

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

PRINTED: 04/27/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2010
NAME OF PROVIDER OR SUPPLIER CALHOUN NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE #1 MYRTLE LANE HARDIN, IL 62047	
(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 323 SS=E	<p>Certification Annual Survey</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain hot water temperatures at or below 110 degrees Fahrenheit on two of three resident halls.</p> <p>Findings include:</p> <p>On 04/20/10 at 2:30 PM temperatures were taken at resident-use hot water outlets that were over 110 degrees Fahrenheit in the following locations: The sinks in the bathrooms of room numbers 8 and 25 had temperatures which measured 116 and 117 degrees Fahrenheit, respectively. Room 8 is on the North hall and room 25 is on the East hall.</p> <p>On 04/20/10 at 2:45 PM, E9 (Maintenance) indicated that she had adjusted the mixing valve earlier in the day for the South Wing because the water was reported to be not hot enough.</p> <p>On 04/22/10 at 10:15 AM, E1 (Administrator)</p>	F 323		

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 323	Continued From page 1 indicated that a plumbing contractor was consulted on 04/20/10 and they had suggestions to remedy the hot water temperature situation. Email notation from E9 to E1, dated 04/22/10, indicates that the plumbing contractor recommends that one circulating pump should be replaced and one needs replacement parts, a check valve needs to be installed between the hotwater heater and the holding tank, and the O rings and gaskets need cleaning and replacing. This work will be done by 04/27/10.	F 323			
F 504 SS=D	483.75(j)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN The facility must provide or obtain laboratory services only when ordered by the attending physician. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to ensure that 1 (R8) of 13 residents on sample, receiving anticoagulant therapy, had adequate monitoring and assessment. The facility failed to have labs drawn as ordered by the physician. Findings include: Record review of R8's Physician Order Sheet dated April 2010, indicates that R8 has a doctor order for Coumadin 4 mg (milligrams) once daily. The Coumadin was ordered by the doctor on 11/4/09. R8 has monthly orders for Protime draws. Review of R8's lab reports for Protime indicates that there are no Protimes for the month of January, February and March of 2010.	F 504			

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F 504	Continued From page 2 Interview of E2- Director of Nurses (DON), on the afternoon of 4/22/10 and morning of 4/23/10 , indicates that the Protime did not get drawn as ordered for the above 3 months. E2 states they slipped through the cracks with the focus of blood work on Vitamin D levels etc. E2 also indicated that R8's doctor Z1 M.D. was called on 4/21/10 and informed of missing Protime. Z1 ordered STAT (immediately) Protime to be done on R8. E2 indicated that this Protime was done as ordered and was within normal limits. Review of R8's Protime dated 4/21/10, indicates that Protime/INR (international normalized ratio) was 1.9 for INR and the therapeutic range for INR is 2.0 to 3.0.	F 504			