

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

PRINTED: 11/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145623	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2015
NAME OF PROVIDER OR SUPPLIER REGENCY CARE OF MORRIS			STREET ADDRESS, CITY, STATE, ZIP CODE 1095 TWILIGHT DRIVE MORRIS, IL 60450		
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F 000	INITIAL COMMENTS	F 000			
F 159 SS=D	<p>Annual Licensure and Certification</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>	F 159			

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 159	<p>Continued From page 1</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify two residents (R6, R16) and/or next of kin the amount in their trust fund account was within \$200.00 of the SSI (Social Security Income) limit and failed to assist the residents with purchases to decrease the funds in their accounts. This failure affects one resident (R6) in the sample of 15 and one resident (R16) in the supplemental sample.</p> <p>Findings include:</p> <p>On 11/19/15, E13 (Business Office Manager) provided copies of trust fund balance accounts for multiple residents. The trust fund account balance for R6 was \$2,255.64. E13 stated the account balance was high because they pay R6's insurance premium out of her account. However, R6's insurance premium is \$416.00 and is paid every 2 months, according to E13. After an insurance check was written on 11/19/15, R6's balance would still be \$1839.16.</p> <p>R16's trust fund balance was \$1,958.84 E13 stated R16 has family but that they are not</p>	F 159			

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F 159	Continued From page 2 involved with R16's care. On 11/19/15 at 12:20 pm, E13 stated she was not aware residents and/or next of kin are to be notified when the trust fund balance reaches within \$200.00 of the SSI limit, which is \$2000.00. E13 said she hadn't sent out any written notice or made any phone call to notify next of kin of the amounts within \$200.00 of the \$2000.00 SSI limit. E13 stated quarterly statements do go out but she has not been notifying them when their trust fund balances reached \$1800.00. She stated she would start doing so, and would also work with staff to identify items that could be purchased for these residents.	F 159			
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to identify one lap restraint used for one resident (R4) as a restraint. This applies to one of two sampled residents (R4) reviewed for restraints, out of a sample of 15. Findings include: Facilities 11/18/2015 completed "Resident Census and Condition form" (CMS 672 form)	F 221			

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F 221	<p>Continued From page 3</p> <p>documents one current resident (R11), identified utilizing physical restraints.</p> <p>On 11/17/16 at 10:00 am, R4 was observed sitting in a wheel chair, in front of the nurse's station with a lap buddy in place. E18 (restorative nurse), stated R4's lap buddy was not a restraint because the resident can remove it on a good day.</p> <p>On 11/18/15 at 9:55 AM, R4 again observed sitting in front of the nurse's station in a wheelchair with the lap restraint in place, making no attempt to remove it. On 11/19/15 at 11:10 am, R4 was again observed sitting in a wheel chair across from the nurse's station with a lap restraint in place. E19 (CNA) was observed to ask R4 to remove the lap buddy but R4 made no attempt to do so; R4 just sat in the chair and stared and made no response other than to begin to self propel the wheel chair using her feet.</p> <p>On 11/19/15 at 11:00AM, E7 (CNA) stated that she has recently been caring for R4 and has never seen R4 remove her lab buddy. At 11:15 am, E9 (RN) stated that he has seen R4 remove her lap buddy, but not lately. When asked if R4 could remove her lap buddy upon command, he wasn't sure, stating it depended on her cognition which fluctuated.</p> <p>R4 has numerous diagnoses including cerebrovascular disease and dementia with behavioral disturbances. R4's 4/9/15 Annual MDS (Minimum Data Set) scores R4 as a "9" for cognition indicating moderate cognitive impairment. There is no BIMS (brief interview for mental status) score for R4 on her most recent MDS of 10/4/15, indicating that the interview</p>	F 221			

