

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

PRINTED: 07/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/10/2013
NAME OF PROVIDER OR SUPPLIER EFFINGHAM REHAB & HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1610 NORTH LAKEWOOD EFFINGHAM, IL 62401		
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F 000	INITIAL COMMENTS	F 000			
F 226 SS=C	<p>Annual Licensure and Certification Survey 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to implement its Abuse Prevention policy regarding Pre-Employment Screening of licensed staff. This had the potential to affect all 40 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 7/9/13 documented the facility had a census of 40 residents.</p> <p>1. During the Abuse Prohibition Review conducted on 7/9/13, employee pre-screening procedures were reviewed. The review found that 6 licensed staff hired from January of 2012 to April of 2013 did not have a criminal history record check.</p> <p>E2 (Director of Nursing, DON) hired 12/20/12 E3 (Licensed Practical Nurse, LPN) hired 12/20/12 E4, (LPN) hired 4/17/13 E5, (RN) hired 9/25/12</p>	F 226			
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 226	Continued From page 1 E6, (RN) hired 1/13/13 E7, (LPN) hired 5/15/12 2. A review of the facility's Abuse Prevention Program dated 11/11/11 page 3, I. Pre-Employment Screening of Potential Employees states in part:... "It is the facility policy that we request a non fingerprint based criminal history record check for all licensed employees." 3. Interview with E1 (Administrator) on 7/9/13 at 2:15pm found that the facility has not requested non fingerprint background checks for licensed staff since January of 2012.	F 226			
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based record review and interview the facility failed to provide medically-related social services for 1 of 10 residents (R5) reviewed for social services in the sample of 10. Findings include: 1. The Physician Order Sheet dated 07/01/2013 notes, R5 is a 36 year old resident admitted 06/22/13 on disability with the following diagnosis: Methicillin Resistant Staphylococcal Aureus, Sepsis, Morbid Obesity, Hypertension,	F 250			

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F 250	Continued From page 2 Hypothyroidism, Chronic Lymphedema, Sleep Apnea, Acute Renal Failure, and Type 2 Diabetes Mellitus. On 6/29/13 E 8 (Social Service Director (SSD) documented behavior tracking for medication refusal, method of payment, and refusing activities of daily living. Healthcare choices and their ramification have not been discussed. E8 SSD stated on 7/9/13 on at 12:50 PM that she has not talked to resident regarding weight loss and health choices because resident orders out food. E9 Registered Dietician documented resident assessment on 7/8/13 stating Registered Dietician will monitor weight and intake with no other plans documented. On 7/9/13 at 10:30 am, E10 (Minimum Data Set Coordinator) stated during interview that the care plan is focused on comfort, pain, infection, blood sugar monitoring, and wound care. E10 went on to state there is no plan to include healthcare choices or changes.	F 250			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow Physician's Orders for 1 of 10 residents (R10) reviewed for compliance with Physicians Orders in the sample of 10.	F 282			

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F 282	<p>Continued From page 3</p> <p>The findings include:</p> <p>1. A review of a closed record on 7/9/13 found that R10 had expired in the facility on 1/26/13. A review of R10's nursing notes from that time found R10 had a decline in condition on 1/25/13 at 2:53am and was admitted to the hospital on that day with a diagnosis of Hyperkalemia. Upon R10's return, on 1/26/13 at 3:30pm the notes indicate R10 was readmitted to the facility and further states "may follow signed orders from hospital."</p> <p>Review of the nursing notes from R10's readmission (3:30pm) until death at 8:00pm found R10 was lethargic at 7:15pm and received blood glucose monitoring that resulted in an insulin injection at that time. The nursing notes failed to relate the type and amount of insulin given. The death certificate dated 1/26/13 indicated R10 expired from coronary artery disease. Review of the hospital discharge physician's orders, dated 01/26/13, failed to find an order for the blood glucose monitoring or administration of insulin for R10. Review of the Medication Administration Record (MAR) for R10 found the discharge orders had been updated on the previous (prior to hospital stay) MAR and did not match the new orders that did not include the evening blood glucose monitoring or sliding scale insulin that was documented as given at 7:15pm.</p> <p>2. Interview with E1 (Administrator) and E10 (Registered Nurse, RN) on 7/9/13 at 2:00pm found that the evening nurse on 1/26/13 had followed old orders (prior to hospital stay) for R10 that included the blood glucose monitoring and sliding scale insulin administration.</p>	F 282			

