

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

PRINTED: 04/18/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146002</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DAYSTAR NURSING &amp; REHAB CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2001 CEDAR STREET CAIRO, IL 62914</b>			
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F 000	INITIAL COMMENTS			F 000			
F 279 SS=D	<p>Annual Licensure and Certification Survey Subpart U Validation Survey 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop a comprehensive Care Plan which addresses the use of an antipsychotic medication for 1 (R12) of 5 residents reviewed for antipsychotic medications in the sample of 15.</p> <p>The findings are:</p>			F 279			

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 279	Continued From page 1 1. R12 is a 72 year old resident admitted to this facility on 3-21-16 with diagnoses that include Dementia with Behavioral Disturbance, as noted on the April 2016 Physician Order Sheet. R12 was admitted on the antipsychotic medication Zyprexa, as noted on the March 2016 Physician Order Sheet. R12's current Care Plan with a review date of 4/04/2016 does not address R12's use of the Zyprexa, ordered as 2.5 milligrams twice daily nor does it address the Black Box Warning associated with the use of Zyprexa in an elderly, demented resident. Zyprexa carries a black box warning required by the Federal Drug Administration which states that patients with dementia related psychosis being treated with atypical antipsychotics are at an increased risk of death and that these medications are not approved for the treatment of patients with dementia related psychosis. This information is found at <a href="http://www.fda.gov/drugs">www.fda.gov/drugs</a> . This was verified with E1 (Administrator) on 4-15-16 at 11:45 am.	F 279			
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 observation, interview, and record review the facility failed to provide the prescribed amount of flush for a gastrostomy tube (g-tube) for one of two residents (R7) reviewed for tube feedings in a sample of 15.	F 282			

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F 282	Continued From page 2 The findings include:  R7's Physician's Order Sheet for April 1, through April 30, 2016 states "Jevity 1.5 one can Bolus if resident eats less than 50% of meals: Flush with 60 cubic centimeters (cc) of water before and after. If consume 50% of meals flush only with 120 cc of water."  During an observation of R7's g-tube flush on April 13, 2016 at 11:15 AM, E4, Licensed Practical Nurse (LPN), placed 60 cc's of water into a syringe, removed the cap from R7's g-tube placed the syringe on the end of the g-tube and pushed 60 cc's of water into the g-tube without a bolus feeding and left the room. E4 verified the amount of the water in the syringe for the flush was 60 cc's at that time.  R7's Medication Administration Record has E4's initials placed in the noon square with a circle around the initial, indicating R7 did not receive a bolus feeding at noon on April 13, 2016.  On April 15, 2016 at 11:00 AM E2, Director of Nursing verified R7 should have received a 120 cc water flush, if R7 did not receive a bolus feeding.	F 282			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS  Based on the comprehensive assessment of a resident, the facility must ensure that --  (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident 's clinical condition demonstrates that use of a naso gastric tube was	F 322			

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F 322	<p>Continued From page 3 unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to check a gastrostomy tube (g-tube) for placement prior to flushing for one of two residents (R7) reviewed for tube feedings in a sample of 15.</p> <p>The findings include:</p> <p>R7's Physician's Order Sheet for April 1, through April 30, 2016 states "if consumes 50% of meals flush only with 120 cubic centimeters (cc) water."</p> <p>During an observation of R7's g-tube flush on April 13, 2016 at 11:15 AM, E4, Licensed Practical Nurse (LPN), put 60 cc's of water into a syringe, removed the cap from the g-tube placed the syringe on the end of the g-tube and pushed 60 cc's of water into the g-tube without verifying placement of the g-tube.</p> <p>The facility Policy and Procedure for Tube Feeding: Flushing Feeding Tubes supplied by E1,</p>	F 322			

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F 322	Continued From page 4 Administrator on April 13, 2015 dated August 1, 2015 states "Attach sixty (60) cc catheter tip syringe with 10 cc of air to tube. Unclamp tube. Verify placement of tube by injecting air into tube while listening to abdomen with stethoscope for a bubbling sound. Allow water to flow by gravity into feeding tube."	F 322			
F 329 SS=D	On April 13, 2016 at 11:16 AM, when asked if the g-tube is checked for placement E4 states "When we do her feedings we listen for air bubbles in her belly."  483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329			

