

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

PRINTED: 02/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145596	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2012
NAME OF PROVIDER OR SUPPLIER SNYDER VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST PARTRIDGE METAMORA, IL 61548		
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F 000	INITIAL COMMENTS Annual Licensure and Recertification Validation Survey for Subpart U: Alzheimer Unit The Snyder Village is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.	F 000			
F 221	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 assess, notify the POA (Power of Attorney), obtain consent from the POA, and care plan the use of a seat belt for one of six residents (R11) reviewed for restrains in the sample of 18. Findings include: On 1-23-12 at 8:25 am, R11 was in the dining room in a hi-back reclining wheelchair with a footrest and seat belt on eating breakfast. At 11:50 am, R11 was again up in a hi-back wheelchair in the dining room eating lunch with a seat belt on. R11's seat belt was not released during either meal.	F 221			

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 221	<p>Continued From page 1</p> <p>On 1-24-11 at 9:20 am, Z1 (family of R11) stated she(Z1) was not aware R11 had a seat belt on. When asked if she (Z1) thought (R11) could release the seat belt, she (Z1) stated no. At this time, R11 did not respond to any questions nor was he able to release his seat belt on command. At 1:10 pm, E6 (Care Plan Coordinator/Power of Attorney for R11) stated she (E6) was not aware that R11 had a seat belt on. E6 stated she should have been notified about the seat belt use before it was started with R11.</p> <p>On 1-24-11 at 1:15 pm, E7 (LPN) stated she obtained an order for the seat belt on 1-16-12 based on a recommendation from the therapy department.</p> <p>On 1-26-12 at 9:45 am, E8 (Certified Occupational Therapy Assistant/COTA) stated R11 was being seen in therapy for several things including positioning. E8 had evaluated and recommended the use of a hi-back reclining wheelchair with a footrest/foot buddy for forward trunk flexion. On 1-13-12 and/or 1-14-12, E8 noticed R11 was wearing a seat belt. E8 talked with E7 (Licensed Practical Nurse/LPN) stating R11 had not been assessed for a seat belt nor did he have an order for a seat belt. E8 stated the CNA's (Certified Nursing Assistants) on the hall had started putting the seat belt on. When asked if R11 needed the seat belt, E8 responded, "not if staff would use the foot rest/foot buddy." E8 stated she did not know why staff was not using the foot rest/foot buddy.</p> <p>R11's current care plan dated 1-5-11 states only "self release seat belt" and does not contain any</p>	F 221			

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F 221	Continued From page 2 interventions/reduction plan related to the use of the seat belt. Facility "Physical Restraint" policy revised 1-1-12 states "...Resident must be assessed by licensed staff and the need for restraint determined...Selecting type of restrain: Consult physician, physical or occupational therapist...Have consent signed by "medical Power of Attorney, Must have a telephone consent witnessed by 2 nurses. Must be signed by POA (Power of Attorney) within 24 hours, Record this on care plan...Type of restrain, Duration of use, Circumstances under which restraint may be used."	F 221			
F 279	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. 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. 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).	F 279			

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F 279	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview the facility failed to revise the care plans for two residents (R7, R11) reviewed for restraints in the sample of 18 residents. Findings include: 1. On 1-23-12 at 8:25 am, R11 was in the dining room in a hi-back reclining wheelchair, foot rest and seat belt on eating breakfast. At 11:50 am, R11 was again up in a hi-back wheelchair in the dining room eating lunch with a seat belt on. R11's seat belt was not released during either meal. R11's current care plan dated 1-5-11 states only "self release seat belt" and does not contain any interventions/reduction plan related to the use of the seat belt. On 1-24-11 at 9:20 am, Z1 (R11's family) stated she (Z1) was not aware R11 had a seat belt on. When asked if she (Z1) thought (R11) could release the seat belt, she stated no. On 1-24-12 at 9:20 am R11 was unable to respond to any questions and could not release the seat belt. At 1:10 pm, E6 (Care Plan Coordinator) stated she was not aware that R11 was using a seat belt. E6 stated since she (E6) did not know R11 had a seat belt and she (E6) did not develop any care plan interventions related to seat belt use. 2. On 1-23-12 at 11:20 am R7 was in a wheelchair in the dining room with a lap buddy	F 279			

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F 279	Continued From page 4 on. E5 (Alzheimer Unit Coordinator) provided the care plan for R7 on 1-25-12 at 11:15 am. E5 stated she had forgotten to put the use of the lap buddy on R7's care plan and just (1/25/12) updated the care plan to include the use of the lap buddy.	F 279			
F 334	Facility "Physical Restraint" policy revised 1-1-12 states "...Resident must be assessed by licensed staff and the need for restraint determined... Record this on care plan...Type of restrain, Duration of use, Circumstances under which restraint may be used." 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (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; (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; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and	F 334			

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F 334	<p>Continued From page 5</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 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>	F 334			

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F 334	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide education and obtain consent for two of 13 residents (R9 and R10) who received the influenza vaccine in the sample of 18. Findings include: On 1-25-12 at 1:40 PM, E2/DON (Director of Nursing) stated that written consent to administer the influenza is not obtained every year. E2 stated that education is provided annually and verbal consent is obtained at that time. E2 stated that the education provided is documented in the bottom section of the "Record of Mantoux Testing, Immunizations, & Education." 1. "Record of Mantoux Testing, Immunizations, & Education" for R9 documents that R9 received the influenza vaccine on 9-15-11, but the last time R9 received "CDC (Centers for Disease Control) Influenza/Pneumococcal Information Statements for Resident/Family Education" was 6-15-2009. 2. "Record of Mantoux Testing, Immunizations, & Education" for R10 documents that R10 received the influenza vaccine on 9-15-11, but the last time R10 received "CDC (Centers for Disease Control) Influenza/Pneumococcal Information Statements for Resident/Family Education" was 6-17-2010.	F 334			