

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

PRINTED: 09/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/15/2016
NAME OF PROVIDER OR SUPPLIER WATSEKA REHAB & HLTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA, IL 60970		
(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 000	INITIAL COMMENTS	F 000			
F 312 SS=D	<p>Complaint 1665283/IL88502</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of 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, interview, and record review, the facility failed to provide shower assistance for 3 residents (R2, R18, and R21) out of 15 reviewed for shower assistance on the sample of 22 residents.</p> <p>Findings include:</p> <p>1. On 9/14/16 at 11:45 am, R2 stated, "As far as showers, I get them, but sometimes it seems like a long time in between showers, but it depends on who is working on my shower day as to whether I get one or not."</p> <p>R2's Minimum Data Set dated 7/15/16 documents R2 is totally dependent upon 2 staff members for bathing.</p> <p>2. On 9/13/16 at 11:18 am, R18 stated, "I have to have help with my showers, I can't do it by myself. It seems like I get showered about every other week. I would like a shower more like every other day. I have told them (staff) I would like a shower every other day, and they agree, but it doesn't</p>	F 312			

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 312	Continued From page 1 ever seem to happen." 3. On 9/13/16 at 11:30 am, R21 stated, "They (staff) help me with showers, that is if I get one. I can't go down and do it alone. It's supposed to be 2 times a week, but it's more like once every 2 weeks. I have talked to everybody about not getting showers when I am supposed to. They say they will do it 2 times a week, but it doesn't really help to talk to them. I have my showers marked on my calendar." On 9/13/16 at 11:40 am, R21's calendar was marked on September 7, 2016 for the most recent shower R21 had received. On 9/13/16 at 11:40 am, R21's hair was unkempt, matted, and moderately oily. The Shower/Abnormal Skin Reports, requested on 9/13/16 at 4:15 pm, for the past 30 days for R2 and R10 through R23, provided on 9/14/16 at 10:00am by E2, Director of Nursing, document R21 received showers on 8/11/16, 8/21/16, 8/25/16, and 9/7/16. These same reports document R18 received showers on 8/21/16, 8/23/16, and 9/11/16. These same reports document R2 received showers on 8/9/16, 8/12/16, 8/20/16, 8/23/16, and 9/8/16. On 9/13/16 at 10:28 am, both E2, Director of Nursing, and E3, Assistant Director of Nursing, stated and agreed "residents are scheduled to receive showers twice weekly, unless they refuse."	F 312			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314			

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F 314	<p>Continued From page 2</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to promote healing of pressure ulcers by failing to perform dressing changes per the physician's orders, and failing to provide physician ordered orthotic devices to reduce pressure. These failures have the potential to affect two residents (R6 and R7) out of four reviewed for pressure ulcers on the sample of 22.</p> <p>Findings include:</p> <p>1. The facility's Admission Data documents R6 was admitted to the facility on 7/14/16 with medical diagnoses including Dementia, Anemia, Colon Resection, Thrombocytopenia, Cerebrovascular Accident, Sepsis, and Pacemaker.</p> <p>The facility's Admission Nursing Assessment dated 7/14/16 documents R6 was admitted to the facility with pressure ulcers on the right and left heels.</p> <p>The facility's Braden Scale for Predicting Pressure Ulcer Risk dated 7/14/16 and 7/20/16,</p>	F 314			

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F 314	<p>Continued From page 3</p> <p>and Care Plan dated 7/25/16, documents R6 is at high risk for pressure ulcers with a score of 13 out of 20, with 16 or less being high risk.</p> <p>The Physician Orders Sheet (POS) dated 8/1/16 documents a physician order from Z1, Wound Care Physician, dated 8/23/16 for R6 to wear an (orthotic) boot on the right foot for off-loading of pressure.</p> <p>The two prescription pad orders from Z1 document two additional orders dated 9/6/16 and 9/13/16 for R6 to wear the (orthotic) boot on the right foot for off-loading pressure.</p> <p>The Treatment Administration Record dated 9/1/16 (TAR) for R6 documents the orders for the (orthotic boot) from 8/23/16 and 9/6/16 were not carried forward and not recorded on the TAR.</p> <p>The TAR for R6 dated 9/1/16 documents R6 is to receive dressing changes on the right heel twice daily consisting of application of (enzyme debriding ointment), (antibacterial ointment), and a foam dressing. This same TAR documents the dressing changes were not performed at all on 9/3/16 and 9/4/16, and only performed one time on 9/5/16. This TAR (order from 9/13/16) also documents R6 has not had the (orthotic) boot placed on the right foot as of 9/15/16.</p> <p>2. The facility's Admission Data documents R7 was admitted to the facility on 7/8/16 with medical diagnoses including Chronic Renal Failure, Diabetes Type 2, Peripheral Neuropathy, and History of Cellulitis of the Right Leg.</p> <p>The Nursing Notes dated 7/8/16 documents R7 had pressure ulcers on the left heel and the mid</p>	F 314			

