

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

PRINTED: 08/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146101</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/07/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WILLOWS HEALTH CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4054 ALBRIGHT LANE ROCKFORD, IL 61103</b>			
(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			
	Annual Licensure & Certification Survey						
	Validation Survey for Subpart U: Alzheimer Unit Willows HC is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.						
F 309 SS=D	Willows HC is in compliance with the Sheltered Care Facilities Code (77 Illinois Administrative Code 330) for this survey. 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING			F 309			
	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.						
	This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to document, monitor resident behaviors, and identify precipitating events to determine the underlying causes of combative behaviors for a resident with Dementia. This applies to 1 of 7 residents (R4) reviewed for Dementia in the sample of 10. The findings include: The Minimum Data Set (MDS) of March 5, 2015, shows R4 was admitted to the facility on August 13, 2007 with the diagnoses of senile dementia, anxiety disorder, and depressive disorder. The						

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 309	<p>Continued From page 1</p> <p>MDS also shows that R4 has a BIMS score (brief interview for mental status) of 3 (severe impairment) and is totally dependent on staff for dressing, hygiene, bathing and incontinent care for urine/stool incontinence.</p> <p>On August 04, 2015 at 10:00 AM, R4 was sitting in her room in a wheelchair watching television. R4 had a sleeve covering both arms. E5 (Certified Nursing Assistant -CNA) said (R4) had the sleeves over both arms because she is combative at times.</p> <p>On August 05, 2015 at 9:08 AM, E5 and E11 (CNAs) were setting up to provide incontinent care for R4. E11 stated, " I just want to give you a heads up, (R4) might be combative during care. No combativeness or behaviors were observed during incontinence care.</p> <p>On August 06, 2015 at 11:00 AM, E5 (CNA) stated, " Oh yes, (R4) can be very combative. There are some days she will give you a look like she is cutting right through you. I try not to look her in the eyes on those days. "</p> <p>On August 6, 2015 at 3:00 PM, E2 (Director of Nursing-DON) stated behavior tracking is documented in the nursing notes. E2 stated " We chart by exception, so with her combativeness, it was not out of the normal for her, so it was not documented. E2 (DON) stated " It would have helped to identify why she had the bruises and that is why we started the Briggs ADL tracking form. We just started it April 1, 2015. "</p> <p>The facility ' s Accident/Incident Report dated January 18, 2015 shows R4 had a purple bruise on her left eyelid and distal corner of her right eye.</p> <p>The January 18, 2015 " Interdisciplinary Notes " document the bruising to R4 ' s right eye. From November 30, 2015 through January 18, 2015 there was no documentation in the nursing notes</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>pertaining to behaviors or precipitating events in relation to R4 ' s bruising.</p> <p>The facility ' s Monthly Summary Reports of January 21, 2015, February 9, 2015, and February 25, 2015, show no behaviors for R4.</p> <p>The facility ' s Accident/Incident Report dated March 7, 2015 show R4 had a total of 9 bruises to her left and right arms. The document states " She hits all the time. Maybe she hit it on a side rail. "</p> <p>The facilities Interdisciplinary Notes dated March 07, 2015, show R4 had new bruises on both arms and on the top of her left hand. From February 26, 2015 through March 07, 2015 there was no documentation in the nursing notes pertaining to behaviors or precipitating events in relation to R4 ' s bruising.</p> <p>The Accident/Incident Report date March 30, 2015 shows R4 had a bruise on her right wrist and one on the back of her left hand. The Incident investigation documentation shows a CNA reported that R4 is combative at times. The facility ' s Interdisciplinary Notes of March 30, 2015 document the bruise. From March 26, 2015 through March 30, 2015 there was no documentation in the nursing notes pertaining to behaviors or precipitating events in relation to R4 ' s bruising.</p> <p>R4 ' s MDS documents dated March 5, 2015 and May 28, 2015 show R4 as having verbal behaviors. The MDS do not document R4 having physical behaviors.</p> <p>The facility ' s Behavior Tracking/Documentation shows the purpose of behavior tracking/documentation is " to effectively track resident behaviors and response to interventions care planned to address those behaviors. "</p> <p>The document presented by the facility on August 07, 2015 at 9:00 AM, shows the facility ' s</p>	F 309			

