

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

PRINTED: 07/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14A453</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/02/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNION COUNTY HOSPITAL L T C</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>521 NORTH MAIN STREET ANNA, IL 62906</b>		
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F 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>Annual Licensure and Certification Survey 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to update care plans after falls for two of 5 residents (R1, R3) reviewed for care plans in the sample of five.</p> <p>Findings include:</p> <p>1. A Fall Risk Assessment dated 04/30/15 showed R1 is at high risk for falls. The facility's</p>	F 280			

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 280	<p>Continued From page 1</p> <p>Accident/Incident Log for 8/14, 10/14 and 11/14 showed that R1 sustained falls on 08/23/14, 10/15/14, and 11/18/14. Post Fall Assessments for these same dates document that there were no injuries sustained on any of these falls.</p> <p>R1's Care Plan with an initiation date of 08/12/14 and a review date of 05/02/15 listed a problem area of "High risk for falls". The Care Plan stated "08/23/14: Fall without injury. Interventions reviewed and appropriate. 10/15/14: Resident sat in the floor after throwing walker. 11/18/14: Fall without injury. Resident was not using walker to ambulate. Continue current interventions." There was nothing on the Care Plan to indicate new interventions were implemented after these falls.</p> <p>R1's Care Plan with an initiation date of 08/12/14 and a review date of 05/02/15 also listed an intervention #2: "Call light within reach while in bed." Intervention #16: "Remind/reorient/demonstrate use of walker, this aids with assisting her with ambulation and safety". R1's Minimum Data Set dated 04/30/15 showed a score of 3 - "Severely impaired - never/rarely made decisions" in the section titled "Cognitive Skills for Daily Decision Making."</p> <p>On 07/02/15 at 9:55 am, E2, Director of Nurses, stated she did not feel it was necessary to add any new interventions after these falls, stating, "there were no trends in common to each of these falls," and pointed out R1 has not fallen since 11/18/14. E2 stated, "I know the expectation is to add new interventions after each fall, but I don't feel that is always possible depending on the circumstances of the fall. In hindsight, I suppose we could have added a body alarm as an intervention after the 11/18/14 fall."</p>	F 280			

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F 280	<p>Continued From page 2</p> <p>2. According to R3's MDS (Minimum Data Set) dated 4/9/2015, R3 was admitted to the facility on 3/31/2015, is continent of bowel and bladder, and requires limited assistance of two staff for toilet use and limited assistance of one with ambulation on the unit. This same MDS documents that R3 scored a 3 on the Brief Interview for Mental Status which indicates that R3 is severely cognitively impaired.</p> <p>A Fall Risk Assessment for R3 completed on 3/31/2015 identifies R3 as being at high risk for falls. R3's Care Plan initiated 4/9/2015 includes the problem of Fall Risk with several approaches for prevention that include, " Body alarm on at all times except when giving care, keep call light close and instruct on use with reminders to use if assistance is needed especially at night, and provide assistance when ambulating with walker, toilet every 2 hours when in bed, before and after meals, at bedtime and as needed. "</p> <p>The Incident/Accident Log for June 2015 indicates that R3 fell on 6/17/2015 and 6/27/2015. The Post Fall Assessment dated 6/18/2015 for the fall of 6/17/2015 concludes, "This resident got out of bed per self; used her roommates commode then fell in the floor as she ambulated back to her bed. She did not use her walker, call light for assistance, and her body alarm was removed." A Nurse's Note for R3 describing this fall and dated 6/17/2018 states, " Resident's roommate came to nurse's station stating 'Her roommate was on the floor.' Upon entering room this resident was noted sitting on the floor with leg bent under her. Call light was in reach and body alarm was still attached to the bed."</p>	F 280			

