

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

PRINTED: 06/10/2016  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |  |  |  |  |                            |
|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>146019</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/12/2016</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WABASH CHRISTIAN RETIREMENT</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>216 COLLEGE BOULEVARD<br/>CARM, IL 62821</b> |  |  |                            |
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| F 000  | INITIAL COMMENTS  |  |  | F 000  |  |  |                            |
|  | Annual Licensure and Certification Survey   |  |  |  |  |  |                            |
|  | Validation Survey for Subpart U: Alzheimer Unit   |  |  |  |  |  |                            |
| F 363<br>SS=C  | <p>Wabash Christian Retirement is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000</p> <p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to follow the pre-planned dietary spread sheet menu during the noon meals of 5/9/16 and 5/11/16.</p> <p>This has the potential to affect all 124 residents in the facility.</p> <p>The findings include:</p> <p>1. The facility's Resident Census and Conditions of Residents form, dated 5/9/16 documented that the facility had a census of 124 residents. The spread sheet menus for the week were provided by E15 (dietary manager) on 5/9/16. The resident diet order count was provided by E15 on</p> |  |  | F 363  |  |  | 5/27/16                    |

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

TITLE

(X6) DATE

05/27/2016

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 363  | <p>Continued From page 1<br/>5/11/16.</p> <p>2. The dietary staff was observed to prepare and serve the resident meal trays at 12:20 pm on 5/9/16. The 12 residents with a pureed diet order were served a #12 (1/3 cup) serving of pureed meatloaf with gravy and a #12 of pureed sweet potato casserole, if it was chosen on the selection menu. The 5/9/16 noon spread sheet menu called for the service of a #6 (2/3 cup) of the pureed meatloaf with gravy, and a # 8 (1/2 cup) of the sweet potato casserole.</p> <p>3. The dietary staff was observed to prepare and serve the resident meal trays at 11:25 am on 5/11/16. The 5/12/16 (substituted on 5/11/16) spread sheet menu called for the following:</p> <p>The dietary staff was observed to serve a 2 inch by 2 inch portion of angel food cake to all 91 residents who have a regular diet and a 1 inch by 2 inch portion of angel food cake to all 27 residents who have a Low Concentrated Sweets (LCS) diet order. The spread sheet menu called for the service of a 2 inch by 4 inch serving of angel food cake for all 91 residents with a regular, mechanical soft and pureed (before processing) diet. The spread sheet menu called for the service of a 2 inch by 2 inch serving of angel food cake for all 27 residents with a LCS diet order.</p> <p>The staff served the regular Chicken Alfredo with Noodles with a # 8 (1/2 cup, 4 ounce) scoop. The menu called for the service of an 8 ounce spoodle of Chicken Alfredo with noodles for all 64 residents with regular diets who chose the Alfredo.</p> | F 363  |  |                            |  |

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| F 363  | Continued From page 2<br>The staff served the ground Chicken Alfredo with noodles (same pan as the regular) with a #8 scoop. The menu called for the service of 2 number 8 dips of the Alfredo for all 15 residents with mechanical soft diets who chose the Alfredo.<br><br>The staff of the small tray line began serving the regular carrots/potatoes/onions with a 4 ounce spoodle. After service of several trays the staff made note that the menu called for the service of 2 - 4 ounce spoodles of the vegetables.<br><br>The staff served the pureed carrots/potatoes/onions with a #12 dip for all pureed diets. The menu called for the service of a # 6 dip of the vegetables.<br><br>4. The small portion sizes for the noon meal were discussed with E15 at the end of the meal service at approximately 12:35pm on 5/11/16. E15 stated that the serving utensils are provided by the cooks prior to service of the meals. E15 also indicated that the serving size should be monitored by herself or her assistant. | F 363  |  |  |  |
| F 431<br>SS=D  | 483.60(b), (d), (e) DRUG RECORDS,<br>LABEL/STORE DRUGS & BIOLOGICALS<br><br>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 records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted  | F 431  |  |  | 5/27/16  |

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| F 431  | <p>Continued From page 3</p> <p>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:<br/>Based on observation, interview and record review, the facility failed to monitor prescribed medication intake for 1 resident (R27) in the supplemental sample.</p> <p>The findings include:</p> <p>On 5/9/16 at 9:32 AM, R27 was sitting on the side of her bed with 9 pills in front of her on the bedside table. R27 said that the nurse leaves them there for her to take with her breakfast.</p> <p>On 5/11/16 at 8:20 AM, E1 (Administrator) stated that she talked to the evening shift nurses</p> | F 431  |  |  |  |

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| F 431  | <p>Continued From page 4</p> <p>regarding the safety of R27 taking medications without supervision, and the nurses stated that R27 wasn't reliable concerning self administration of medications. E1 also stated that R27 didn't have an assessment for self administration of medication, and there was no documentation on R27's Care Plan to address leaving medications at the bedside for R27 to take independently. On 5/11/16 at 3:15 PM, E7 (Licensed Practical Nurse/Evening Charge Nurse) stated that one resident, R30 who lives on the same hall, was confused and ambulatory and could go into other resident rooms.</p> <p>R27's May 2016 Physician's Orders document that R27 receives Bupropion 37.5 milligrams (mg), one tablet three times per day; Sertraline 150 mg, one tablet daily; Oxycodone/Acetaminophen 7.5/325 mg, one tablet every 8 hours; Multivitamin, one tablet daily; Eliquis 2.5 mg, one tablet twice daily; Senna S, one tablet daily; Spironolactone 25 mg, one tablet daily; Coreg 6.25 mg, one tablet two times daily; Digoxin 125 micrograms, one tablet daily; Furosemide 40 mg, one tablet daily; Docusil 100 mg, one tablet two times daily; Omeprazole 40 milligrams, two times daily; and Potassium Chloride 10 milliequivalents, one capsule, two times daily.</p> <p>The facility's policy, dated March 15, 2006, on "General Dose Preparation and Medication Administration", under Policy, documents; All medications will be prepared and administered in a manner consistent with the general requirements outlined in this policy and the requirements outlined in the specific dispensing method policy to maintain stability, potency, security and infection control.</p> | F 431  |  |  |  |

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