

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

PRINTED: 02/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145417		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/11/2016	
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST VILLAGE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1616 CEDAR LAWRENCEVILLE, IL 62439			
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F 000	INITIAL COMMENTS			F 000			
	Annual Licensure and Certification Survey						
	Validation Survey for Subpart U: Alzheimer Unit						
	The United Methodist Village is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.						
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES			F 242			
	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.						
	This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide autonomy and choices about schedules, activities and care for 1 of 15 residents, (R12), reviewed for self determination and choices, in the sample of 15.						
	The findings include:						
	1. R12's medical record documents an admission date of 3/26/15 and diagnosis including: Chronic Obstructive Pulmonary Disease, Insomnia, Hypertension, Neuropathy and Major Depressive Disorder. R12 attended the Quality of Life Group Interview on 2/9/16 at 9:30 am. While discussing facility rules, R12 expressed concerns regarding resident smoking						

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 242	<p>Continued From page 1 rules and bedtime snacks.</p> <p>I Smoking:</p> <p>R12 indicated at the group meeting that she has been a life long smoker and has continued to smoke at the facility since admission, except for 2 months while using a nicotine patch. R12 stated that she must be supervised while smoking and there are weather restrictions. R12 felt that she could determine in what weather situations she would smoke or not. R12 expressed that currently, the wind chill must be above 20 degrees Fahrenheit in order for her to go out to smoke. R12 further stated that she has her mind and knows when to come in from the cold. Further, R12 stated that she has appropriate outdoor winter clothing. Interviews with R12 on 2/9/16 at 3:00 pm, on 2/10/16 at 3:15 pm, and on 2/11/16 at 11:45 am found that R12 used to smoke unsupervised, and knows when to come in from the cold. R12 stated during the day that the Unit Assistants take turns supervising smoking. Yet, in the evenings, she must find someone by herself to take her out. R12 indicated that the weather rule is not written down, as far as R12 knows.</p> <p>Review of R12's medical record documented the following;</p> <p>A) R12's most current Minimum Data Set, (MDS), dated 12/30/15, documents a Basic Interview for Mental Status, (BIMS), score of 15. Fifteen is the highest score, indicating - No cognitive deficient.</p> <p>B) R12's most recent Smoking Evaluation, dated</p>	F 242			

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F 242	<p>Continued From page 2</p> <p>1/19/16, documents: Supervised smoking, (All Smoking is supervised at UMV), and, "R12 has agreed to having a logense (sic) one hour and a cigarette the next smoking every two hours."</p> <p>C) R12's current care plan:</p> <p>Start date of 1/13/16 page 2 Psychosocial Well-Being states in part:</p> <p>Resident will be safe when smoking independently. She will adhere to facility smoking policies daily thru next review.</p> <p>Smoking assessment done by ADN; Resident physically / mentally able to smoke unattended outside.</p> <p>Start date of 10/5/15, page 3 Activities;</p> <p>..She continues to go out and smoke. Assist if needed.</p> <p>D) Review of the facility's Smoking Policy (dated 10/14/15), Smoking Evaluation (dated 4/2/15) and Smoking Agreement (dated 10/14/15) on 2/9/16 and 2/10/16 found no reference to weather or timing of resident smoking.</p> <p>E) E1, (Administrator), stated on 2/10/16 at 10:45 am that UA's, (Unit Assistants), take R12 out to smoke when R12 wants, and that the wind chill must be above 10 degrees Fahrenheit. A note posted at the Wesley Nurses' Station dated 1/15/16 states, "If the temp. outside is 25 degrees or lower, residents can not go. Please monitor the wind chill factor. If w/c is below 20 degrees they</p>	F 242			

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F 242	<p>Continued From page 3 can not go out." Signed by E1.</p> <p>February 2016 monthly behavior tracking was reviewed on 2/10/16 and R12 is currently being tracked for loss of Independence r/t Smoking, (Dx of depression due to loss of physical independence and unable to live alone). There are no behaviors described as to how R12 expresses this depression. E1 presented Interdisciplinary Notes on 2/11/16 dated 2/4/16 at 9:29 pm and 1/24/16 at 1:10 pm, referencing R12 becoming angry about waiting to smoke.</p> <p>II Bedtime snacks</p> <p>A) R12's current diet order for 2/2016 states Regular diet with 2 ice creams at bedtime. R12 indicated during the 2/9/16 group meeting that, at times she would like several ice cream cups in the evening. R12 stated on 2/9/16 at 3:00 pm that she has wanted ice cream for a bedtime snack, because R12 does not always enjoy the facility's evening meal. R12 stated that the Registered Dietitian is worried about her weight and would like R12 to limit the ice cream. The Registered Dietitian's summary for R12, dated 1/5/16 states, "resident is adamant in her request for ice cream", and that the resident indicated she would decrease it if R12 weighed greater than 150 lbs. When questioned on 2/9/16, R12 stated that she is comfortable with her weight and enjoys ice cream.</p> <p>B) R12's current Care Plan, under nutritional status, indicates that R12 is at risk of nutritional deficits. A notation, dated with a start date of 4/10/15, indicated that R12 was on a diet that included fortified food and between meal snacks with extras at meals as tolerated. The Care Plan</p>	F 242			