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F 280	<p>Continued From page 3</p> <p>The Post Fall Assessment dated 6/30/2015 related to R3' s fall of 6/27/2015 concludes, "Resident removed her body alarm, attempted to get out of bed without assist and fell. She either voided in the floor and slipped or voided after she fell. Staff had assisted her to the Bedside Commode 2 times just prior to the fall and she did not void." A Nurse's Note regarding R3's fall on 6/27/2015, entered at 10:05 p.m., states, " Informed by CNA (Certified Nurse Aid) that resident fell. Upon entering resident's room she was sitting on floor leaning on bed awake and alert. Urine on floor. States she got up to use commode and it wasn't there. Resident reminded that she has to use call light and staff will bring in commode. States, ' I did use my call light.' Note that call light had not been pushed and resident had removed body alarm, which she does frequently .....</p> <p>Nurse's Notes for R3, dated 4/02/2015 at 9:35 p.m. and 4/07/2015 at 7:50 p.m., both document that R3 had gotten up without assistance and used roommate's bedside commode and also removed the body alarm.</p> <p>On 7/2/2015 at 9:15 a.m., E2 stated there have not been new specific interventions for fall prevention added to R3's Care Plan since the falls in June, 2015, however the Care Plan was reviewed and discussed with the staff following these falls and other alternatives such as a sensed bed alarm and a floor pad were discussed and were not considered appropriate at this time.</p> <p>R3's Care Plan includes entries dated 6/17/2015 and 6/27/15 stating that a fall had occurred with no injury, that the fall prevention interventions</p>	F 280			

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F 280	Continued From page 4	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 initiate new interventions in an attempt to prevent falls for two of three residents (R1, R3) reviewed for falls in the sample of five.  Findings include:  1. An undated Fall Reduction Program Policy and Procedure stated, "Licensed personnel will implement changes or modifications to the residents fall prevention interventions". A Fall Risk Assessment dated 04/30/15 showed R1 is at high risk for falls. The facility's Accident/Incident Log for 8/14, 10/14 and 11/14 showed that R1 sustained falls on 08/23/14, 10/15/14, and 11/18/14. Post Fall Assessments for these same dates document that there were no injuries sustained on any of these falls.  R1's Care Plan with an initiation date of 08/12/14 and a review date of 05/02/15 listed a problem area of "high risk for falls". The Care Plan stated	F 323			

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F 323	<p>Continued From page 5</p> <p>"08/23/14: Fall without injury. Interventions reviewed and appropriate. 10/15/14 Resident sat in the floor after throwing walker. 11/18/14: Fall without injury. Resident was not using walker to ambulate. Continue current interventions." There was nothing on the Care Plan to indicate new interventions were implemented after these falls.</p> <p>R1's Care Plan with an initiation date of 08/12/14 and a review date of 05/02/15 also listed an intervention, "#16: Remind/reorient/demonstrate use of walker, this aids with assisting her with ambulation and safety". R1's Minimum Data Set dated 04/30/15 showed a score of 3 - "Severely impaired - never/rarely made decisions" in the section titled "Cognitive Skills for Daily Decision Making."</p> <p>On 07/02/15 at 9:55 am, E2, Director of Nurses, stated that R1's level of confusion times is such that R1 at times will try to put her walker on top of or underneath a table, and confirmed R1 is unable to use her call light. E2 stated she did not feel it was necessary to add any new interventions after these falls, stating "there were no trends identified in each of these falls", and pointed out R1 has not fallen since 11/14/14. E2 stated, "I know the expectation is to add new interventions after each fall, but I don't feel that is always possible depending on the circumstances of the fall. In hindsight, I suppose we could have added a body alarm as an intervention after the 11/18/14 fall. "</p> <p>2. According to R3's MDS (Minimum Data Set) dated 4/9/2015, R3 was admitted to the facility on 3/31/2015, is continent of bowel and bladder, requires limited assistance of two staff for toilet use and limited assistance of one with locomotion</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>on the unit. This same MDS documents that R3 scored a 3 on the Brief Interview for Mental Status which indicates that R3 is severely cognitively impaired.</p> <p>A Fall Risk Assessment for R3 completed on 3/31/2015 identifies R3 as being at high risk for falls. R3's Care Plan initiated 4/9/2015 includes the problem of Fall Risk with several approaches for prevention that include , " Body alarm on at all times except when giving care, keep call light close and instruct on use with reminders to use if assistance is needed especially at night, and provide assistance when ambulating with walker, toilet every 2 hours when in bed, before and after meals, at bedtime and as needed. "</p> <p>The Incident/Accident Log for June 2015 indicates that R3 fell on 6/17/2015 and 6/27/2015. The Post Fall Assessment for the fall of 6/17/2015 and dated 6/18/2015 concludes, "This resident got out of bed per self; used her roommates commode then fell in the floor as she ambulated back to her bed. She did not use her walker, call light for assistance, and her body alarm was removed." A Nurse's Note for R3 describing this fall and dated 6/17/2018 states, " Resident's roommate came to nurse's station stating, ' Her roommate was on the floor.' Upon entering room this resident was noted sitting on the floor with leg bent under her. Call light was in reach and body alarm was still attached to the bed."</p> <p>The Post Fall assessment dated dated 6/30/2015, related to R3's fall of 6/27/2015, concludes, "Resident removed her body alarm, attempted to get out of bed without assist and fell. She either voided in the floor and slipped or</p>	F 323			