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F 221	Continued From page 4 could not be completed due to her cognitive status. R4's care plan with an initiation date of 6/12/15 documents that R4 is able to remove her lap buddy independently. The Physical Restraint Assessment dated 1/17/15 documents the reason for the restraint as R4 was sliding out of her wheel chair and attempts to self-transfer. It also describes alternative to restraint attempted. This assessment states that the lap buddy is not a physical restraint. Another assessment on 10/14/14 also states the lap restraint is not a physical restraint.	F 221			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 implement interventions, or maintain physical and psychosocial well being for a resident identified with self mutilating behavior. This applies one of five (R10) residents reviewed for behavior inside 15 resident samples. Findings include:	F 309			

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F 309	<p>Continued From page 5</p> <p>On 11/19/15 at 10:20 AM, R10 was observed resting in his bed, alert, oriented to person, time and place. R10 has multiple scabs and open areas all over his face, body and upper and lower extremities. R10 stated he picked at his skin whenever he gets depressed.</p> <p>R10's record lists a diagnoses including MRSA (Methicillin-resistant Staphylococcus aureus) of the urine, prurigo nodularis (itchy nodules on arms and or legs), depressive and anxiety symptoms. The resident is on Contact Precautions for the MRSA.</p> <p>On 11/19/15 at around 3:30 PM, E2 (Director of Nursing/DON) stated R10's multiple scabs all over his body is caused by picking on it, it's mostly behavior problem.</p> <p>On September 23,2015 R10 was assessed by a dermatologist (Z1) for the Prurigo Nodularis. Z1 documented that R10 had "... nodules with central erosions distributed on the arms, leg and trunk". Z1 also documented if the itch-scratch cycle is broken, the lesions may resolve.</p> <p>Psychotherapy Progress Notes dated 10/14/15, 11/4/15, and 11/18/15 mentioned R10's self harm behavior of picking at the scabs showed the therapeutic goal: Stabilization/reduction of depressive and anxiety symptoms, increase effort and motivations to increase coping ability and ability modulate emotions but failed to identify interventions to use to minimize or stop the self harm behavior of scratching his opened areas.</p> <p>R10's Care Plan dated 9/15/15 mentions the resident's "multiple scabs on the upper</p>	F 309			

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F 309	Continued From page 6 extremities" and identified R10 as a self mutilator, but fails to indicate or provide specific interventions to address the self harming behavior. This failure cause R20 to continue with self mutilating behavior.	F 309			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure necessary peri-care is rendered for resident who needs assistance with ADL (activities of daily living) care. This applies to two of five residents (R6, R10) inside 15 sampled residents. Findings include: 1) R10 is on isolation for MRSA (Methicillin-resistant Staphylococcus aureus) of urine. On 11/19/15 at 10:30 AM, E12 CNA (Certified Nursing Assistant) rendered hygiene/grooming care to R10. R10 is incontinent and needs assistance with ADL care. E12 wiped R10's peri-area but did not clean or pull foreskin	F 315			

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F 315	Continued From page 7 of R10's penile area for cleaning. On 11/18/15 per hospital record R10 was sent to the hospital for evaluation and diagnosed with a Urinary Tract Infection (UTI). 2) On 11/19/15 at 12:15 PM, E10 (CNA) assisted R6 to the bathroom for toileting. R6 voided and had bowel movement. After R6 completed her toileting, E10 cleaned R6's rectum and buttocks then proceeded to put incontinence brief and pants without cleaning R6's peri area. On 11/20/15 at 9:25 AM, E2 DON (Director of Nursing) stated when rendering peri-care to male residents, staff must pull foreskin of penis to complete care. With female residents, staff must clean the labia and in between skin folds. Facility's Incontinence Care Policy and Procedure showed: Purpose: - To keep skin clean, dry, free of irritation and odor. - To prevent skin breakdown. - To prevent infection. Procedure: - Wash all soiled skin areas, washing from front to back, rinse and dry well, especially between folds.	F 315			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services:	F 328			

