

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

PRINTED: 01/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145703	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER ILLINI RESTORATIVE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD SILVIS, IL 61282		
(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 157 SS=D	<p>Annual Licensure and Certification Survey</p> <p>Illini Restorative Care is in compliance with 77 Illinois Administrative Code Section 330, Sheltered Care Facility Code, for this survey.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's</p>	F 157			

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 157	Continued From page 1 legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify the physician and family of skin integrity impairment [specifically skin tears] for one of 13 residents (R5) reviewed for accidents and incidents in a sample of 15. Findings include: The facility policy, entitled Skin Impairment, reviewed/revised 10/9/2015, documents, "Notify physician of the skin impairment...Notify family of skin impairment." R5's Progress Notes, dated 11/9/2015 at 9:11 p.m., documents, "Resident had a new skin tear on [R5's] left leg at about 1700. After it was cleaned, telfa and tegaderm were used for the area as dressing." R5's computerized and "hard copy" charts do not contain documentation that R5's physician or family was notified of R5's skin tear and subsequent wound dressing that was needed. On 01/13/2016, at 11:10 a.m., E2 (Director of Nursing) stated, "[R5's] skin tear, documented on 11/09/2015, was not reported to [R5's] family or physician."	F 157			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279			

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F 279	<p>Continued From page 2</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to include dialysis services and related interventions in the care plan for one (R16) of 15 residents reviewed for care plans in a sample of 15.</p> <p>Findings include:</p> <p>The facility's Dialysis Policy & Procedure (Revised 12/01) documents to identify specific care needs and outline on the care plan.</p> <p>R16's Physician Order Sheet (POS), dated 1/14/16, documents that R16 has a right arm dialysis fistula for R16's diagnosis of End Stage Renal Disease. R16's POS also documents that R16 is scheduled for dialysis on Tuesday, Thursday, and Saturday.</p>	F 279			

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F 279	Continued From page 3 R16's current care plan contains no documentation of dialysis services or monitoring of R16's right arm dialysis shunt. On 1/15/16, at 10:10 am, E2 (Director of Nursing/DON) stated, "I can't find anything on the care plan. I am not even sure there is a trigger in our computer to add dialysis to initiate it on the care plan."	F 279			
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 follow the facility policy on providing catheter care for one of three residents (R9) reviewed for indwelling urinary catheter in a sample of 15. Findings include: The facility policy titled, "Catheter Care" dated 10/21/15, includes the following:	F 315			

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F 315	Continued From page 4 A. Gather necessary equipment: 1. Disposable glove; 2. Bath towels-at least two; 3. Basin with warm water; 4. Peri-wash or soap; 5. Plastic bag; 6. Catheter leg strap. G. Female: 1. Gently separate labia, wash down one side then the other, always front to back to prevent contamination. 2. rinse well and pat dry the labia-if using soap. 3. Cleanse area well at insertion. 4. Cleanse catheter tubing approximately four inches from insertion. On 01/13/16 at 1:40 PM, E3(Certified Nurses Assistant/CNA), while performing indwelling catheter care, used a disposable wipe and swiped down the catheter tubing three times with the same area of cloth, approximately seven inches down tubing. E3/CNA, using a bath towel wiped downward in R9's left leg fold, up labia and down right leg fold, using same area of towel. On 01/13/16 at 1:56 PM, E3/CNA stated, "I used the wipe to make sure the tubing was extra clean." At this time, E3/CNA verified using same area of cloth when cleansing catheter tubing. On 01/15/16 at 11:00 AM, E2(Director of Nurse/DON), stated, "I wouldn't expect the CNA's to use a disposable cloth or wipe the catheter tubing two or three times with the same area of the cloth, when doing catheter care."	F 315			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids;	F 328			

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F 328	<p>Continued From page 5</p> <p>Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to monitor a dialysis shunt for bruit and thrill for one (R16) of one resident reviewed for dialysis in a sample of 16.</p> <p>Findings include:</p> <p>The facility's Dialysis Policy & Procedure (Revised 12/01) documents, "To monitor bruit and thrill per shift for presence or absence."</p> <p>R16's Physician Order Sheet, dated 1/14/16, documents, R16 was admitted to the facility, with a right arm dialysis fistula, for End State Renal Disease, on 1/11/16. R16 is scheduled for dialysis on Tuesday, Thursday, and Saturday.</p> <p>R16's Medication Administration Record (MAR), Treatment Record (TAR), Progress Notes, and Interim Care Plan contain no documentation of R16's dialysis shunt or monitoring of the dialysis shunt.</p> <p>On 1/15/16, at 10:10 am, E2 (Director of Nursing/DON) stated that there is no record of monitoring for R16's bruit and thrill of the dialysis shunt, on R16's MAR, TAR, Interim Care Plan, Progress Notes or anywhere else in R16's chart.</p>	F 328			