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F 323	<p>Continued From page 7</p> <p>voided after she fell. Staff had assisted her to the Bedside Commode 2 times just prior to the fall and she did not void. A Nurse's Note regarding R3's fall on 6/27/2015, entered at 10:05 p.m., states, " Informed by CNA (Certified Nurse Aid) that resident fell. Upon entering resident's room she was sitting on floor leaning on bed awake and alert. Urine on floor. States she got up to use commode and it wasn't there. Resident reminded that she has to use call light and staff will bring in commode. States, 'I did use my call light.' Note that call light had not been pushed and resident had removed body alarm, which she does frequently ..... " Nurse's Notes for R3 dated 4/02/2015 at 9:35 p.m. and 4/07/2015 at 7:50 p.m. both document that R3 had gotten up without assistance and used roommate's bedside commode and also removed the body alarm.</p> <p>On 7/1/2015 at 1:30 p.m., E3, Licensed Practical Nurse, stated that R3 does frequently take the body alarm off, and that she does use the call light some of the time. E3 further stated that many times when answering R3's call light E3 will find R3 already sitting on the side of the bed. E3 stated that CNAs are pro-active in getting R3 up to the bedside commode after bedtime and that lately R3 has been going bed around 7 or 8 p.m. and the CNAs know to offer her the commode if R3 hasn't called for assistance by around 9: 30 p.m.</p> <p>On 7/2/2015 at 9:15 a.m., E2 stated there have not been new specific interventions for fall prevention added to R3's Care Plan since the falls in June, 2015, however the Care Plan was reviewed and discussed with the staff following these falls and other alternatives such as a "sensored bed alarm and a floor pad" were</p>	F 323			

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F 323	Continued From page 8	F 323			
F 465 SS=C	discussed and were not considered appropriate at this time.  483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  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 provide maintenance to the facility floors and entranceway. This failure has the potential to affect all 10 residents in the facility. Findings include: On 7/1/15 at 2:00 p.m., the following conditions were observed: 1. A section of hallway tile leading to the hospital had a diagonal crack approximately 9 feet in length, which was worn, dark, and discolored. An additional section just beyond that had a worn and darkened zigzag shaped line approximately 3 feet long. 2. One broken and one curled up floor tile were found near the nurse's station door. 3. Cove base molding was missing in the dining room for the length of the wall against the activity room, and also for several feet around both corners. 4. The ceiling of the covered awning at the entry way to the facility had a thin layer of dust or dirt across its surface, and the support beams had numerous rust spots. Green plants were growing out of the rain gutter.	F 465			

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F 465	<p>Continued From page 9</p> <p>On 7/2/15 at 10:00 a.m., the following conditions were observed:</p> <ol style="list-style-type: none"> <li>1. The wall near the double door leading to resident rooms is missing cove base molding.</li> <li>2. Three discolored tiles were in the hallway near room 136.</li> <li>3. Eight discolored tiles were in front of the janitor's closet.</li> <li>4. A floor tile was missing from a spot in the hallway in front of room 135.</li> <li>5. Twelve discolored tiles were in front of room 134.</li> <li>6. Ten chipped and damaged tiles were in front of the mens' bathroom.</li> <li>7. Two damaged and stained tiles were in front of room 122 and also room 123.</li> <li>8. Two cracked tiles were in front the clean utility room.</li> </ol> <p>On 7/2/2015 at 10:35 a.m., E2, Director of Nursing, stated that the facility has no plans to replace the flooring, and that she was aware that the awning was in poor shape, and was soiled and in need of paint.</p> <p>According to the Resident Census and Conditions of Residents Report dated 6/30/2015, the facility has 10 residents.</p>	F 465			