STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145690	A. BUILDING _____ B. WING _____	01/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GALESBURG COTTAGE HOSPITAL SKILLED NSG UNIT	695 NORTH KELLOG STREET GALESBURG, IL 61401

(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 221 SS=D	Annual Certification Survey 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 comprehensively assess and reevaluate the use of physical restraints and failed to develop a plan to reduce physical restraint use for one of one residents (R2) reviewed for restraint use on the sample of ten. Findings include: On 01/14/13 at 1:00 p.m., R2 was lying in bed, asleep, with all four side rails in the up position. R2 was also restrained with bilateral wrist restraints tied to the bed frame. On 01/14/13 at 3:00 p.m. E7 (Registered Nurse) and E10 (Certified Nurse Aide) untied R2's bilateral wrist restraints and scooted R2 up in bed and immediately retied R2's bilateral wrist restraints. R2's bilateral wrist restraints were off for no more than one - two minutes and all four side rails remained up. R2 has a gastrostomy tube present in his abdomen with an abdominal binder covering the lower portion of his gastrostomy tube and his gastrostomy tube site. The upper portion of his gastrostomy tube is covered by his hospital	F 221		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 221	Continued From page 1	F 221		

gown and exits through the upper arm snaps of the gown. R2 has intervenous fluid infusing into a peripheral intervenous site on his right foot.

On 01/14/13 at 4:20 p.m., E8 (Licensed Practical Nurse) and E9 (Certified Nurse Aide) released R2's bilateral wrist restraints, scooted R2 up in bed and immediately reapplied the bilateral wrist restraints.

The Hospital History and Physical dated 12/26/12 states that R2 has Down's syndrome, normally resides in a group home, and has bilateral pneumonia. Facility admission orders dated 01/11/13 state that R2 has a recently placed gastrostomy tube. The Restraint and Seclusion Physician Orders form signed 01/11/13, states that physical restraint use is needed for "non-violent/ non self destructive: To protect the patient from injury to self status post treatment or procedure or reinjury to self after the use of less restrictive alternatives has been evaluated or was unsuccessful." This form is checked under type of intervention soft wrist restraint right or left. R2's clinical record does not include documentation of less restrictive measures attempted. The Restraint and Seclusion Physician Order form dated 1/13/13 also checks four side rails used. R2's clinical record does not include any assessment for the use of four side rails and does not include any documentation of less restrictive measures attempted prior to initiating the four side rail restraint use.

On 01/15/13 at 2:00 p.m., E2 (Director of Nursing) stated that R2 was admitted with orders for wrist restraints because they didn't want him pulling out his tubes. E2 did not know if R2 had

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	145690	A. BUILDING _____ B. WING _____	01/17/2013

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F 221	Continued From page 2 made any attempts to pull at his tubes and stated R2's hands had been restrained in the acute care hospital and since admission to the facility. E 2 stated that the facility nurses did not attempt any less restrictive measures or develop a plan for restraint reduction. E2 stated that side rails were implemented on 01/13/12, and the facility has no assessment regarding the need for the side rail restraints, any less restrictive measures attempted, or any plan to reduce restraint use.	F 221		
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide education regarding a choice to leave isolation room for activities for one of three residents (R1) reviewed for isolation precautions in a sample of ten. Findings include: R1's admission orders dated 12/25/12 documents Isolation Precautions for MRSA (Methicillin Resistant Staphylococcus Aureus) of the Nares (nostrils). R1's Microbiology Report dated 12/16/12 documents "moderate growth of MRSA." On 1/14/13 at 9:30 a.m. R1 was sitting in her	F 248		