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F 328	Continued From page 6 On 1/15/16, at 9:05 am, R16 stated that the staff have not looked at the dialysis fistula since admission.	F 328			
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: Based on observation, interview and record review, the facility failed to ensure that dried food items were properly stored and dated. This unsafe practice has the potential to effect all 73 residents who consumed food in the facility (R1-7, 9, 11-14, 16-18 and 20-77). Findings include: On 01/12/16 at 10:00 AM, observations of the dry storage area included: three bulk food containers; one with flour, one with oatmeal and one with sugar, all three containing large measuring cups laying inside of them. None of the containers had identifying information including date of open/removal from original packaging. On 01/12/16 at 10:00 AM, E5 (Dietary Chef), stated, "The bins are supposed to be labeled with open date or expiration date. No, the scoops are not supposed to be in the bins, the staff are	F 371			

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F 371	Continued From page 7 supposed to get a scoop from the shelf each time." The facility's Food and Supplies Policy dated 01/15, states, "Store foods in their original package. If removed from original packaging, must be stored in a clean and sanitized containers with a tight fitting lid. Label both the bin and the lid. Hang scoop. Cover, label and date open packages. The Centers for Medicare and Medicaid Services form, 672, completed by the facility on 01/13/16 lists 74 residents are living in the facility. On 1/13/16 at 11AM, E6 (Dietary Supervisor) stated that all of the residents in the facility eat food prepared in the kitchen, with the exception of R15, who eats via a feeding tube.	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.	F 441			

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F 441	<p>Continued From page 8</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 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, record review, and interview, the facility failed to perform hand hygiene and remove soiled gloves before touching clean items and failed to completely cleanse a resident during incontinence care/perineal care for three residents (R1, R5, and R7) of nine residents reviewed for incontinence/perineal care in a sample of 15.</p> <p>Findings include:</p> <p>The facility policy, entitled Incontinence Care/Perineal Care, reviewed/revised 10/21/2015, states, "Remove soiled clothing, pads, and linens...Remove gloves. Wash hands. Replace Gloves." The same policy also states,</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>"Cleanse penis by pushing back foreskin, gently wash penis in circular motion...wash the shaft of the penis the same way...spread resident's legs and wash scrotum...remove gloves...wash hands...dress in clean clothing."</p> <p>The facility policy, entitled Standard Precautions, reviewed/revised 03/15/2013, states, "Hand hygiene is required immediately after gloves are removed...Change gloves between tasks and procedures, on the same patient, after contact with material that may contain microorganisms."</p> <p>1. On 1/13/2016, at 9:40 a.m., E3 (Certified Nursing Assistant) provided perineal care to R7. After cleaning R7's perineal area, with disposable wipes, without changing gloves: E3 pulled up R7's incontinence brief; pulled up R7's pants; and touched R7's gaitbelt and shirt while assisting R7 to R7's wheel chair. E3 confirmed that E3 should have removed E3's dirty gloves, and performed hand hygiene, after cleaning R7's perineal area.</p> <p>2. On 1/13/16 at 11:30 A.M., E3 and E4 (Certified Nursing Assistant) performed incontinence care on R1. Both E3 and E4 were noted to have been wearing multiple layers of gloves. E4 pulled down R1's pants and then unfastened R1's soiled adult incontinence brief. E4 then removed one of the layers of gloves. E3 then turned R1 to R1's left side and E4 cleansed R1's rectal and perineal area. E4 then removed another layer of gloves. E4 then grabbed a clean incontinence brief and placed it under R1. E4 then fastened the incontinence brief and pulled up R1's pants. No handwashing occurred throughout the incontinence care.</p> <p>On 1/13/16 at 11:45 A.M. E4 stated, "I wore the</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>multiple gloves because it is quickest and easiest. I should have washed my hands in between." E4 also confirmed that E4 does not know for sure that the other pairs of gloves were not contaminated when the soiled one was being removed.</p> <p>3. On 1/13/2016, at 11:50 a.m., E3 and E4 provided incontinence care to R5. R5 was incontinent of urine-which saturated through R5's incontinence brief and R5's pants. After removing R5's pants, and incontinence brief, E4 cleansed R5's buttocks area. R5's penis/scrotum areas were not cleansed. E3 then applied a new incontinence brief before pulling up R5's clean pants. At the completion of R5's incontinence care, E4 confirmed that E4 did not cleanse R5 frontal area prior to applying the new brief.</p>	F 441			