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F 309	Continued From page 3 Behavior Tracking Policy states " For diagnosis for which medication is prescribed. Resident was not receiving any psychotropic medication that would warrant behavior tracking. The document shows " Behavior tracking policy also states document by exception. "	F 309			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  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.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to identify and reduce pressure to a residents feet/toes to avoid development of stage II pressure ulcers. This applies to 1 of 1 resident (R4) reviewed for pressure ulcers in the sample of 10. The findings include: The Minimum Data Set (MDS) of March 5, 2015, shows R4 was admitted to the facility on August 13, 2007 with the diagnoses of senile dementia, anxiety disorder, and depressive disorder. The MDS also shows that R4 has a BIMS score (brief interview for mental status) of 3 (severe impairment) and is totally dependent on staff for dressing, hygiene and bathing and is always incontinent of urine and stool.	F 314			

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F 314	<p>Continued From page 4</p> <p>On August 5, 2015 at 9:08 AM, R4 ' s left foot was dark brown over the 2nd through 5th toes. E5 (Certified Nursing Assistant-CNA) said the nurse puts betadine (iodine) on R4 ' s toes because she had blisters on her feet. E5 was not sure what caused the blisters.</p> <p>The facility ' s Incident Report dated June 11, 2015 shows a small blister on R4 ' s right 2nd toe measures approximately 0.5 x 0.3 centimeters. Middle part intact with upper and lower part of blister opened. The document notes no complaints of pain, but noted that R4 screams when the area is touched. The incident investigation form dated June 11, 2015 shows summary of findings: Wear slippers to prevent shoes causing pressure. The document notes that there was a previously noted area on June 6, 2015.</p> <p>On August 6, 2015 at 8:35 AM, E5 (CNA) showed this surveyor the shoes that R4 used to wear prior to the intervention to put loose socks and slippers on R4. The shoes were sitting in R4 ' s room next to a chair. The area on either side of the tongue, at the opening of the shoe looked worn. E5 (CNA) stated, " I think the shoes were old, not new, because the family has not brought new shoes in a while." E5 stated any skin concerns with a resident would be documented on the nursing report that is a communication tool between shifts. We would also report the concerns to the nurse.</p> <p>On August 6, 2015 at 8:00 AM, E6 (Licensed Practical Nurse- LPN) stated, " The CNA s will see skin concerns during care and alert the nurse, or the nurse will be assisting with care and see it herself. The nurses document any concerns in the nursing notes and call (E4-wound nurse).</p> <p>On August 6, 2015 at 8:48 AM, this surveyor</p>	F 314			

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F 314	<p>Continued From page 5</p> <p>requested nursing report sheets that the CNAs filled out from May 23, 2015 through June 6, 2015. E2 (Director of Nursing-DON) stated, " We don 't always keep the nursing report sheets that the CNA s fill out because it is an internal form and the nurses will document in their charting if there are any concerns. "</p> <p>On August 6, 2015 at 2:45 PM, E4 (Rehabilitative Services and wound nurse) stated, " I do not have anything more to give you regarding interventions to prevent pressure ulcers other than what is listed on the care plan.</p> <p>R4 ' s Pressure Ulcer Care Plan dated June 8, 2015 (after pressure ulcer development) shows the interventions were to apply treatment per doctors orders, record on weekly documentation/Pressure Ulcer Report, notify Doctor of any worsening, and loose-fitting slippers/socks to be worn to bilateral feet as tolerated.</p> <p>The facility ' s Skin Care Program dated September 6, 2007 and reviewed by facility on June 2014 shows " Prevention of ulcer formation is the responsibility of the unit Nurse and CNA to be carried out daily during routine nursing care. Included in this routine is bathing exercising, repositioning, and participation in a routine elimination program. " The document shows " Residents skin will be assessed daily by the nursing staff during routine care delivery and changes documented. "</p> <p>The facility ' s Interdisciplinary Notes dated June 6, 2015 noted 2 abrasions on the 2nd and 3rd toes of R4 ' s left foot. The notes document family being notified and the Power of Attorney said they did not understand how this happens and no one knows how this happens.</p> <p>The facility ' s August Monthly Skin Report documents on June 8, 2015 a stage 2 pressure</p>	F 314			