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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to offer effective and appropriate psychosocial and medical interventions in regard to behaviors for 1 of 4 residents (R 8) reviewed for behaviors in the sample of 10.</p> <p>Findings include:</p> <p>1. The Physician Orders dated 07/01/13 noted, R8 was admitted 4/8/13 with a diagnosis of Alzheimer's with Aggression, Osteoarthritis, Edema and Anxiety.</p> <p>On 4/26/13 periods of agitation were documented in the nurses note.</p> <p>On 5/1/13 the nurses notes documented R8 'peeing on floor'.</p> <p>On 5/2/13 staff made a behavior referral to E8 Social Service Director (SSD) noting R8 was urinating in inappropriate places. E 8 SSD documented that R8 is very confused but very social, wandering throughout the facility, and stopping to visit with others.</p>	F 309		

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F 309	<p>Continued From page 5</p> <p>On 5/13/13 the Behavior Monitoring Record documents staff found R 8 in another resident's room several times and running down the hall. Interventions include reduce stimuli, allow venting of feelings, orient to reality, redirect to other area, remove from situation, and reapproach later.</p> <p>On 5/7/13 E 8 received a behavior referral regarding R8's wandering into personal space and rooms of peers. E 8 documented that peers are beginning to become annoyed with R 8's behavior. Behavior tracking for wandering started.</p> <p>On 5/8/13 the Quality Care Reporting Form documents that R8 hit another resident with his hat. R8 was reorientated and order received for Ativan as needed for agitation and anxiety from physician. The Behavior Monitoring Record on 5/8/13 documents continuous wandering in hall, rooms, and dining room. At 11:00 AM, on this date the Behavior Monitoring Record documents R 8 talked to another resident with aggressive tone saying "put you finger in your mouth and keep it shut". Staff intervention include allowing to vent, orient to reality of situation, redirected, removed from situation, use name to capture attention, and take resident for a walk.</p> <p>On 5/24/13 the Behavior Monitoring Record documents R 8's constant wandering in the building and in all rooms. R 8 took mashed potatoes off of a plate and put them on another resident's pants. Interventions include reduce stimuli, allowing venting of feelings, orient to reality, redirect, remove form situation, and</p>	F 309			

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F 309	<p>Continued From page 6 approach again later.</p> <p>On 5/27/13 the Behavior Monitoring Record documents that R 8 went into a female resident's room shutting the door, and tried to put female resident's glasses in the trash can. It is documented that it was hard to remove and redirect R8 at this time. Interventions include orient to reality, redirect to other area, and remove from situation.</p> <p>On 6/5/13 at 1:30 PM, the Behavior Monitoring Record documented that R 8 walked out of facility behind a visitor. Interventions include redirect to other area, removed for situation, and use name to capture attention.</p> <p>On 6/7/13 at 8:00 PM, the Behavior Monitoring Record documents R 8 punching an aide in jaw for trying to redirect resident while resident was taking CNA's (Certified Nurse Assistant's) books off of the desk. Interventions include reduce stimulus, orient, redirect, remove from situation, and use name to capture attention.</p> <p>On 6/11/13 the Quality Care Reporting Form and nurses notes documented R 8 hit another resident's chair with fist doubled, residents were separated and every 15 minute visual checks were initiated and medication reviewed by physician. Ativan was changed to 0.5 milligrams daily.</p> <p>On 6/12/13 nurses notes documented no adverse effects from previous incident.</p> <p>On 6/14/13, E8 documents that R8 become agitated with female peer. R 8 was redirected</p>	F 309			

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F 309	<p>Continued From page 7 away from the area.</p> <p>On 6/15/13 the nurses notes documented R8 going into other resident's room. Also on this date R8 was also fighting in the kitchen. Nurse talked to POA regarding other placement and psychiatric treatment.</p> <p>On 6/17/13, R8 was noted to have swelling and guarding of left hand. Physician ordered x-ray of hand and Ibuprofen. Diagnosis was left base 5 th metatarsal fracture. Summary of event on the Quality Care Reporting Form documents non witnessed injury and unable to determine root cause. R 8 is placed on 15 minute visual. checks</p> <p>On 6/20/13 physician order received for Ativan three times a day as needed.</p> <p>On 6/26/13, E8 SSD documented R8 was observed wandering in and out of peer's personal space. E8 also documents that R8 is easily redirected but has very short attention span and is unsafe with ambulation.</p> <p>On 6/28/13, on the Behavior Monitoring Record R8 is documented to be running down the hall. Interventions include orient, use name to capture attention, and take resident of a walk.</p> <p>On 7/2/13, the Behavior Monitoring Record documents R8 wandering into other resident's rooms and taking their belongings. Interventions include redirection, remove from situation, orient, and use name to capture attention.</p> <p>On 7/3/13 at 6:30 PM, the Behavior Monitoring Record documents R8 being in another</p>	F 309			

