, internal/external rotation of the shoulder, horizontal abduction/adduction of the shoulder, supination/pronation of the elbow, hip abduction/adduction, side-lying hip extension, internal/external rotation of the hip, toe flexion/extension and finger flexion/extension.</p> <p>Review of R1's Minimum Data Set 3.0 dated</p>	F 318			

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 318	Continued From page 1 4/16/13, revealed that R1 is totally dependent for assistance with activities of daily living and range of motion is impaired on the right and left for both upper and lower extremities. R1's Occupational and Physical Therapy Screenings dated 1/15/13 and 4/10/13 identifies partial loss of upper and lower extremities and recommends continuation of current restorative program. R1's Restorative Nursing Program flow sheets for the months of 1/2013, 2/2013, 3/2013, contain the following instructions: Staff to assist with range of motion for both upper and lower extremities, 10 repetitions daily for shoulders, elbows, wrists, hands, hips, knees and ankles. R1's Care Plan dated 4/10/13 identifies passive range of motion as a need for all extremities. E2 (DON) stated on 5/2/13 at 10:15 a.m., during interview that "the instructions for staff providing passive range of motion exercises for residents is attached to the facility's Nursing Policy and Procedure titled Restorative Nursing Care .These instructions are what is used to check the competency of the Certified Nurse Aides".	F 318			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a	F 329			

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F 329	<p>Continued From page 2</p> <p>resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to monitor for adverse consequences of an antipsychotic medication with a boxed warning for 1 (R1) resident reviewed for an antipsychotic medication in the sample of 5.</p> <p>The findings include:</p> <p>1. R1 is a 78 year old resident with diagnoses that include Alzheimer's Dementia with Psychotic Behaviors, and Hypertension, as noted on the April 2013 Physician Order Sheet (POS). The April 2013 POS indicates that R1 takes Seroquel 100 mg - 1/2 tablet at am and noon (start date of 2/3/12) and Seroquel 200 mg one tablet at bedtime (decreased from 300 mg on 1/3/13).</p> <p>According to PDR.net, http://www.pdr.net/drug-summary/seroquel, Seroquel has a "Boxed Warning; Elderly patients</p>	F 329			

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F 329	Continued From page 3 with dementia related psychosis treated with antipsychotic drugs are at an increased risk of death; most deaths appear to be cardiovascular or infectious in nature. Not approved for the treatment of patients with dementia related psychosis." The 4/16/13 Care Plan has a problem area of "Behaviors" noted with an approach to administer antipsychotic medication and monitor for side effects. There are no specific side effects listed and there is no mention of the "Boxed Warning" related to the use of this medication in the elderly, demented patient. E2, Director of Nursing, verified by interview on 5/2/2013 at 1:30 pm, that the information contained in the boxed warning had not been addressed.	F 329		