

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

PRINTED: 09/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145597	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2013
NAME OF PROVIDER OR SUPPLIER PEKIN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 EL CAMINO DRIVE PEKIN, IL 61554	
(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 315 SS=D	<p>Annual Certification survey</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review facility failed to obtain medical diagnosis for use of indwelling urinary catheter for one resident (R16) and failed to follow policy and procedure and plan of care for indwelling catheter placement for one resident (R19) of five residents reviewed for catheters in the sample of 22 residents.</p> <p>Findings include:</p> <p>1. On 8/26/13 at 8:05 am, R19 was laying flat in bed preparing for transfer to chair while E3 CNA (Certified Nursing Assistant) placed the urinary catheter on top of R19's abdomen. At 8:10 am E3 raised R19's urinary catheter above R19's abdomen to place bag in catheter cover and backflow of urine was visible in the catheter tubing.</p>	F 315		

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 315	<p>Continued From page 1</p> <p>On 8/26/13 at 8:15 am, E3 CNA confirmed he should not have held R19's urinary catheter above R19's bladder.</p> <p>On 8/26/13 at 8:20 am, E5 CNA Coordinator confirmed E3 CNA should have kept R19's urinary catheter below R19's bladder at all times.</p> <p>Care Plan for R19 dated 4/6/13 states "Position bag below level of bladder".</p> <p>Catheter Maintenance Procedure, dated 01/04 states "Attach drainage bag..., below level of resident's bladder - ...To allow flow with gravity and to avoid backflow of urine...".</p> <p>2. On 8/26/13 at 8:40 am, R16 laying in bed with indwelling urinary catheter in place.</p> <p>Face Sheet for R16 states R16 was admitted to facility on 8/14/13 with diagnosis of status post abdominal surgery and urge incontinence with an indwelling urinary catheter in place. This Face Sheet, Hospital Record and Discharge Transfer Sheet and Physician Order Sheet dated August 2013 does not list a medical diagnosis to justify the use of the catheter.</p> <p>On 8/26/13 at 11:30 am, E2 DON (Director of Nursing) stated R16 does not have a diagnosis of urinary retention, a stage three or stage four pressure ulcer or a terminal illness and E2 does not know the reason for R16's urinary catheter.</p>	F 315			