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F 309	Continued From page 8 resident's room picking up objects and trash can and handing to resident of said room. Said resident is upset. No intervention documented. On 7/3/13 at 7:00 PM, the Behavior Monitoring Record documents that R8 turned on door alarm at end of south hall. Intervention included remove from situation, redirect to other area, and put to bed. On 7/7/13 at 8:10 AM, the Behavior Monitoring Record documents that R8 was seen carrying a butter knife at breakfast. CNA redirected R8 to put the knife down, R8 said no. R8 than began to swiftly swing the butter knife at a female resident. No redirection helped. Knife was removed form R 8. On 7/10/13 at 10:00 AM, E2, Director of Nurses, stated he has tried to transfer R8 to another facilities for psychiatric evaluation and care since the end of July. No psychiatry facility or physician at this time is willing to take this resident. On 7/10/13 at 1:30 PM, E1, Administrator, stated during interview that R8 had been placed on one to one care starting 7/9/13 at 7:00 AM. E1 stated they continue to work on getting R8 into a psychiatric facility or physician.	F 309			
F 431 SS=C	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug	F 431			

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F 431	<p>Continued From page 9</p> <p>records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to properly store medications. This has the potential to affect all of the 40 residents living in the facility.</p> <p>Findings include:</p>	F 431			

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F 431	<p>Continued From page 10</p> <p>The Resident Census and Condition of Resident dated 7/9/13 documents the facility has a census of 40 residents.</p> <p>1. On 7/8/13 at 11:45 AM, in top drawer of the south medication cart a small clear plastic container with white crystallized powder and a red lid was noted without a label of contents. E11 (Licensed Practical Nurse) stated contents of container is thickener to use during medication pass. She labeled container after a label was not discovered.</p> <p>2. On 7/8/13 at 11:45 AM, 3 vials of outdated June 2013 Influenza Virus Vaccine were found in medication room refrigerator. E11 (Licensed Practical Nurse) stated they should have been destroyed. Petersen Health Care Procurement and Storage of Medications undated policy documents all expired non-controlled medications are to be removed from the active medication storage area.</p> <p>3. On 7/8/13 at 11:45 AM, a resident's box of wine is in the same refrigerator as several Vancomycin piggybacks. No facility policy found for storage of food with medications.</p> <p>4. On 7/8/13 at 11:45 AM, in the north treatment cart in the top drawer, a 3 ounce bottle of odor eliminator was found next to medications used for wound care. In third drawer of north treatment cart was a 7.5 ounce spray bottle next to dressings and saline used for wound care. There is no facility policy regarding the storage of odor eliminator, medications, and products used for wound care.</p>	F 431			

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F 441 SS=F	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and 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>	F 441			

