| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145841 | A. BUILDING _____ B. WING _____ | 03/13/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PARKWAY MANOR** | **3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959** |

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| F 000 | INITIAL COMMENTS<br><br>Annual Licensure and Certification Survey.<br><br>Validation Survey Sub U : Alzheimer Unit<br><br>Parkway Manor is in substantial compliance with Subpart U. 77 Administrative Code 4, Section 300.700. | F 000 | | |
| F 167 SS=B | 483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE<br><br>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.<br><br>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, and observation, the facility failed to ensure that the recent survey results are posted in a place accessible to 6 residents (R2, R3, R4, R9, R11, and R16) in the sample of 19 reviewed for accessibility to survey results and 4 residents (R22, R23, R24, and R25) in the supplemental sample.<br><br>Findings Include:<br><br>On 3/11/14 at 1:00 PM, during the group interview, R22, R23, R24, and R25 stated that they were not aware that they could review the | F 167 | | |

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

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| F 167 | Continued From page 1<br>most recent survey results nor did they know where the survey results were located. During this group meeting, R22, R23, R24, and R25 were noted to be sitting in wheelchairs.<br><br>On 3/12/14 at 12:00 PM, R2, R3, R4, R9, R11, and R16 were observed to be in wheelchairs.<br><br>On 3/12/14 at 9:45 AM, the Illinois Department of Public Health 2013 Survey Results were observed to be in a white binder that was located approximately 5 1/2 feet high in a black plastic holder fastened to the wall in the main corridor. In this location, the survey results are too high for the residents in wheelchairs to reach. The survey results are not readily accessible to R2, R3, R4, R9, R11, R16, R22, R23, R24, and R25. | F 167 | | |
| F 221 SS=D | 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to reassess, medically justify, and document the risk versus benefits for the continued use of a restraining devices for 1 of 1 resident (R10), reviewed for restrains in the sample of 19.<br><br>Findings include:<br><br>1. R10 is a 94 year old woman with diagnoses | F 221 | | |

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| F 221 | Continued From page 2<br>according to Physician Order Sheet of 3/1/2014 that included History of Falls, History of Fractured Femur, Pain, Hypertension, and Anemia. During the tour of the facility on 3/9/2014 at 10:00 A.M., R10 was observed sitting in front of the television on 300 hall in a wheeled chair with a soft lap top cushion attached to her chair securing her in the chair. Review of R10's record on 3/9/2014 noted R10's Minimum Data Set/MDS of 12/23/2013 notes her Brief Interview of Mental Status/BIMS with a score of 1/15 indicating severely impaired cognition. This MDS of 12/23/2013 also notes R10 to be extensive assist of two staff for transfer, and extensive assist of one staff for ambulation per wheeled chair. Further review of R10's Care Plan notes a problem dated 3/28/2012 - risk for injury from falls related to impaired mobility with an approach of "lap buddy for improved positioning" with a start date for this approach of 5/27/2012. The review of R10's record failed to note reassessment of the continued need for the soft lap top cushion, failed to note medical justification for its use, and failed to note documentation of risk versus benefits for the continued use of the soft lap top cushion.<br><br>During an interview on 3/11/2014 at 11:00 A.M., with E2 (Director of Nurses), when asked about the soft lap top cushion E2 stated "I don't know why that lap buddy was on her, a year or two ago all restraining devices were removed from the facility and discarded, she should not have had that on and as soon as you pointed it out I removed it and threw it in the trash. On 3/13/2014 at 9:00 A.M. discussion was had with E1 (Administrator) and E2 regarding the use of the lap buddy on R10, both stated it was not used as a restraining device but instead was | F 221 | | |

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| F 221 | Continued From page 3<br>being used or positioning. When asked for documentation of the assessment and justification for the use of the soft top lap cushion as a positioning device no documentation was presented. When asked if the soft lap top cushion was needed and was being used for positioning why was it removed and put in the trash no answer was provided. | F 221 | | |
| F 356 SS=C | 483.30(e) POSTED NURSE STAFFING INFORMATION<br><br>The facility must post the following information on a daily basis:<br>o Facility name.<br>o The current date.<br>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:<br>- Registered nurses.<br>- Licensed practical nurses or licensed vocational nurses (as defined under State law).<br>- Certified nurse aides.<br>o Resident census.<br><br>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:<br>o Clear and readable format.<br>o In a prominent place readily accessible to residents and visitors.<br><br>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.<br><br>The facility must maintain the posted daily nurse | F 356 | | |

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| F 356 | Continued From page 4<br>staffing data for a minimum of 18 months, or as required by State law, whichever is greater.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the facility failed post for review facility nurse staffing information, this failure has the ability to effect all 91 residents living in the facility.<br><br>During the facility tour on 3/9/2014 at 9:00 A.M. facility nurse staff information was not observed posted for review.<br><br>During an interview on 3/9/2014, at 10:00 A.M., with E2 (Director of Nurses) when asked about the posting of the nurse staffing information E2 stated she thought it was posted and that it is usually posted either by the employee time clock which is located in an area behind a locked door that is accessible by activation of a code, upon inspection it was not found posted there. E2 then stated if it is not posted there it is posted on the board with the Certified Nurse Assistant information by the nurses's station on 100-200 hall, upon inspection the nurse staffing information was not noted posted in that area either.<br><br>Review of the Resident Census and Condition of Resident form dated 3/10/2014 documented the facility had a census of 91 residents. | F 356 | | |
| F 371 SS=F | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must - | F 371 | | |

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| F 371 | Continued From page 5<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>A. Based on observation, and record review, the facility failed to clean the heat/air vents, floors, and ceiling in the main kitchen, and failed to store cornmeal in a manner to prevent rodent/pest infestation. This has the potential to affect all 91 residents living in the facility.<br><br>Findings include:<br><br>1. On 03-11-14 at 10:50 AM, in the dry storage area, a large paper bag with dry cornmeal was observed open and nearly full. E13 ( Dietary Manager) was present at this time, and confirmed the cornmeal should have been stored in a sealed container.<br><br>2. On 03-11-14 at 11:05 AM, E12 (Cook) was noted to place the food to be served for the noon meal on the steam table in the kitchen, uncovered a tray with the garlic bread, and place it on the counter surface of the steam table. All three of the heat/air-conditioning ceiling unit vents were noted to be covered in dirt, and rust. One of the dirty vents is directly over the uncovered food on the steam table. Another of the dirty heat/air vents is located over a food prep | F 371 | | |

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| F 371 | Continued From page 6<br>area. E12 indicated the kitchen staff is supposed to clean, and the maintenance man was supposed to clean the ceiling vents. The kitchen ceiling was noted to have multiple brown spots, cracks, loose and peeling paint, on the areas surrounding the ceiling heat/air vents, that were above the steam table and food prep areas. The ceiling light covers had a build up of dark matter on them.<br><br>The facility's Resident Census and Condition of Residents form dated 03-10-14, documented the facility had a census of 91 residents. | F 371 | | |