STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145389	A. BUILDING _____ B. WING _____	C 07/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATSEKA REHAB & HLTH CARE CTR	**715 EAST RAYMOND ROAD WATSEKA, IL 60970**

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F 000	INITIAL COMMENTS Complaint #1664079/IL87141	F 000		
F 242 SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES 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 observation, record review and interview the facility failed to ensure residents received showers per resident's preference for four (R2, R5, R10, R11) of eleven residents reviewed for bathing assistance. The findings include: 1. R10's 4/21/16 July 2016 Physician Order Sheet lists diagnoses of Quadriplegic, Neurogenic Bladder, Suprapubic Catheter and Depression. R10's Minimum Data Set (MDS) documents R10 has moderate cognitive impairment. The MDS documents R10 requires total assistance of two staff for hygiene and bathing, R10 has an indwelling catheter and is always incontinent of bowel. On 7/27/16 at 12:15 pm R10 stated that he is scheduled for showers on Tuesdays and Fridays however, it has been a while, at least a week and a half since he has actually had a shower. R10 stated he prefers second shift for showers. R10	F 242		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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stated he is unable to do any of his own activities of daily living (ADLs).

E2, Director of Nurses provided R10's Shower/ Skin Report sheets for May-July 2016. The last documented shower report was dated 7/12/16 (15 days prior). There were no other shower reports for R10 for July. E2 stated on 7/27/16 at 2:35pm that she could find no other shower documentation.

The master shower schedule confirmed R10 is scheduled for a shower on Tuesdays and Fridays on the day shift (6 am-2 pm).

The Daily Assignment Sheets for July 1-28 documented that R10 was scheduled for eight showers (7/1, 7/5, 7/8, 7/12, 7/15, 7/19, 7/22/16, 7/26/16) during that time frame. There was only one documented July shower report for R10 that was dated 7/12/16.

There were only two shower reports for R10 for June 2016 (6/28/16, 6/16/16), and three shower reports for May 2016 (5/25/16, 5/31/16, and 5/6/16).

On 7/27/16 at 2:35 pm E2, Director of Nurses confirmed there is a master shower schedule by room numbers and the the staff are given a list of resident shower assignments on the Daily Assignment Sheet. E2 stated the staff are to fill out the shower reports and the nurse on the hall is responsible to make sure the showers are completed. The lack of documented showers for R10 was discussed with E2 who stated "I can not answer whether the showers were given or not."

On 7/27/16 at 2:45 pm R10 stated that he has to

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have a muscle relaxer prior to his shower and and wants to have showers at least 2 times per week, preferably between or after smoke breaks on the afternoon shift. R10 stated once a week is ok if it is cool, but if it is warm in the facility R10 gets sweaty and wants a shower more often. R10 stated " Every time I ask for a shower I'm told I'm not on the list."

Social Service Director E4 stated on 7/28/16 at 8:35 am that R10 has brought up wanting more showers to E4 in the past and E4 has passed the information on to ADON (Assistant Director of Nurses) (E3). E4 stated she does not know what R10's shower schedule is, but E4 knows R10 prefers to get a shower after the last smoking break (9:30 pm) before bed.

R10's Care Plan dated 7/18/16 states "Dependant for ADLs-Unable to assist/assists only minimally. Further decline in ability/participation likely due to being a quadriplegic." The approach states to Perform ADLs according to Resident Needs. Maintain schedule as able for consistency..." The Care Plan does not address any information on how often R10 is to be bathed/showered or any bathing preferences. Care Plan Coordinator, E16 reviewed R10's Care plan and confirmed bathing was not addressed.

The facility "Tub Bath/Shower policy dated 12/2001 states: "To ensure adequate hygiene needs are met a bath/shower is scheduled for all residents in the facility at least weekly...report any pertinent observations to the residents charge nurse if resident refused bath/shower and why."

2. R5's Admission Sheet documents that R5 was

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admitted to the facility on 4/28/16, with a readmission 5/29/16 and was discharged from the facility on 7/18/16. R5's diagnoses included End Stage Renal Failure with Dialysis, Anxiety, and Chronic Obstructive Pulmonary Disease. R5's MDS dated 6/28/16 documented R5 had moderate cognitive impairment and required the assistance of two staff for ambulation, and assistance of one staff for bathing and personal hygiene.

R5's Care Plan dated 5/9/16 stated; "Self care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADLs related to weakness as evidenced by extensive assistance with ADLs transfers, ambulation." The goal was to participate in bathing and dressing during am and pm cares. The plan states "Will receive showers 2 (times per week). Provide bathing, hygiene, dressing and grooming per resident preference as able..."

On 7/27/16, R5's medical record was reviewed. There were no shower/skin reports sheets in the record documenting that R5 received a shower in July.

The master shower schedule by room number as well as the Daily Assignment Sheets for July 1-18 document that R5 was scheduled for a shower on 7/4, 7/7, 7/11, 7/14, and 7/18/16.

The record contained Shower/Skin report documenting R5 receiving a shower once in June (6/26/16), once in May (5/12/16), and once in April (4/27/16). On 7/27/16 at 2:35 pm E2 Director of Nurses stated that she could not find any other shower documentation for R5.

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Licensed Practical Nurse (LPN) E17 stated on 7/28/16 at 11:45 am that R5 had been a resident at the facility and that R5 had told E17 that R5 had not received shower for more than a week while at the nursing home.

3. R2's Physician Order Sheet (POS) dated 7/1-7/31/16 documents the diagnoses of Hallucinations, Muscle Weakness, Psychosis, Dementia. R2's Minimum Data Set dated 7/1/16 documents R2 is cognitively impaired and R2 requires Physical Help in Part of Bathing Activity and one person physical assist for bathing.

R2's POS documents R2's room number corresponding to the Master Shower Schedule, that R2 is scheduled to receive a shower on Wednesday AM shift (6:00AM-2:00PM) and Saturday on the PM shift (2:00PM-10:00PM).

On 7/27/16 at 2:20PM R2 stated R2 would like to receive two showers a week but only receives one shower a week at the most.

The Daily Assignment Sheet for July 1- July 27/16 documents R2 was scheduled for a shower seven times (July 2, 6, 9, 13, 16, 29 and 23).

On 7/27/16 E2 Director of Nursing provided Shower/Abnormal Skin Report sheets for R2 for 7/10/16, 7/12/16 and 7/20/16. On 7/27/16 at 2:35PM E2 confirmed this was all the shower sheets E2 had.

4. On 7/28/16 at 9:20AM R11 stated R11 sometimes gets a shower and sometimes only gets a bedbath. R11 stated it use to bother R11 only getting a bedbath but it does not bother R11 much anymore.

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F 242	Continued From page 5 R11's corresponding room number, observed on tour, listed on the Master Shower Schedule documents R11 should have a shower on Tuesday and Friday AM (6:00AM-2:00PM). The Daily Assignment Sheet for July 1- July 27/16 documents R11 was scheduled for a shower eight times (July 1, 5, 8, 12, 15, 19, 22, and 26). On 7/28/16 E2 provided Shower/Abnormal Skin Report sheets for R11 for 7/1/16 refusal, 7/19/16 and 7/22/16 and E2 confirmed these are all the shower sheets they have.	F 242		