

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

PRINTED: 05/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145666	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2014
NAME OF PROVIDER OR SUPPLIER CENTRALIA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1910 EAST MCCORD RTE 161 EAST CENTRALIA, IL 62801		
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F 000	INITIAL COMMENTS	F 000			
	Annual Licensure/Certification Survey				
	Complaint 1452067/IL69773-No findings				
	Validation Survey for Subpart U: Alzheimer's Unit Centralia Manor is in compliance with Subpart U. 77 Administrative Code 4, Section 300.700.				
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280			
	The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.				
	A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.				
	This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to update the plan of care to address behavioral issues and/or to provide parameters				

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 280	<p>Continued From page 1</p> <p>for administration of as needed pain medications for 3 of 19 residents (R4, R13, and R15) reviewed for Care Plans in the sample of 19.</p> <p>Findings include:</p> <p>1. According to May 2014 Physician's Orders, R15 is a 90 year old resident receiving hospice services, and has orders for 650 milligrams (mg) of Acetaminophen up to 4 times a day as needed, and also 10 mg of Morphine Concentrate as needed. According to the Minimum Data Set dated 3/12/14, R15 received a score of 1 on the Basic Interview for Mental Status (BIMS), indicating that R15 had severe cognitive deficits.</p> <p>When questioned regarding how the facility decided which of the medications to use and how R15 indicated that he was in pain, E19, Corporate Regional Director, stated that she assumed that the Acetaminophen would be tried first, and then the Morphine would be used if the Acetaminophen did not provide adequate relief.</p> <p>The Care Plan dated 3/12/14 failed to identify parameters for using the Acetaminophen versus the Morphine to address R15's pain.</p> <p>2. R4's current Matrixcare Facesheet documents that R4 was admitted to the facility on 10/14/13 and that R4 has a diagnosis of Dementia, CCE (Couldn't Classify Elsewhere), with Behavioral Disturbances. R4's admission 10/14/13 Prescription Order documents that R4 received Risperidone 2 milligrams every evening. R4's current, May, 2014, Physician Order documents that R4 receives Risperidone 1 milligram every AM and Risperidone 2 milligrams every PM. R4's</p>	F 280			

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F 280	<p>Continued From page 2</p> <p>initial,12/19/13, Behavior Program Format documents R4's behaviors as "verbal and attempted to strike out at another resident" and documents R4's interventions as "explain to resident he cannot strike at other residents and staff and separate resident from other residents when he becomes agitated". R4's November, 2013 Behavior Tracking Form lists behaviors as "resist care, cursing, socially inappropriate gestures and physical" and lists interventions as "approach resident at a later time, encourage resident to do as much for himself, and try different staff". R4's Nurses Notes have documented behaviors (with some behaviors regarding anger and aggression) recorded 22 times from 10/22/13 to 5/10/14. R4's Care Plan, with a start date of 10/22/13 and a last review date of 5/1/14, documents R4 as having a one time isolated behavioral incident with aggression to staff for not receiving coffee. The only approaches listed on this Care Plan are that the kitchen will ensure a carafe of coffee is set out for resident after meals and the nurses will make coffee for resident as the resident ask for it. This Care Plan failed to identify any further specific behaviors or any further individualized approaches regarding R4's preferences/needs to relieving/preventing R4's distressed behavior.</p> <p>On 5/15/14 at 11:15 AM, E3 (Director of Nursing), stated that R4's Care Plan dated 10/22/13 was the only Care Plan addressing R4's behaviors that she was aware of. On 5/16/14 at 11:15 AM, E3 presented this surveyor with an updated Care Plan, dated 5/15/14, regarding R4's behaviors. On 5/16/14 at 11:00 AM, E17, (Activity Director), stated that she was recently put in charge of the facility's behavior tracking/care planning and that R4's care plan and interventions were not</p>	F 280			

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F 280	<p>Continued From page 3 specifically individualized for R4.</p> <p>The facilities January, 2014 revised Policy for Behavior Management Committee documents under Procedure, no. 4 on page 2 that the Behavior Programs and Care Plans that have been put in place for these residents shall also be reviewed at this time. The IDT (Interdisciplinary Team) shall discuss together whether or not the interventions are person centered and effective for the resident. Revisions to the program/care plan shall be make as necessary.</p> <p>3. The Face Sheet for R13 with the latest admit date of 3/8/13 documents R13's diagnoses to include aggressive behaviors. The most recent Minimal Data Set was completed on 7/31/13 and the most recent Quarterly Resident Assessment Instrument was completed on 4/23/14. On both documents it was recorded that R13 had symptoms of verbal and physical behaviors occurring at least every 4 - 6 days out of the 7 day week. R13's Resident Progress Notes from 2/16/14 through 5/15/14 document 8 episodes of R13 having verbal or physical behaviors. There is no documentation of interventions being initiated.</p> <p>R13's Care Plan with the last conference date of 4/24/14 records the problem as has been having negative behaviors of striking out, cursing and screaming, during care (ADL'S) and in and out of bed. The form also states a current diagnosis of meningioma right frontal area. The goal is listed as R13 will refrain from being physical, cursing and screaming out during this quarter. The approaches are to Explain all tasks to resident,</p>	F 280			

