

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

PRINTED: 03/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145651	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2015
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ALTON			STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD ALTON, IL 62002	
(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 314 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to provided turning and repositioning to prevent pressure ulcers for 1 of 4 residents (R6) reviewed for high risk for pressure ulcers in the sample of 15.</p> <p>Findings include:</p> <p>R6's Minimum Data Set (MDS) of 3/4/15 documents R6 requires extensive assistance of 2 or more staff for bed mobility.</p> <p>R6's Care Plan of 3/10/15 documents R6 is at high risk for skin breakdown. With Care Plan approach, in part; "Monitor for incontinence frequently change if wet or soiled. Apply moisture barrier ointment after each incontinence care. Turn and reposition at frequent intervals."</p> <p>On 3/17/2015, at 12:55 PM, E5 and E6, Certified</p>	F 314		

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 314	Continued From page 1 Nurse's Aide (CNA), transferred R6 from her wheel chair to bed using a mechanical sling lift. R6's incontinent pad, pants and mechanical lift sling were saturated with urine. E5 and E6 stated R6 was up at 6:30 AM and had been up in the wheel chair since then. The CNA's stated R6 was put to bed at around 10:00 am and got back up right away. R6's buttocks were deep creased and red. E5 and E6 did not put barrier cream on R6 after incontinent care was given.	F 314			
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 observation, record review and interview, the facility failed to provide complete incontinent to prevent urinary tract infections for 2 of 3 residents (R6 and R10) reviewed for incontinent care in the sample of 15. Findings include: 1. R6's Minimum Data Set (MDS) of 3/4/15 documents R6 is totally dependent on 2 or more staff for transfer; requires extensive assistance	F 315			

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F 315	<p>Continued From page 2</p> <p>for hygiene and if always incontinent of bowel and bladder.</p> <p>R6's Care Plan of 3/10/15 documents R6 is incontinent of bowel and bladder.</p> <p>On 3/17/2015, at 12:55 PM, E5 and E6, Certified Nurse's Aides (CNAs), transferred R6 from her wheel chair to bed using a mechanical sling lift. E5 and E6 stated R6 had been up in her wheel chair since around 10:00 AM. R6's incontinent pad, pants and mechanical lift sling were saturated with urine. R6 had a large amount of soft formed feces smashed up into her pubic area. E5 and E6 did not get feces cleaned from R6's perineal area and again did incontinent care at the request of the Surveyor. There was visible feces on the wipes and both E5 and E6 confirmed R6 had not been cleaned.</p> <p>2. R10's MDS of 12/25/14 documents R10 requires extensive assistance for hygiene and is always incontinent of bowel and bladder.</p> <p>R10's Care Plan of 12/30/14 documents R10 is incontinent at times and uses pads. Care Plan approach documents use pre-moistened wipes for cleansing.</p> <p>On 3/18/2015, at 1:15 PM, R10 was incontinent of bowel and bladder. E7, CNA, gave R10 incontinent care. E7 wiped R10's anal area and between buttocks. E7 did not wash soiled penis and scrotum or buttocks that were soiled with urine.</p> <p>R10 laboratory tests of 11/12/14 shows abnormal urinalysis.</p>	F 315			

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F 315	Continued From page 3 The Facility policy titled, "Incontinence Care," undated, documented under, "procedure: 7...Cleanse the buttocks, hips and thighs as necessary to remove all urine or feces."	F 315			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a safe transfer technique for 1 of 3 residents (R6) reviewed for transfers in the sample of 15 and one resident (R16) in the supplemental sample. Findings include: 1. R6's Minimum Data Set (MDS) of 3/4/15 documents R6 is totally dependent on 2 or more staff for transfer. R6's Care Plan of 3/10/15 documents R6 requires mechanical sling lift for transfer. Incident/Accident Report of 3/4/15 documents E9, Certified Nurse Aide (CNA), was putting on R6's clothes on and notice a skin tear while dressing her after her shower. Incident Investigation documents requires a mechanical sling transfer.	F 323			

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F 323	Continued From page 4 Injury of 1.3 centimeter (cm) skin tear. Report documents E9 states R6 was transferred per mechanical sling lift to the shower chair and was in the shower stall and E9 noticed blood on her right forearm. On 3/18/14, at 1:45 PM, E2, Director of Nursing (DON), stated E9 did the transfer by herself. Facility Policy and Procedure for Total Resident Transfers Using Mechanical Lifts of 3/31/08 documents Total mechanical lifts require a minimum of 2 trained staff members to complete a resident transfer. 2. On 3/17/15 at 1:00 PM, E8, Registered Nurse (RN) transferred R16 from her wheel chair to her bed. E8 did not use a gait belt and lifted R16 by her arm and the seat of her pants. R16 plopped into the bed during the transfer. During Daily Status Meeting on 3/19/15, E1 Administrator stated that it is policy to use gait belt during transfers and E8 should have used a gait belt.	F 323			
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			

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F 441	<p>Continued From page 5</p> <p>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</p> <p>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 observation and record review, the facility failed to ensure staff remove their soiled gloves before touching clean items during incontinent care to prevent the spread of infection for 1 of 6 residents (R10) reviewed for infection control during incontinent care in the sample of 15.</p> <p>Findings include:</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>1. R10's Minimum Data Set, MDS, of 12/25/14 documents R10 requires extensive assistance for hygiene and is always incontinent of bowel and bladder.</p> <p>R10's Care Plan of 12/30/14 documents R10 is incontinent at times and uses pads. Care Plan approach documents use pre-moistened wipes for cleansing.</p> <p>On 3/18/2015, at 1:15 PM, R10 was incontinent of bowel and bladder. E7, Certified Nurse's Aides, CNA, gave R10 incontinent care. E7 removed R10's soiled incontinent pad and then handled the mechanical lift remote control and the mechanical lift, clean clothes, shoes, new incontinent pad with the same soiled gloves.</p>	F 441			