

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

PRINTED: 06/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 226 SS=C	<p>Annual Certification Survey</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility Abuse Policy failed to specify to notify the Administrator immediately and the facility failed to effectively educate staff on reporting abuse allegations. These failures have the potential to affect all seven residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Abuse Prevention and Detection policy dated 4/20/16, documents "under the law and the facility's policy, every employee is obligated to report any incident or suspicion of abuse, neglect, or theft to the Nurse Manager or (Skilled Nursing Unit) Administrator...Any charge or accusation by a patient or family that there has been abuse or theft must be reported to the Nurse Manager." The Abuse Prevention and Detection policy also documents employees will receive abuse education upon hire and "on a periodic basis."</p> <p>On 6/07/16 at 9:20 AM E7 (Student Nurse) stated that she had never been educated on Abuse and</p>	F 226			

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.

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

PRINTED: 06/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 226	Continued From page 1 had gone through Orientation. She said she did not know who the Abuse Coordinator was but could ask her preceptor to find out. E7 was unable to identify all forms of abuse. On 6/07/16 at 9:30 AM E8 (Certified Nursing Assistant) stated abuse was to be reported to her "one up," which would be her supervisor for that day. E8 was unable to identify all forms of abuse On 6/07/16 at 9:50 AM E9 (Unit Secretary) stated abuse was to be reported to a supervisor. E9 was unable to identify all forms of abuse. On 6/07/16 at 9:55 AM E10 (Therapy Technician) stated he did not know who to report abuse to. E10 was unable to identify all forms of abuse. On 6/8/16 at 1:09 p.m., E2 (Director of Nursing) stated E2 was the Abuse Coordinator. E2 stated staff are educated to report allegations of abuse to E2, the charge nurse, or the house supervisor. E2 verified the policy did not specify to notify E1 (Administrator) immediately. The Centers for Medicare and Medicaid Services (CMS) form # 672 Resident Census and Conditions of Residents report dated 6/6/16, completed by E6 (Registered Nurse, Associate Manager), documents the facility has seven residents residing in the facility.	F 226			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and	F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 371	<p>Continued From page 2</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to date items in refrigeration, keep appliances/ovens clean, use the proper procedure for handwashing when handling dirty pots and pans before handling clean items, maintain a freezer gasket which caused water to drip down the freezer wall and onto a pan of food, and to date food items when removed from the freezer and put into the cooler. This has the potential of affecting all seven of the residents residing in the Skilled Nursing Unit at this time.</p> <p>Findings include:</p> <p>The document Receiving & Storage dated 9/2012 Refrigerated/Frozen Food Label Use For: "All refrigerated foods after opening, preparing, cooking, and cooling; And, All refrigerated foods that have been frozen." Also, Freezers: "Keep all freezer gaskets in good repair."</p> <p>The document "Use By" Dates for Kitchen Locations dated 9/2012 states "Once (a frozen food) is removed from the freezer and thawed serve within two (2) days (P + 2 days - starts on the day that the product is thawed (P)."</p> <p>The Equipment Cleaning Schedule dated 9/02/2010 states daily, "wipe down oven all</p>	F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 371	<p>Continued From page 3</p> <p>sides," and weekly states, "Scrub out and detail inside and outside of ovens and racks. Daily clean mixer...weekly detail Mixer top to bottom."</p> <p>The Associate Hygiene Standards, Hand and Arm Hygiene policy dated 9/2012 states "All associates (with no exclusions) engaged in ... warewashing... must wash their hands with soap and warm water... when handling dirty equipment and utensils (dishwashing area) in the designated hand washing sinks."</p> <p>On 6/06/16 at 10:40 AM the Reach In Cooler in the Trayline Room held two trays of 20 single serving dishes - one of peaches and one of gelatin cubes, four separate single serving dishes which were two chocolate puddings, one of custard and one of salad, all undated.</p> <p>On 6/06/16 at 10:55 AM six convection ovens in the bakers area had a large amount of brown/black build up of dried/baked on grease and debris in the interior of the ovens and on the oven racks. The mixer had dried splattered batter underneath the motor and on the neck of the mixer.