

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

PRINTED: 10/06/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND CHRISTIAN VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 TROWBRIDGE ROAD NEOGA, IL 62447</b>	
(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 332 SS=D	<p>Annual Certification Survey</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications per Physician's Orders and manufacturers specifications for one resident (R3) on the sample of 15 and one resident (R21) on the supplemental sample. The facility had two medications errors out of 26 opportunities for error resulting in an 7.4% medication error rate.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 9/28/15 at 3:20 PM E13 Licensed Practical Nurse prepared R21's Fluticasone and Salmeterol inhalation device for inhalation and handed the device to R21 for administration. R21 inhaled the medication. R21 did not rinse her mouth after administering the medication and E13 did not prompt R21 to rinse her mouth. R21's September 2015 Physician's Order Sheet states "(Fluticasone and Salmeterol inhalation device).....rinse mouth following application." On 9/29/15 at 2:20 PM E13 stated that she did not know residents should rinse their mouths after inhaling the medication.</li> <li>The Minimum Data Set dated 7/21/15</li> </ol>	F 332		

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 332	Continued From page 1 documents that R3 is cognitively intact. R3's Physician's Order dated 9/23/15 reflects an order for R3 to have Calcium Acetate (Phosphate Binder) one tablet three times daily related to Severe Chronic Kidney Disease. On 9/28/15 at 2:50 PM E13 administered Calcium Acetate 667 milligrams to R3 with a cup of water and no food. The Lexicomp Drug Reference Handbook 2014-2015 states, "Calcium Acetate.....with each meal." On 9/29/15 at 12:30 PM R3 stated that on 9/28/15 she ate half of a sandwich at 1:00 PM and then did not eat anything else until 4:00 PM.	F 332			
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION  The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census.  The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors.  The facility must, upon oral or written request, make nurse staffing data available to the public	F 356			

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F 356	<p>Continued From page 2</p> <p>for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to document the total hours for the licensed and unlicensed nursing staff on the daily posted staffing data. This failure has the potential to affect all 59 residents residing in the facility.</p> <p>Findings include:</p> <p>On 9/28/15 at 7:00 a.m. the "Today's Nursing Schedule" (24-Hour Staffing) for 9/28/15 as posted on the wall outside of the business office in the front lobby area. The 24-Hour Staffing did not document the total hours for Registered Nurses (RN), Licensed Practical Nurses (LPN), or Certified Nursing Assistants (CNA) for the three shifts.</p> <p>The 24 Hour Staffing sheets dated 3/1/14 through 9/28/15 did not document the total number of hours for licensed and unlicensed nursing staff.</p> <p>On 9/29/15/15 at 1:25 pm E1, Administrator stated that E1 was not aware the 24-Hour Staffing needed to have total hours listed for the licensed and unlicensed nursing staff. E1 stated the 24-Hour Staffing documents the census and the first name of the staff scheduled to work each shift on Halls 1, 2, and 3. E1 stated the 24-Hour</p>	F 356			

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F 356	Continued From page 3 Staffing "does not list total hours."  The Centers for Medicare and Medicaid Services Resident Census and Conditions of Residents Form dated 9/28/15 documents a total of 59 residents reside in the facility.	F 356		