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F 328	<p>Continued From page 8</p> <p>Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure necessary care and assessment for residents who have a central venous access device (CVAD). This applies to two of five residents (R2, R10) reviewed for specialty care inside 15 sampled residents.</p> <p>Findings include:</p> <p>1) R2 has a central line at his right subclavian for antibiotic therapy. The central line has a dressing dated 11/11/15. On 11/17/15 at 9:45 AM, E2 (Director of Nursing /DON) stated, staff change dressing weekly and as needed. On 11/19/15 at 1:00 PM, R2 still had the same dressing dated 11/11/15 and there was no evidence of assessment/measurements being done for length of external catheter.</p> <p>2) R10 has a double lumen catheter (central line) in his right subclavian area. The central line was covered with gauze and tape, and tape was wrapped around upper part of the external tube. The bottom surrounding area of the central line was crusted with dried blood. The catheter's port of entry was not visible to staff. E9 (Nurse) stated</p>	F 328			

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F 328	Continued From page 9 on 11/19/15 at 10:25 AM, they (staff) don't use R2's central line it's only being used by the dialysis center and central line dressing change is being done there. On 11/19/15 at 10:20 AM, R10 stated he did not receive his dialysis procedure the day before (11/18/15) due to fever and was sent to the hospital for further evaluation. R2's hospital record dated 11/18/15 showed a diagnosis of possible right subclavian line infection. R2's medical records do not show the central line site is being assessed and measured for length of the external catheter. Review of R2's care plans showed: Check and change dressing daily at access site as needed. Facility's Central Venous Access Device (CVAD) Policy and Procedure dated 2008 showed: - Measure external length of catheter baseline every 7 days routinely after placement.	F 328			
F 363 SS=F	On 11/20/15 at 9:25 AM, E2 stated, facility doesn't have specific form for assessment of central line. 483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.	F 363			

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F 363	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to prepare/served food consistently with the planned menu and the amount, types and consistency of the food. This applies to all 72 residents being served food in the facility. Findings include: Facility's kitchen lunch menu for 11/18/15 showed a list of multiple food items including; oven fried chicken, baked beans, and corn. On 11/18/15 at around 11:30 AM E14 (Cook) started serving food on the tray line. The tray of baked beans had more juice in it than beans. E14 served the beans using a ladle scoop and placed it in a bowl with half juice and half beans. E14 also served pureed oven fried chicken, baked beans, and corn which were all liquidly. The chicken and corn were floating in the liquid that was mixed into it while being pureed. Chicken, baked beans, and corn were all runny when placed on the plate. E14 stated "Yes it was liquidly, I guess I put too much water in it." On 11/20/15 at around 11:45 AM E16 (Dietary Director) stated the beans should have been served with a slotted scoop to remove the juice due to the amount of beans being counted for protein vegetables. Pureed food is supposed to be served in a creamy or pudding like consistency for palatability.	F 363			
F 371	483.35(i) FOOD PROCURE,	F 371			

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F 371 SS=F	<p>Continued From page 11</p> <p>STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to prepare/handle food in a sanitary condition. This failure applies to all 72 residents who are being served food in the facility.</p> <p>Findings include:</p> <p>Kitchen observation and/or food preparation was conducted 11/17/15 and 11/18/15 with E16 (Dietary Director).</p> <p>The following were observed on 11/18/15:</p> <p>At 11:25 AM, E14 (Cook) prepared baked fried chicken for lunch for the mechanical soft diet. While wearing double gloves, E14 touched the knob of walk-in refrigerator, oven door and used towel rag as pot holder to get the baked fried chicken from the oven. While wearing the same gloves, E14 proceeded to de-bone a chicken. After de-boning the baked fried chicken E14 removed his first layer of gloves, carried the tray of chicken bones to the the trash can opened the</p>	F 371			