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F 441	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, and record review the facility failed to provide resident care and services in a manner to prevent cross contamination and the spread of infection within the facility. This has the potential to affect all 40 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated 7/9/13 documented the facility has a census of 40 residents.</p> <p>1. On 07/08/13 at 11:20AM, E14 (Registered Nurse) was observed performing a blood glucose test on R13. E14 placed the meter on the dresser prior to performing the test and then placed the meter on the bed after performing the test. E14 left the room and put the meter on the medication cart and then proceeded to get a disinfectant cloth to cleanse the meter. E14 entered another residents room, R14's and performed a blood glucose test. E14 placed the meter on the bed prior to performing the test and placed it back on the bed after performing the test. E14 left the room and placed the meter on the medication cart. E14 did not use a barrier for the meter at any time during this observation.</p> <p>2. On 07/08/13 at 1:10PM, E15 (Certified Nurse Aide) and E16 (Certified Nurse Aide) were observed performing perineal care on R2. E15 had a bottle of no rinse perineal wash in her pocket which she placed on the over the bed</p>	F 441			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/10/2013
NAME OF PROVIDER OR SUPPLIER EFFINGHAM REHAB & HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1610 NORTH LAKEWOOD EFFINGHAM, IL 62401		
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F 441	<p>Continued From page 13</p> <p>table. E15 stated the wash clothes that she would be using were already wet with this same no rinse wash, but she likes to use extra when she does the care so she carries a small bottle of the wash with her. E15 stated she uses the no rinse wash on other residents. E16 picked up a wash cloth moistened with the wash and then picked up the bottle of the wash and sprayed more on the cloth. E16 then cleansed R2's left groin with the cloth. E16 picked up another cloth and handed it to E15. E16 picked up the bottle of wash and sprayed more on the cloth using the same gloved hands used to cleanse the left groin. E15 cleansed the right groin. E15 and E16 each assisted R2 on her left side and E15 prepared to cleanse R2's peri-anal area. E16 handed a moistened wash cloth and the bottle of no rinse wash to E15. E15 cleansed the area using three separate wash clothes, but sprayed each cloth with the spray in between each cleansing using the same soiled gloved hands. Using the same soiled gloved hands, E15 and E16 each handled a small bottle of powder. E15 poured the powder in her gloved hand and placed on R2's buttocks and then handed the powder back to E16. E15 and E16 each then removed their gloves after the care. E15 put the no rinse wash bottle back in her pocket and E16 placed the powder in R2's bedside table.</p> <p>3. On 07/09/13 at 12:05PM, E14 was observed administering eye drops to R16. E14 stated R16 has Methicillin Resistant Staphylococcus Aureus of the right eye and is in isolation. E14 entered the room and placed a plastic bag containing the Gentamicin 0.3% eye drops on the over the bed table while preparing to administer the drops. After administering the drops in the left and right</p>	F 441			

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F 441	Continued From page 14 eye, E14 placed the bottle of drops on the over the bed table. E14 placed the bottle of Gentamicin back in the plastic bag and proceeded to put the bag in the medication administration cart. No barrier was used during this observation.	F 441			
F 514	4. On 7/8/13 at 11:30 AM, E11 Licensed Practical Nurse (LPN) obtained the blood glucose monitor placing it on top of medication cart with no barrier. E11 (LPN) performed the blood glucose procedure on R7 keeping it in her hand during the procedure returning the blood glucose monitor to the top of the north medication cart with out a barrier. E11 wiped the blood glucose monitor with a 1:10 bleach wipe for 15 seconds than placed monitor to dry on a towel also used for the water pitcher used for fresh water during the medication administration. E11 (LPN) obtained the 2nd blood glucose monitor from the first drawer of the medication cart and entered R 15's room placing the monitor on the over the bed table without a barrier. The blood glucose procedure was preformed. E11 returned the blood glucose monitor to the top of the medication cart with no barrier. The monitor was wiped with 1:10 bleach wipe for 15 seconds and allowed to dry on the towel also used for the water pitcher. Then monitor was returned to medication cart. At that time, E11 (LPN) stated she should have used a barrier. 483.75(l)(1) RES	F 514			

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F 514 SS=B	<p>Continued From page 15</p> <p>RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to maintain resident clinical records to include accurately documented and complete data for the plan of care and services provided for 1 of 10 residents (R10) reviewed for maintained clinical records in the sample of 10.</p> <p>The findings include:</p> <p>1. A review of R10's closed medical record found the current physician's hospital discharge orders to be incorrectly documented on the Medication Administration Record (MAR) and the nursing notes to be incomplete without complete reference to R10's sliding scale insulin.</p> <p>R10's nursing notes for 1/26/13 at 7:15pm, document R10 received a blood glucose</p>	F 514			

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F 514	<p>Continued From page 16</p> <p>monitoring test and an insulin injection, the notes failed to relate the type and amount of insulin given. There was no further reference anywhere in the record to confirm what type and amount of insulin was administered to R10 at that time.</p> <p>A review of hospital discharge physician's orders from 1/25/13, failed to find an order for the blood glucose monitoring or administration of insulin for R10 that was documented at 7:15pm on 1/26/13 . Review of the Medication Administration Record (MAR) for R10 found the discharge orders had been updated on the previous (prior to hospital stay) MAR and did not match the new orders. The new orders did not include the evening blood glucose monitoring or sliding scale insulin that was documented as given at 7:15pm.</p> <p>2. Interview with E1 (Administrator) and E10 (RN) on 7/9/13 at 2:00pm found that the hospital discharge orders had been transcribed incorrectly and that R10 should not have received the 7:15 pm testing or insulin. They further indicated that the record failed to indicate what type and amount of insulin was administered.</p>	F 514			