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F 280	Continued From page 4 give resident something to hold during care, hold residents hands when providing care, talk with resident when providing care and try different staff members. Each of these interventions have a start date of 12/5/13 listed on the Care Plan. -During interview with E17 (Activity Director) on 5/16/14 at 11:00 am, E17 said that the residents behavior tracking and care plan interventions are not individualized. E17 said that behavior tracking was just recently listed as part of her job description and she will also do the care plan for behaviors. -E18 (Certified Nurse Aide) said during interview on 5/16/14 at 1:20 pm that R13 has a lot of behaviors and that she really isn't aware of the behavior interventions. -E5 (Certified Nurse Aide, Shift Coordinator) was interviewed at 1:30 pm on 5/16/14. E5 said that R13 has multiple behaviors. E5 said she does not know what the behavior tracking or plan of care has listed as interventions for R13. E5 said that R13 can be calmed by talking about children or getting her family member that works in the facility to visit with her.	F 280			
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	F 309			

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F 309	<p>Continued From page 5</p> <p>by:</p> <p>Based on record review and interview the facility failed to provide a plan and develop specific and individualized interventions for behaviors for one of four residents (R13) reviewed for behaviors in a sample of 19.</p> <p>Findings include:</p> <p>1. The Face Sheet for R13 with the latest admit date of 3/8/13 documents R13's diagnoses to include aggressive behaviors. The most recent Minimal Data Set was completed on 7/31/13 and the most recent Quarterly Resident Assessment Instrument was completed on 4/23/14. On both documents it was recorded that R13 had symptoms of verbal and physical behaviors occurring at least every 4 - 6 days out of the 7 day week. The Behavior Tracking Form for R13 documents that R13 had 14 episodes of cursing, 14 episodes of striking out and 10 episodes of resisting care from January 1st, 2014 through May 10th, 2014. This same form lists the following interventions :</p> <p>1. Give res something to hold during care.</p> <p>2. Talk with res when providing care.</p> <p>3. Hold hands when providing care.</p> <p>This form has a Severity Code of 1 through 3. (1. Mild 2. Moderate and 3. Severe.)</p> <p>The severity of thirteen of the behaviors on the Behavior Tracking Form is marked as a 3 for severe, one behavior is marked as a 2 for moderate and one behavior is marked as a 1 for mild. Each intervention is marked as having no improvement after it was initiated. R13's Resident Progress Notes from 2/16/14 through 5/15/14 document 8 episodes of R13 having verbal or physical behaviors. There is no documentation of interventions being initiated. R13's Behavior Care</p>	F 309			

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F 309	Continued From page 6 Plan with the last conference date of 4/24/14 records the problem that R13 has been having negative behaviors of striking out, cursing and screaming, during care (ADL'S) and in and out of bed. The form also lists the residents current Diagnosis is meningioma right frontal area. The goal is listed as R13 will refrain from being physical, cursing and screaming out during this quarter. The approaches are to Explain all tasks to resident, give resident something to hold during care, hold residents hands when providing care, talk with resident when providing care and try different staff members. During interview with E17 (Activity Director) on 5/16/14 at 11:00 am, E17 said that tracking behaviors and completing the care plan were just recently listed as part of her job description. E17 said that R13's behavior tracking and care plan interventions are not individualized.-E18 (Certified Nurse Aide) said during interview on 5/16/14 at 1:20 pm that R13 has behaviors a lot and that she really isn't aware of the behavior interventions. E5 (Certified Nurse Aide, Shift Coordinator) was interviewed at 1:30 pm on 5/16/14. E5 said that R13 has multiple behaviors. E5 said that R13 can be calmed by talking about children or getting her family member that works in the facility to visit with her. E5 said she does not know what the behavior tracking has listed as interventions for R13.	F 309			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or	F 329			

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F 329	<p>Continued From page 7</p> <p>without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide timely initiation of a behavior program and qualitative and quantitative documentation of behaviors with specific, individualized interventions for the use of an antipsychotic medication for 1 of 3 residents (R4) receiving psychoactive medications in the sample of 19.</p> <p>Findings Include:</p> <p>R4's current Matrixcare Facesheet documents that R4's birth date is 12/26/39, that R4 was admitted to the facility on 10/14/13, and that R4 has a diagnosis of Dementia, CCE (Couldn't</p>	F 329			