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F 371	<p>Continued From page 12</p> <p>lid of trash can with his gloved hands and threw the chicken in. E14 then continued with food preparation without removing his second layer gloves and without hand washing.</p> <p>At 11:30 AM, E14 (Cook) placed trays of hot food in the steam table using towel rags as pot holders. While opening the lid or covering of food trays, the towel rags made contact with the tray of corn.</p> <p>- From around 11:30 AM to 12:30 PM, E17 (dietary supervisor) prepared sandwiches for alternative diet. E17 wore gloves, but touched the environment, then prepared sandwiches without changing her gloves and hand washing in between tasks. While preparing two of the sandwiches, E17 placed two burger buns directly in a soiled counter top.</p> <p>- Around 12:15 PM, E17 opened a can of beans and poured beans in a pot. After pouring the beans into the pot, E17 opened the lid of garbage can and threw the empty can of beans and without hand washing continued to prepare and cook the beans.</p> <p>- E14 (Cook) and E15 (Kitchen staff) prepared food in the tray line while their hair was not fully covered by hair nets.</p> <p>On 11/18/15 at around 12:45 PM, E16 (Dietary Director) stated the following; staff should change gloves and wash hands when prior to preparing food items, and hair should be fully covered when working in the kitchen.</p> <p>Facility's Kitchen Policy for Use of Disposable Gloves dated 2009 indicates:</p>	F 371			

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F 371	Continued From page 13 Procedure: Hands will be washed before putting on disposable gloves. Note: Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed. - After handling garbage or garbage cans. - After handling anything soiled. - During food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing task. Hands should be washed each time disposable gloves are removed. Facility's Hair Restraint Policy indicates: Food employees shall wear hair restraints, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens and unwrapped single service and single use articles.	F 371			
F 441 SS=D	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	F 441			

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

PRINTED: 11/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145623	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2015
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F 441	<p>Continued From page 14 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</p> <p>(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 observations, interviews and record review, the facility failed to follow standard infection control practices during provisions of care. This applies to three of four (R2, R10, R13) residents reviewed for activities of daily living (ADL) care inside 15 sampled residents.</p> <p>Findings include:</p> <p>1) On 11/17/15 at 1:15 PM, E4 and E5 both CNA</p>	F 441			

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F 441	<p>Continued From page 15 (Certified Nursing Assistants) rendered incontinence care to R13. E4 and E5 did peri-care then proceeded to apply barrier cream while wearing same soiled gloves.</p> <p>2) On 11/19/15 at 10:30 AM, E12 (CNA) rendered grooming/hygiene care to R10. During care, R10 also had a bowel movement in the bed pan. When R10 finished with the bowel movement, E12 flushed the feces into the the toilet bowl causing fecal matter to splatter to the toilet seat and bathroom floor. E12 then rinsed the bed pan placed it in a plastic bag and returned to closet drawer. Bed pan still had a lot of fecal matter all over (inside and out) when it was stored in the drawer. E12 then left the room and stated care was completed, leaving the bathroom and bed pan in a soiled state.</p> <p>On 11/19/15 at 11:20 AM, E9 (Nurse) came to the room and saw the bathroom and R10's bed pan. E9 stated CNA staff should clean/sanitize toilet after use and clean bed pan completely before storing it.</p> <p>3) R2 is on isolation for MRSA (Methicillin-resistant Staphylococcus aureus) of the wound (pressure ulcer) in the left sacral area. On 11/19/15 at 12:55 PM, E7 and E8 (both CNA) rendered grooming/hygiene care including peri-care to R2. E7 and E8 cleaned R2's body with wet towel, applied barrier cream and straightened R2's bed sheets while still wearing same soiled gloves. E7 and E8 only wore one set of gloves all throughout care and no hand washing done in between task.</p> <p>On 11/19/15 at 9:25 AM, E2 (Director of Nursing/DON) stated, staff must wash hands and</p>	F 441			

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F 441	<p>Continued From page 16 change gloves from dirty to clean task.</p> <p>Facility's Standard Precaution Infection Control Policy and Procedure indicates:</p> <p>Policy: It is the facility's policy to assume that all patients are potentially infected or colonized with an organism that could be transmitted during the course of providing patient care services and therefore facility applies the "Standard Precautions" infection control practices outlined below:</p> <p>Perform hand hygiene:</p> <ul style="list-style-type: none"> - After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressing. - After contact with a patient's intact skin. - If hands will be moving from a contaminated-body site to a clean body site. - After removing gloves. <p>Using Gloves:</p> <ul style="list-style-type: none"> - Change gloves during patient care if hands will be moving from a contaminated-body site to a clean body site. 	F 441			