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F 248	Continued From page 3 room in a motorized wheelchair folding laundry. R1 had a Contact Isolation sign hanging outside of her room. E2 stated that R1 was in isolation for "infection" in the urine. R1 was sitting in her room in her motorized wheelchair on 1/14/13 at 11:30 a.m., 1:45 p.m.. R1 was sitting in her motorized wheelchair in her room on 1/15/13 at 8:35 a.m., and 1:10 p.m. R1 was again observed in her room on 1/16/13 at 10:30 a.m.. The Contact Isolation sign remained outside of the doorway from 1/14/13-1/17/13. The Facility's Screening For MRSA policy last revised 12/2012 documents Contact Precautions are to be maintained for the duration of the patient's hospitalization. The facility's Contact Precautions Policy last revised in January 2012 documents under Patient Transport; "When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered." On 1/15/13 at 1:10 p.m. R1 stated " I did not know there was a bird room and I would love to come out of my room." R1 stated she has not been out of her room during duration of stay. On 1/15/13 at 1:45 p.m. E2 (Director of Nursing) stated R1 can come out of her room and E2 will provide education to R1.	F 248		
F 273 SS=D	483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which	F 273		

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F 273	Continued From page 4 there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to complete comprehensive assessments, within 14 days of admission, for two of ten residents (R1,R4) reviewed for assessments in the sample of ten. Finding include: According to R1's face sheet, R1 was admitted to the facility on 12-25-12. Upon review on 1-14-13, no Minimum Data Sheet (MDS) was found in R1's clinical record. On 1-14-13 at 1:45p.m., E3 (MDS Coordinator) verified no MDS has been done for R1 since admission on 12-25-12. According to R4's face sheet, R4 was admitted to the facility on 12-31-12. Upon review on 1-14-13, no MDS was found in R4's clinical record. On 1-15-13 at 8:50a.m., E3 verified no MDS has been done for R4 since admission on 12-31-12 and states, "I am behind on his (R4)".	F 273		
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea,	F 322		

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F 322	Continued From page 5 vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to prevent potential contamination of gastrostomy tube feedings by pouring new tube feeding formula into old formula in an open bag system and failing to date the tube feeding bag for two of two residents (R2, R3) reviewed for tube feedings on the sample of ten. Findings include: 1. On 01/14/13 at 4:20 p.m., E8 (Licensed Practical Nurse) administered gastrostomy tube feedings to R2. R2 has an open bag system dispensing gastrostomy tube feedings. E8 opened two new cans of tube feeding formula and poured this formula into R2's tube feeding bag which still contained 25-30 cc's (cubic centimeters) of formula. While pouring the feeding, E8, verified that 25-30 cc's of the old formula remained in R2's tube feeding bag. The facility's enteral nutrition via gastrostomy policy dated January 2012, instructs nurses to rinse the feeding bag and tubing with warm water before adding formula. 2. According to the Facility's enteral nutrition via a gastrostomy policy dated January 2012, all feeding bags are to include the date, time and initials. The policy also reads to only pour the amount of formula needed, into the bag, for eight	F 322		

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F 322	Continued From page 6 hours and to rinse the feeding bag and tubing with warm water, before adding formula. According to the Physician Order Sheet dated 1-10-13, R3 has an order for Jevity 1.2 calorie at 50 milliliters per hour per gastrostomy tube. On 1-15-13 at 10:15a.m., R3 had a feeding bag hanging, that was not dated, administering Jevity 1.2 calorie at 50 milliliters per hour per gastrostomy tube. On 1-15-13 at 10:15a.m., E6 (Licensed Practical Nurse) verified that the feeding bag was not dated. On 1-15-13 at 10:15a.m., R3's feeding bag had approximately 50 milliliters of Jevity 1.2 calorie. On 1-15-13 at 10:15a.m., E6 attempted to pour a can of Jevity 1.2 calorie into the feeding bag that already had feeding in it, and noticed the feeding bag was not dated. On 1-15-13 at 10:15a.m., E6 verified she normally adds feeding to the bag, when feeding is already in the bag, for up to twenty four hours.	F 322		
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 (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by:	F 371		