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F 329	<p>Continued From page 8</p> <p>Classify Elsewhere), with Behavioral Disturbances. R4's admission, 10/14/13, Prescription Order documents that R4 received Risperidone 2 milligrams every evening. R4's current, May, 2014, Physician Order documents that R4 now receives Risperidone 1 milligram every AM and Risperidone 2 milligrams every PM. R4's initial Behavior Program Format, dated 12/19/13, documents R4's behaviors as "verbal and attempted to strike out at another resident" and documents R4's interventions as "explain to resident he cannot strike at other residents and staff and separate resident from other residents when he becomes agitated". R4's November, 2013 Behavior Tracking Form lists behaviors as "resist care, cursing, socially inappropriate gestures and physical" and lists interventions as "approach resident at a later time, encourage resident to do as much for himself, and try different staff". This same tracking form has a total of 3 behaviors listed which all occurred in the month of January, 2014 and the interventions used for these 3 behaviors were to encourage resident to do as much for himself and try different staff. R4 also has a January, 2014 Behavioral Observation Form with a total of 2 behaviors listed, one on 3/2/14 and the other on 5/10/14. These 2 behavior occurrences do not have any documented interventions attempted. R4's Nurses Notes have documented behaviors (with some behaviors regarding anger and aggression) recorded 22 times from 10/22/13 to 5/10/14. There is no documentation as to what specific, individualized interventions were used or if they helped reduce/stop the behaviors or how long the behaviors occurred.</p> <p>On 5/16/14 at 11:40 AM, E3 (Director of Nursing) stated that R4 was admitted to the facility on</p>	F 329			

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F 329	Continued From page 9 10/14/13 with an order for Risperidone and that R4 had behaviors when he was admitted. On 5/16/14 at 9:30 AM, E3 stated that the initial Behavior Program was started on 12/19/13. On 5/16/14 at 11:00 AM, E17, (Activity Director), stated that she was recently put in charge of the facility's behavior tracking and that R4's behavior tracking lacked adequate documentation and that R4's behavioral interventions were not specifically individualized for R4.	F 329			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facilities January, 2014 revised Policy for Behavior Management Committee documents under Procedure, no. 4 on page 2 that the Behavior Programs and care plans that have been put in place for these residents shall also be reviewed at this time. The IDT (Interdisciplinary Team) shall discuss together whether or not the interventions are person centered and effective for the resident. Revisions to the program/care plan shall be make as necessary. 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 in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441			

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F 441	<p>Continued From page 10 actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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 observation and record review, the facility failed to ensure adequate infection control measures were implemented during the use of and cleaning of blood glucose monitoring devices for 1 of 1 resident (R14) observed during routine blood glucose monitoring in the sample of 19 and 2 residents (R21, R22) in the supplemental sample.</p> <p>The findings are:</p> <p>1. E13, Registered Nurse, was observed on 5/14/2014 at 11:00 am, while performing a fingerstick blood glucose test for R22. E13 placed</p>	F 441			

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F 441	<p>Continued From page 11</p> <p>a basket with supplies in R22's bed without a barrier. E13 removed the blood glucose monitor from the basket and set it on R22's bed without a barrier. After completing the test, E13 placed the supply basket and the blood glucose monitor directly on top of the medication cart without a barrier. E13 opened an individual single use bleach wipe, partially unfolded it and laid it on top of the monitoring device without wiping the device. The manufacturer's directions for the bleach wipe states "wipe surface with towel until completely wet..." E13 stated that she would let it set with the wipe over it for about 5 minutes then air dry.</p> <p>2. E13, Registered Nurse, was observed on 5/14/2014 at 11:15 am while performing a fingerstick blood glucose test for R21. E13 placed the basket with supplies in R21's bed without a barrier. After completing the test, E13 placed the supply basket and the blood glucose monitor directly on top of the medication cart without a barrier. E13 opened an individual single use bleach wipe, partially unfolded it and laid it on top of the monitoring device without wiping the device. The manufacturer's directions for the bleach wipe states "wipe surface with towel until completely wet..."</p> <p>3. E14, Licensed Practical Nurse, (LPN) was observed on 5/15/14 at 11:00 am while performing a fingerstick blood glucose test for R14. E13 placed the monitoring device on R14's over bed table without a barrier. After completing the test, E14 set the monitoring device on the top of the medication cart without a barrier, prior to cleaning with the bleach wipe.</p> <p>4. E15, LPN, was observed on 5/15/14 at 11:15</p>	F 441			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145666	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2014
NAME OF PROVIDER OR SUPPLIER CENTRALIA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1910 EAST MCCORD RTE 161 EAST CENTRALIA, IL 62801		
(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 441	Continued From page 12 am while performing a finger stick blood glucose test for R22. After completing the test, E15 opened an individual single use bleach wipe, partially unfolded it and laid it on top of the monitoring device without wiping the device. The manufacturer's directions for the bleach wipe states "wipe surface with towel until completely wet..." E15 stated that she would let it set for 5 minutes and then air dry.	F 441			