</p> <p>On 6/06/16 at 11:05 AM E5 (Dietary worker/pots and pans dishwasher) stacked dirty pots and pans into a rack to be put into the dishwasher. E5 then opened the door and pulled out clean pots and pans, removed the clean items from the rack and placed them on a cart to be put away. E3 (Certified Dietary Manager) spoke with E5, telling him these items needed to be rewashed and that E5 was to wash his hands before touching the clean items. E5 stated, "No one has ever told me that before." E3 confirmed that E5</p>	F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 371	<p>Continued From page 4</p> <p>stated that he didn't know he was supposed to wash his hands when handling dirty items and clean items.</p> <p>On 6/06/16 at 11:20 AM the freezer in the back kitchen storeroom contained a large build up of ice that surrounded a third-size steam table pan from water that had dripped from the condenser down the freezer wall due to a faulty gasket.</p> <p>On 6/06/16 at 11:30 AM the Food Preparation Walk-In Cooler contained two full quarter-size steam table pans of gravy dated 5/29/16 to 6/29/16. E4 (Dietary Supervisor/Chef) stated these were the dates that are put on an item when first putting into the freezer. E4 stated that E4 did not know when the pans of gravy had been taken from the freezer and put into the cooler. E4 stated that foods are kept for three days in the cooler before being disposed of.</p> <p>E3 (Certified Dietary Manager) on 6/08/16 confirmed that food items in the Tray Line Room refrigerator held food without a date, the convection ovens and mixer needed to be cleaned, E5 should have washed his hands when going from dirty to clean pans, the freezer gasket should have been repaired in the storeroom and food should be dated when taken out of the freezer and put into the refrigerator.</p> <p>According to the Centers for Medicare and Medicaid Census and Condition of Residents' Report, form 672, dated 6/06/16 and signed by E6, (RN, Associate Manager) documents that currently seven residents reside in the Skilled Nursing Unit.</p>	F 371			
F 456	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE	F 456			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 456 SS=F	<p>Continued From page 5 OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to monitor and maintain the pot and pan stationary rack dishwasher so that the final rinse gauge temperature was at least 180 degrees Fahrenheit for sanitization. This has the potential to affect all seven of the residents residing at the facility at this time.</p> <p>Findings include:</p> <p>The WareWashing Machines and Dish Room Best Practices, no date, documents "4. The ultimate goal is to raise the surface temperature of the Ware to 165 degrees Fahrenheit at the Completion of the Final Rinse to achieve Sanitization."</p> <p>On 6/06/16 at 11:05 AM the dishwasher in the pots and pans area had a broken rinse gauge on this stationary machine. A 180 degree Fahrenheit thermolabel was put on a pan and then put into the dishwasher for a wash/rinse cycle. The gauge on the dishwasher showed the wash temperature to reach 160 degrees Fahrenheit and a gauge that was broken (glass busted off and calcium/lime deposits dripped down into the gauge) showed the rinse temperature as 170 degrees Fahrenheit. E5 (Dietary Worker, Pots and Pans Dishwasher) stated the gauge arrow could be manually moved. When the wash rinse</p>	F 456			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL SNU			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(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 456	<p>Continued From page 6</p> <p>cycle was completed and the pan taken from the machine, the Thermolabel had not changed to black as it shows it should on the label which was 180 degrees Fahrenheit. E5 stated that it never turned black</p> <p>On 6/07/16 at 1:40 PM E4 (Dietary Supervisor/Chef) states "The gauge has been broken for some time - two weeks or so. The repair service came (6/06/16) but didn't have a gauge with them to replace the one on the dishmachine. We had the wrong Thermolabel but now we have them for 160 degrees Fahrenheit." E4 stated the dishwasher was to use a thermometer when washing pots and pans but did not know where the thermometer was or when it was last used.</p> <p>On 6/08/16 E3 (Certified Dietary Manager) confirmed the gauge on the pots and pans dishwasher was broken and incorrect thermolabels were being used.</p> <p>The Dishmachine Temperature Log dated 10/2013 with notations on the following days, 5/29/16 to 6/03/16. It had a column for the gauge temperatures for those days which ranged from 170 to 175 degrees Fahrenheit, below the required 180 degrees Fahrenheit for the final rinse.</p> <p>According to the Centers for Medicare and Medicaid Census and Condition of Residents' Report, form 672, dated 6/06/16 and signed by E6, (RN, Associate Manager) documents that at the time of the survey seven residents reside in the Skilled Nursing Unit.</p>	F 456			