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F 242	Continued From page 4	F 242			
F 244 SS=C	<p>states on 12/16/15, the supplements were discontinued. The Care Plan documents the diet change on 1/6/16, but does not reflect a weight gain or any need for reduction.</p> <p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to act upon the grievances of the residents, attempt to accommodate the requests and communicate the decisions to the residents. This has the potential to affect all 71 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 2/7/16 documented the facility had a census of 71 residents.</p> <p>1. Review of 12 months of Resident Council notes on 2/8/16 documented that the residents indicated nursing issues related to call light response time and lack of staff for assistance in 6 of the meetings.</p> <p>July 2015 - call light response time, evenings</p>	F 244			

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F 244	Continued From page 5 August 2015 - staffing concerns, staff say they will be "right back" and do not return September 2015 - staffing concerns, staff say they will be "right back" and do not return November 2015 - staffing concerns, staff say they will be "right back" and do not return December 2015 - staffing concerns January 2016 - staffing concerns, evening call light response When requested, the facility provided three Resident Council response forms related to the issues above. None of the three forms were signed, two were dated July 7th 2015, and the third was dated only 11/3. The two from July 2015 indicated that the issues would be discussed with staff, and that an inservice would be conducted. 2. The 6 residents, (R12, R21, R22, R25, R26 and R27), in attendance at the Quality of Life Assessment Group Interview held on 2/9/16 at 9:30 am, were questioned about the repeated staffing and call light issues from the previous Resident Council meetings. The residents indicated that they do not generally get responses returned for every issue from the council meetings. 3. E10, (Activity Director), stated on 2/9/16 at 12:55 pm that she will type up the resident concerns for the department heads after the Resident Council meetings and wait for a response.	F 244			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of	F 312			

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F 312	<p>Continued From page 6</p> <p>daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide supervision and assistance with eating for 1 of 13 residents (R8) reviewed for Activities of Daily Living (ADL) assistance in the sample of 15.</p> <p>The findings include:</p> <p>The computerized medical record states R8 has a diagnosis of Alzheimer's Dementia with paranoia and anxiety. The 12/02/15 Quarterly Minimum Data Set (MDS) states R8 requires the one person physical assistance to eat. The MDS also states R8 is unable to complete the Brief Interview for Mental Status which indicates she has severe cognitive impairment. The February, 2016 Physician's Orders state R8 is on a no added salt, pureed diet with honey thickened liquids; a hydration program at 6AM, mid-morning, mid-afternoon, and as needed; intake is to be encouraged; 90 cubic centimeters (cc's) three times a day of a liquid nutritional supplement; super cereal with breakfast; double portions of desserts and a tray is to be prepared and ready to have available at night when awake. The order also states R8 is to have food provided in bowls with liquids in nosey cups. The Resident Weight Tracking System Report states R8 has had a 6.91% weight loss in 3 months.</p> <p>R8 was observed in the main dining room alcove</p>	F 312			

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F 312	Continued From page 7 on 2/8/16 at 11:00am. R8 was unattended and mixing pureed fruit with mashed potatoes. The food products were on R8's table and hands. E16 (Cook/Dietary Aide) was made aware of R8's mixing and mess at the time of the observation. E16 was observed to replace the food items and utensil at that time. The dining room was observed several times from 11:00am to 12:05pm. The replaced fruit and utensils were not touched during the observations. R8 was not in the dining room at 12:05pm and the table remained the same. E16 was asked at 12:05pm if all of the residents eating in the dining area were finished. E16 indicated that she was recording the dietary intakes. Copies of the dietary intake records reviewed for the 2/8/16 noon meal document R8 ate 40 % of the meal. On 2/8/16 at approximately 1:30pm, E12 (Food Service Supervisor) stated that the computer food intake for R8 indicated no breakfast 0 % and the noon meal as 25 % consumption. E15 (Dietary Assistant) stated at that time that R8 had been removed from the dining room for an incontinence episode and that the rest of R8's meal was still in the warmer and had not been served. The 09/04/15 Nutrition Assessment presented by E12 states R8 is totally dependent for eating, does participate some but messses in food, would benefit from increased assistance and often resists. The February, 2016 care plan does not address R8's need for assistance with eating.	F 312			
F 368 SS=C	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at least three meals daily, at regular times	F 368			

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F 368	<p>Continued From page 8</p> <p>comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to offer a snack at bedtime as required. This has the potential to affect all 71 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 2/7/16, documented that the facility had a census of 71 residents.</p> <p>The findings include:</p> <p>1. At the Quality of Life Group interview on 2/9/16, the residents in attendance were asked if the facility staff routinely offer a snack at bedtime to each resident. All of the residents in attendance, (R12, R21, R22, R25, R26 and R27), indicated that they are not offered the evening</p>	F 368			

