

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

PRINTED: 05/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145619	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2016
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF GALESBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 1250 WEST CARL SANDBURG DRIVE GALESBURG, IL 61401		
(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 311 SS=D	<p>Complaint investigation #1622479/IL85343</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to ensure a restorative program was provided to one of three residents (R1) reviewed for specialized rehabilitation in the sample of three.</p> <p>Findings include:</p> <p>The facility's Restorative Nursing Program policy dated 9/21/07 documents the following: "Objective: To provide nursing interventions that assist or promote the resident's ability to attain his or her maximum functional potential...Restorative Nursing Guidelines Requirements: Addressed in plan of care and clinical record with measurable objectives and interventions.</p> <p>On 5/11/16 at 9:30 a.m., Z1, R1's family member, stated that R1 hasn't been walked in the facility since R1 was discharged from physical therapy in February 2016.</p> <p>R1's Physician Order Sheet dated 5/1/16 - 5/31/16 document the following diagnoses: Stroke, Rheumatoid Arthritis and Left Hemiplegia.</p>	F 311			

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 311	<p>Continued From page 1</p> <p>On 5/11/16 at 10:43 a.m., E5, Licensed Practical Nurse/Care Plan Coordinator, stated that R1 had a case manager while R1 was receiving therapy covered by Medicare, and once R1 reached maximum potential, R1 transitioned over to E5. E5 stated, "Once (R1) maxed out on therapy, no restorative program was initiated. He wasn't walked daily. Once skilled therapy is discontinued, the therapy department will approach (E4, Restorative Nurse) with recommendations. This didn't happen for (R1)."</p> <p>On 5/11/16 at 10:52 a.m., E4, Restorative Nurse, stated that R1 received physical therapy, occupational therapy and speech therapy at the facility following R1 having a stroke. E4 stated R1 was discharged from therapy at the facility approximately 3 months ago. E4 then stated that R1 was never placed on a restorative program at the facility following completion of therapy because, "It was never communicated to me once (R1) maxed out and therapy was discontinued." E4 then stated that R1 would have benefited from restorative care after R1 was discharged from therapy.</p> <p>On 5/11/16 at 11:10 a.m., Z2, Physical Therapy Assistant, stated R1 received skilled therapy after having a stroke and was discharged from skilled therapy on 2/19/16. Z2 then stated R1 was not placed on a restorative program for walking, although it was noted in Z3's, Physical Therapist, physical therapy discharge note.</p> <p>On 5/11/16 at 2:17 p.m., Z3, Physical Therapist, stated that R1 was discharged from skilled therapy on 2/19/16 and Z3 made the recommendation for a restorative program to be initiated on R1. Z3 stated, "The expectation was</p>	F 311			

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F 311	<p>Continued From page 2</p> <p>that restorative was to be completed (on R1) for walking, transfers and bed mobility and it hasn't been done. (R1) has declined from not walking. On 2/19/16, (R1) was able to walk approximately 75 feet with minimal assistance. I (Z3) just finished walking with (R1) and (R1) can now walk 20 feet with moderate assistance. (R1) now requires moderate assistance for transfers, but (R1) used to require minimal assistance for transfers on 2/19/16. (R1) also used to be able to elevate (R1's) left shoulder at (R1's) time of discharge from skilled therapy on 2/19/16, and (R1) is unable to now."</p> <p>R1's Physical Therapy Discharge Summary dated 2/19/16 documents the following: "(R1) discharged to reside in facility. Prognosis to maintain current level of functioning is good with consistent staff follow through...Discharge Recommendations: Home exercise program, 24 hour care and assistive device for safe functional mobility. Restorative Nursing Program/Functional Maintenance Program: To facilitate patient maintaining current level of performance and in order to prevent decline, development and instruction in the following Restorative Nursing Programs have been completed with the interdisciplinary team: transfers, bed mobility and ambulation." This same form indicates R1 was able to ambulate 21 - 50 feet at R1's baseline evaluation on 12/28/15 and R1 was able to ambulate 86 - 119 feet with adequate toe clearance and even step length and R1 required minimal assist with transfers when discharged from therapy on 2/19/16.</p> <p>R1's Physical Therapy Evaluation & Plan of Treatment dated 5/11/16 indicates R1 was evaluated by Z3, Physical Therapist on 5/11/16</p>	F 311			