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F 329	Continued From page 5  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to monitor for Black Box Warnings associated with the use of an antipsychotic medication for 1 (R12) of 5 residents reviewed for antipsychotic medication.  The findings are:  1. R12 is a 72 year old resident admitted to this facility on 3-21-16 with diagnoses that include Dementia with Behavioral Disturbance, as noted on the April 2016 Physician Order Sheet. R12 was admitted on the antipsychotic medication Zyprexa, as noted on the March 2016 Physician Order Sheet. R12's current Care Plan with a review date of 4/04/2016 does not address R12's use of the Zyprexa and the need for monitoring related to the black box warning associated with Zyprexa use in an elderly, demented resident. Zyprexa carries a black box warning required by the Federal Drug Administration which states that patients with dementia related psychosis being treated with atypical antipsychotics are at an increased risk of death and that these medications are not approved for the treatment of patients with dementia related psychosis. This information is found at <a href="http://www.fda.gov/drugs">www.fda.gov/drugs</a> . This was verified with E1 on 4-15-16 at 11:45 am.	F 329			
F 334 SS=E	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS  The facility must develop policies and procedures that ensure that --	F 334			

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F 334	<p>Continued From page 6</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse</p>	F 334			

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F 334	<p>Continued From page 7</p> <p>immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to offer the pneumonia vaccine to 4 of 5 residents ( R3, R7, R9, R13) reviewed for vaccine administration in the sample of 15.</p> <p>The medical records of R3, R7, R9, and R13 do not indicate if the pneumonia vaccine offered, if the vaccine was administered or refused and if these residents received education regarding the pneumonia vaccine.</p> <p>On 4/15/2016 at 11:45 am, E1, Administrator, confirmed that the facility has no verification that the pneumonia vaccine was offered or</p>	F 334			

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F 334	Continued From page 8 administered to the above mentioned residents.	F 334			
F 465 SS=E	<p>The facility's Infection Control Logs for April 2015 through April 2016, document 15 diagnoses of pneumonia during this time period.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain the ceiling tile, walls, furniture, bathrooms and floor tile for 2 of 13 residents (R3, R9) reviewed for a room review, and residents R16, R17, R18, R19, R20, R22, R23, R24, R25, R29, R30, and R50 in the supplemental sample.</p> <p>The findings include:</p> <p>On April 12, 2016 during initial tour at 9:45 AM, 2 large and 3 small water stained areas were noted in the ceiling tile in R29 and R30's room, an 8 inch area of drywall flaking on the east wall of the bathroom in R9's room, and the water is constantly running in the sink in the same room that has the sink with a green stain coloring.</p> <p>On April 14, 2016 at 9:00 am, R3, R16, R22, and R23's Room had loose tile under the sink creating an uneven surface area in the room where the residents would be standing or sitting when using</p>	F 465			

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F 465	<p>Continued From page 9 their sink.</p> <p>On April 14, 2016 at 10:00 am during an environmental tour, R24 and R25's Room had broken tile in front of the closet causing an uneven surface area where the residents would be standing or sitting to utilize their closet. At this same time R23's room had a hole in the wall beside the heating cooling unit where two pipes were coming through the wall that were capped creating a hole where pests could enter.</p> <p>During the same environmental tour on April 14, 2016 at 10:00 am, R23's bedside table was noted to have broken drawers, and worn top and edges through the woods protective coating, R50's bedside table has a top with the protective coating worn off exposing the wood. R3 and R16, has broken and cracked tile in front of their air conditioner, R19, and R20 has broken tile in front of their closet, R3, R16, R17, and R18 has multiple layers of caulk around the base of their toilet and R22's room has loose fitting tile around the bathroom toilet all creating an uneven surface area these residents are walking on.</p> <p>According to E9, Housekeeping Supervisor on April 14, 2016 at 10:00 am, "The facility is in pretty poor condition, we are making a lot of improvements, I have not been here long but next year you will see a big difference."</p> <p>According to the Daily Census document provided upon entry to the facility 14 residents are affected.</p>	F 465			