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F 371	Continued From page 7 Based on observation, interview, and record review, the facility failed to sanitize dish ware used to serve seven residents (R1, R4, R5, R6, R7, R8, R9) in the sample of ten and 13 residents (R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23) in the supplemental sample. The facility failed to store, in a sanitary manner, refrigerated food items served to one resident (R6) in the sample of ten and six residents (R11, R12, R13, R14, R15, R16) in the supplemental sample. Findings include: 1. On 1-14-13 at 10:15 a.m., E4 (Nutritional Director) used a thermometer to test the final rinse cycle of the conveyor dish machine. This machine is used to wash all of the dish ware in the facility. The thermometer read 167 degrees Fahrenheit (F). E4 proceeded to use a temperature strip that should activate if the final rinse cycle is at least 180 degrees F. The strip did not activate indicating the final rinse cycle did not reach 180 degrees F. On 1-14-13 at 10:30 a.m., E4 verified that the final rinse cycle should reach 180 degrees F for appropriate sanitation of the dish ware. According to the January 2013 dish machine temperature log, the final rinse cycle did not reach 180 degrees F from January 1-14 2013. According to the facility's sanitation and infection control policy for dish machine temperatures dated May 1995, the final rinse temperature for a conveyor dish machine should be 180 degrees F, and if there is substandard water temperatures then the facility should implement disposable service ware.	F 371		

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F 371	Continued From page 8 On 1-14-13 at 1:35 p.m., E4 verified she had just called a service man that had been in that morning for a routine maintenance check of the dish machine. E4 stated the service man reported to her that he knew the dish machine was not functioning that morning, but did not report it to E4 until now, 1-4-13 at 1:35p.m. E4 confirmed that she would be shutting the dish machine down at this time (1:35p.m.) and use paper products to serve food until the dish machine is fixed. E4 confirmed that the dish machine was used to wash dish ware used for twenty residents (R1, R4, R5, R6, R7, R8, R9 R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23) after breakfast and lunch on 1-14-13, even though the final rinse cycle did not reach 180 degrees earlier that morning. On 1-14-13 at 1p.m., the dietary meals were served on regular dish ware. 2. On 1-14-13 at 9:30a.m., in the dietary kitchen refrigerators sliced oranges were not dated and covered, and individual lettuce salads, chocolate puddings, and vanilla puddings were covered but not dated. On 1-14-13 at 9:30am., E5 (Chef) verified the sliced oranges were not dated or covered. On 1-14-12 at 10:00a.m., E4 (Nutritional Director) verified the individual lettuce salads, chocolate puddings, and vanilla puddings were not dated. On 1-14-13 at 1:35 p.m., E4 provided a list of four residents (R11, R12, R14, R15) that received the undated and uncovered oranges, four residents (R11, R12, R13, R14) that received the undated lettuce salads, and one resident (R16) that	F 371		

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F 371	Continued From page 9 received the undated vanilla pudding.	F 371		
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 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 actions related to infections. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 441	Continued From page 10	F 441		

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the facility failed to practice infection control measures when administering medications for one of one residents (R9) observed for medication pass in a sample of ten. The facility also failed to follow contact precautions regarding visitors for one of three residents (R4) reviewed for infections control, in the sample of ten.

Findings include:

1. On 1/15/13 at 9:10 a.m. E7 (Registered Nurse) administered a Subcutaneous injection to R9 without donning gloves and administered five oral medications to R9. R9 touched each pill with ungloved hands.

On 1/15/13 at 1:45 p.m. E7 acknowledged not wearing gloves during the injection and handling R9's pills with ungloved hands.

The facility provided a document titled "Medication Administration: Subcutaneous Injections" which documented to perform hand hygiene and don (put on) gloves.

2. On 1-14-13 at 12:45p.m., R4's door had the facility's contact precaution signs verifying visitors are to wear a gown and gloves while in R4's room. On 1-14-13 at 12:45p.m. and 1-15-13 at 1:20p.m, Z1(R4's family) was sitting in R4's room

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F 441	Continued From page 11 with no gown or gloves on. On 1-15-13 at 1:45p.m., E2 (Director of Nursing) verified that the facility has no documentation of Z1 being educated to wear a gown and gloves while visiting R4.	F 441		