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F 368	<p>Continued From page 9</p> <p>snack. Further questioning of the residents found that all of the residents except R26 would like a snack. R26 stated that she had her own snacks.</p> <p>2. R12 stated at the Group interview that she will ask for an evening snack by going into the hall to ask staff to get her ice cream.</p> <p>3. E13, (Certified Nurse Aide, CNA), stated at 2:10pm on 2/9/16 that there is a list on Dycus hall for residents that are to have a bedtime snack. E13 indicated the snacks are in a cabinet and the residents just have to ask for a snack. E14 (CNA) stated on 2/9/16 at 2:00pm there was no list for resident bedtime snacks. E14 further stated that a few residents will ask for snacks. E14 was asked how residents with special cups and equipment were served snacks. E14 indicated there were no special cups available in the snack area and that as an example Styrofoam cups are bent when a nosey cup is needed or that they can go to the kitchen to get them.</p> <p>4. E12 (Food Service Supervisor) stated at 12:40 pm on 2/9/16 that the nurses' stations have refrigerators and snack cabinets stocked each day with resident snack items. Each station has a list of resident diet orders and ordered snacks. E12 stated that the CNA's are responsible for preparing and serving the physician ordered snacks and other snacks as needed. E15, (Assistant Food Service), indicated that there were no special cups or devices taken to the snack areas for staff use.</p> <p>5. Review of the facility's spread sheet menu for 2/7/16 to 2/11/16 found that an evening snack is planned for each day, for each type of diet order</p>	F 368			

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F 368	Continued From page 10 served by the facility. 6. Review on 2/10/16 of snack intake records for 1/25/16 to 2/9/16 documents the following for R12, R21, R22, R25, and R27: R12 - 16 of 16 days are blank, (R12's current February 2016 physician's orders state: a bedtime snack of 2 ice creams each evening). The earliest time of documentation for R12's bedtime snack was 2:25 pm on 1/31/16. R21 - 13 of 16 days are blank. The earliest time of documentation for R21's bedtime snack was 3:08 pm on 1/26/16. R22 - 15 of 16 days are blank. The earliest time of documentation for R22's bedtime snack was 4:17 pm on 1/30/16. R25 - 14 of 16 days are blank. The earliest time of documentation for R25's bedtime snack was 4:16 pm on 1/30/16. R27 - 16 of 16 days are blank. The earliest time of documentation for R27's bedtime snack was 4:17 pm. On 02/10/16 at 2:50PM R9, R24, R30 each stated they are not offered bedtime snacks. E2 (Director of Nurses) stated on 02/11/16 at 1:15PM each of these residents are alert and oriented.	F 368			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and	F 441			

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F 441	<p>Continued From page 11 to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to clean a suction machine for 1 of 1 resident (R1) reviewed for infection control</p>	F 441			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/11/2016
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST VILLAGE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1616 CEDAR LAWRENCEVILLE, IL 62439		
(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 441	Continued From page 12 regarding suction machines in the sample of 15. The findings include: On 02-07-2016 at 10:20 AM, R1's suction machine had dust and dried substance on the machine and the suction container was soiled. The stand that the suction machine was sitting on was also dirty. The facility's policy on "Suction Machine Cleaning" dated 02-20-2013, documents under "Procedure" Line #1. Take machine to dirty utility room to clean. Line #8 Wash unit and stand between resident uses. Wash suction machine every 24 hours when in use.	F 441			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL E 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 and interview, the facility failed to ensure that the resident equipment and/or resident rooms were in good repair for 3 of 15 residents (R1, R5, R9) reviewed for environmental concerns in the sample of 15 and for 6 residents (R16, R17, R18, R19, R20 and R28) in the supplemental sample. The findings include: 1. On 02-07-2016 at 10:00 AM, in the clean utility	F 465			

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

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F 465	<p>Continued From page 13</p> <p>room on the Pathways Unit, there were gray floor mats that were ripped and tattered. At 10:22 AM, R1's siderail pads had thin plastic peeling away from the pads and the wedge cushion used to keep R1 positioned was ripped and torn. During the tour on 02-07-16, the following equipment was observed, R17's gray floor mat upholstery was very worn and ripped, R16's reclining wheelchair leg rest was torn, R19, R20, and R28's wheelchair arm upholstery was torn. On 02-10-2016 at 12:38 PM, E1 (Administrator) stated that when mattresses, cushions or other equipment are worn and need to be replaced, they get new equipment from their other facility.</p> <p>2. On 02-08-2016 at 10:31 AM, R5's bathroom wall around the bathroom sink was cracked, the cove base near the left side of the closet was loose and an area where the overbed light was located was not painted. At 10:35 AM, R18's bathroom wall had a large scraped area where drywall was exposed. On 02-10-2016 at 2:30 PM, R9's air conditioning unit did not have insulation around the unit and very cold air was coming into the room. R9 stated that his room gets really cold because of the air blowing in around the air conditioning unit.</p>	F 465			