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F 311	Continued From page 3 and documents that R1 requires moderate assistance with transfers and R1 was able to ambulate 21 - 50 feet with inadequate toe clearance and discontinuous steps. On 5/11/16 at 2:25 p.m., R1 was sitting in a wheelchair. A lap tray was in place supporting R1's left arm. R1 was wearing knee-high support stockings and a left lower leg support brace. R1 stated that R1 has not been walked at the facility since R1 was discharged from skilled therapy some time in February 2016. R1 stated would like to receive restorative care. R1 pointed to R1's left arm and stated, "I used to be able to raise my arm and hold it up. I can't now. I just don't want to sit here in this chair and waste away."	F 311			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441			

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F 441	<p>Continued From page 4 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. (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. (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 interview, observation and record review, the facility failed to ensure contact isolation precautions were followed and failed to perform hand hygiene before and after range of motion exercises for one of three residents (R2) reviewed for specialized rehabilitation in the sample of three. This failure has the potential to affect all 33 residents who reside on the facility's 600, 700 and 800 halls (R1, R2, and R4-R34).</p> <p>Findings include: The facility's Infection Control Transmission Based Precautions policy dated 10/2013</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>documents the following: "Contact Precautions will be used for residents known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the resident or indirect contact with contaminated environmental surfaces or resident care items...Wear gloves when entering the room. During the course of providing care for a resident, change gloves after having contact with infective material that may contain high concentration of microorganisms. Remove gloves before leaving the room and wash hands immediately...Wear a gown when entering the room if you anticipate that your clothing will have contact with the resident or environmental surfaces..."</p> <p>The facility's Infection Control: Handwashing policy dated 9/2014 documents the following: "Times to perform hand hygiene...Upon entering an isolation room and after leaving isolation room, Before putting on gloves and after removing gloves...Before and after providing resident care...any direct contact with the resident...After contact with a resident with infectious diarrhea (Clostridium difficile, norovirus, etc.)</p> <p>R2's current Physician Order Sheet dated 5/1/16 - 5/31/16 documents the following order: "Contact Precautions for C-diff (Clostridium difficile)."</p> <p>R2's current care plan dated 4/22/16 documents that R2 currently requires Contact Isolation Precautions for C-diff.</p> <p>On 5/11/16 at 11:52 a.m., a bright orange sign was posted on R2's door instructing visitors to report to the nurse's station prior to entering R2's room. At that same time, R2 was sitting in a</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>wheelchair in R2's room watching television and stated, "I have C-diff. It's a communicable disease."</p> <p>On 5/11/16 at 2:38 p.m., E3, Certified Nursing Assistant, entered R2's room to assist R2 with range of motion exercises. E3 did not perform hand hygiene or apply a gown and gloves prior to entering R2's room. E3 then approached R2, pulled back R2's blanket to uncover R2, grasped R2's hands and feet and assisted R2 with range of motion exercises. Once R2's exercises were complete, E3 pulled R2's blanket up to cover R2, adjusted R2's window curtains and exited R2's room. E3 did not perform hand hygiene prior to or after exiting R2's room.</p> <p>On 5/11/16 at 2:41 p.m., E3 stated that R2 is currently on Contact Isolation Precautions for C-diff and E3 should have performed hand hygiene, applied a gown and gloves before entering R2's room, and performed hand hygiene again before leaving.</p> <p>On 5/11/16 at 3:10 p.m., E2, Director of Nursing, stated that facility staff is expected to apply a gown and gloves prior to entering a resident's room who is on contact isolation precautions. E2 also stated that facility staff is expected to follow the facility's handwashing policy. E2 then stated that on 5/11/16 E3 was assigned to care for the residents residing in the facility's 600, 700 and 800 halls.</p> <p>On 5/11/16 at 9:15 a.m., E1, Administrator, provided a copy of the facility's current census. The residents residing in the facility's 600, 700, and 800 halls include the following: R1, R2, and R4-R34.</p>	F 441			

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