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F 314	<p>Continued From page 4 right foot upon admission to the facility.</p> <p>The facility's Braden Scale for Predicting Pressure Ulcer Risk dated 7/8/16 and 7/15/16 documents R7 is at moderate risk for pressure ulcers with a score of 18 and 17 respectively, with 17 to 20 being the moderate risk range.</p> <p>The Prescription Order from Z1, Wound Care Physician, dated 8/9/16 documents an order for R7 to wear (orthotic boots) on both feet with the diagnosis being Stage 3 pressure ulcer.</p> <p>The Wound Assessment from Z1 dated 8/21/16 documents a second order for R7 to wear (orthotic boots) for off-loading of pressure.</p> <p>The TAR dated 9/1/16 for R7 documents R7 has not had the (orthotic boots) placed as of 9/15/16.</p> <p>The Physician Order Sheet (POS) dated 9/1/16 documents a physician order for R7 to wear (orthotic) boots to both feet when up. This same POS documents R7 is to receive dressing changes to the ulcers on both feet twice daily with (cleansing solution), (enzymatic debriding ointment), and a dry gauze dressing.</p> <p>The TAR dated 9/1/16 documents R7 did not receive the dressing changes at all on 9/1/16, 9/3/16, and 9/13/16, and only received the dressing changes once daily on 9/2/16, and 9/4/16 through 9/12/16.</p> <p>On 9/14/16 at 3:15 PM, R7 stated, "My dressings did not get changed yesterday (9/13/16) and hasn't been changed yet today. The doctor (Z1) ordered it twice a day, but told me he was ordering it twice per day in the hopes that it would</p>	F 314			

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F 314	Continued From page 5 get changed once per day. He (Z1) also ordered (orthotic) boots for me to wear, but I haven't got them yet." On Wednesday, 9/14/16 at 3:51 PM, E19, Registered Nurse, upon request, performed the dressing changes for R7's feet. The previous dressings on both of R7's feet were dated 9/12/16, 2245 (10:45 PM). E19 stated, "Our schedule got thrown off because (R7) usually goes to see (Z1) on Tuesdays, so we wouldn't change the dressings on (R7's) appointment day. (Z1) changed (R7's) appointments to every two weeks so that is why the dressings didn't get changed yesterday."	F 314			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.	F 318			

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F 318	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement an assistive device to prevent a decrease in range of motion for one resident (R2) out of four reviewed for range of motion in the sample of 22.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet dated 9/1/16 documents R2 has medical diagnoses including, Quadriplegia Related to Spinal Cord Injury, Myelopathy, Major Recurrent Depression with Psychotic Symptoms, Neurogenic Bladder, Spondylosis, and Degenerative Joint Disease.</p> <p>On 9/14/16 at 11:45 am, R2 stated, "I am supposed to have a splint on my hand, but it has been 4 or 5 days since they have put it on. It's supposed to help me with the contractures in my hands."</p> <p>On 9/14/16 at 11:40 am, 11:58 am, 12:14 pm, 12:38 pm, 1:03 pm, 1:18 pm, and 1:29 pm, R2 was seated in a wheelchair in the television lounge/ bird room. R2 was not wearing a splint on the right hand during the aforementioned observation times. At 1:55 pm, Continuing observation times of R2 not wearing the splint on the right hand on 9/14/16 included 2:15 pm, 2:38 pm, 2:50 pm, 3:16 pm, 3:40 pm, and 4:12 pm.</p> <p>On 9/15/16 at 8:45 am, 9:07 am, 9:21 am, 9:40 am, 9:56 am, 10:13 am, and 10:36 am, R2 was seated in the wheelchair in the television lounge/bird room and was not wearing the splint on the right hand.</p>	F 318			

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F 318	<p>Continued From page 7</p> <p>R2's Care Plan dated 2/4/16 documents R2 is to wear a splint due to contractures of the (unspecified) hand.</p> <p>R2's Minimum Data Set documents R2 has limitations in both upper and both lower extremities.</p> <p>R2's Range of Motion Assessment dated 7/15/16 documents R2 has minimal (25 to 50 percent) range of motion in the right and left shoulder, elbow, and wrist, and that R2 has contractures of the right and left fingers and thumbs.</p> <p>On 9/15/16 at 10:40 am, E18, Minimum Data Set/ Care Plan/ Restorative Nurse, stated, I do the restorative program. (R2) is supposed to have a splint on the right hand and wrist. (R2) also receives Passive Range of Motion exercises. The splint was implemented from when (R2) was in skilled therapy, and we carried it over to the restorative program when (R2) was discharged from skilled therapy. (R2) does have some movement with (R2's) fingers. (R2) is supposed to have the splint put on twice per day, but there isn't any set routine. The CNA's (Certified Nursing Assistants) would usually put it on when they get (R2) out of bed in the morning, then at some point put it on in the afternoon also. I would have to look to know if (R2's) splint is a soft splint or a hard splint."</p> <p>On 9/15/16 at 10:45 am, E18 located R2's splint in the top drawer of R2's bedside bureau.</p>	F 318			