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F 314	Continued From page 6 ulcer measuring 1.5 x 1 centimeter (cm) on R4 ' s left foot 3rd toe , a stage 2 pressure ulcer measuring 1.5 x 1 cm on R4 ' s left foot 4th toe and a stage 2 pressure ulcer measuring 0.4 cm on R4 ' s right foot 2nd toe. On August 5, 2015 at 2:50 PM, E4 (Rehabilitative Services and wound nurse) said the pressure ulcers on the toes of the left foot were discovered on June 6, 2015. E4 stated " I think it may have been from her shoes. We changed her to loose- fitting socks and slippers. " This surveyor discussed with E4 the discrepancy between the toes listed as having pressure ulcers on the facility ' s August monthly skin report; the 3rd and 4th toes of the left foot versus the Nursing notes dated June 6, 2015 noting the 2nd and 3rd toe of the left foot. E4 stated she will " reassess the areas on the toes to determine which document is correct. " E4 reported at 3:30 PM that the facility ' s August monthly skin report was accurate. On August 6, 2015 at 11:25 AM, E4 (Rehabilitative Services) stated " I thought that the pressure ulcers were caused by new shoes from what was conveyed to me by the nurse. I' m not sure if it was new shoes or the older ones that are in her (R4) room. " The facility's Braden Risk Assessment Scale ( a tool for determining resident's risk for developing a pressure ulcer) dated May 21, 2015, shows R4 has a Braden score of 13 (moderate risk). The facility ' s Policy for Pressure Ulcer Prevention shows " Preventative measures will be instituted for residents at risk. "	F 314			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an	F 441			

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F 441	<p>Continued From page 7</p> <p>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 -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(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.</p> <p>(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.</p> <p>(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, interview, and record</p>	F 441			



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F 441	<p>Continued From page 8</p> <p>review the facility failed to ensure staff changed their gloves and washed their hands after providing peri-care, and the facility failed to ensure a residents' hands were washed after toileting.</p> <p>This applies to 1 of 10 residents (R1) reviewed for infection control in the sample of 10.</p> <p>The findings include:</p> <p>R1's Physician Order Sheet dated August 1, 2015 shows diagnoses to include dementia, chronic kidney disease, anxiety, and urine retention.</p> <p>The Minimum Data Set (MDS) of February 24, 2015 shows R1 requires extensive assistance with hygiene, and total dependence from staff with dressing, bathing, and toileting. The MDS shows R1 has severe cognitive impairment.</p> <p>On August 5, 2015 at 9:05 AM, E7 wheeled R1 into the common bathroom in the dining room. E7 assisted R1 to use the grab bar on the wall next to the toilet. R1 helped pull herself to a standing position and held onto the grab bar while E7 transferred her to the toilet. R1 was holding onto the grab bar, pulling on the toilet paper holder, and pulling on her incontinence brief while sitting on the toilet. After toileting, E7 and E8 (CNA) assisted R1 to a standing position. E7 then took a wet cloth and wiped R1's bottom, and there was stool visible on the wet cloth. E7 took a second wet cloth and wiped stool from R1' bottom. Without changing her gloves, E7 helped R1 to a standing position, pulled her incontinence brief, and pants up, and assisted R1 into her wheelchair. Without washing R1's hands, E8 wheeled R1 out of the bathroom and up to the</p>	F 441			

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F 441	<p>Continued From page 9 table for activities.</p> <p>On August 6, 2015 at 11:15 AM, E2 (Director of Nursing - DON) said employees should wash residents' hands after toileting. E2 said employees should change their gloves and wash their hands anytime they come in contact with stool, or with body fluids. E2 said E7 should have changed her gloves and cleaned her hands after she cleaned R7's bottom, before she pulled her pants up, and assisted her to the wheelchair.</p> <p>On August 6, 2015 at 2:45 PM, E10 (CNA) and E13 (Licensed Practical Nurse-LPN) said it is protocol to wash residents' hands after toileting, and before leaving the bathroom. E10 and E13 said gloves should be changed and hands cleaned after cleaning a resident of stool prior to completing care.</p> <p>The August, 2014 facility policy "handwashing" policy states "handwashing is a standard practice to prevent the spread of infectious diseases...hand washing must be performed...After handling used dressing, specimen containers, contaminated tissues, linen, etc...After contact with body fluids, blood, secretion, excretions, mucous membranes, or broken skin...After using the toilet..."</p>	F 441			