

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

PRINTED: 05/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>146090</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>05/22/2015</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAWTHORNE INN OF DANVILLE</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3222 INDEPENDENCE DRIVE<br/>DANVILLE, IL 61832</b>                  |                      |   |
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| F 000  | INITIAL COMMENTS   | F 000   |   |                      |   |
| F 167<br>SS=C  | <p>Annual Certification Survey</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, record review and interview the facility failed to provide access to the approved plan of correction related to a prior survey. This failure has the potential to affect all sixty-five residents in the facility.</p> <p>Findings include:</p> <p>On 5/19/15 at 1:30 PM the facility's survey results book did not contain the approved plan of correction from the previous annual survey dated 5/2/14.</p> <p>On 5/19/15 at 3:50 PM E1, Administrator stated, "I am responsible for the survey results book. I usually put the plan of correction right with the survey. Sometimes a family member removes something from the book and doesn't put it back."</p> | F 167   |   |                      |   |

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 167  | Continued From page 1<br>The facility's "Resident Census and Condition of Residents" dated 5/19/15 documents 65 residents reside in the facility.   | F 167   |   |                      |   |
| F 241<br>SS=D  | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review, the facility staff failed to maintain dignity by yelling toileting needs in a common hallway and into another residents room. The facility staff also failed to knock before entering a residents room. These failures affected one of fifteen residents (R16) reviewed for dignity in the sample of 15 and one resident (R25) on the supplemental sample .<br><br>Findings include:<br><br>R16's Minimum Data Set (MDS) dated 4/2/15 documents a Brief Interview for Mental Status (BIMS) score of 15/15 (No cognitive impairment). The same MDS documents that R16 requires extensive assistance of two staff to meet R16's toileting needs.<br><br>R25's MDS dated 4/15/15 documents a BIMS score of 14/15 (No cognitive impairment).<br><br>On 5/21/15 at 10:35 am, E10, Certified Nursing Assistant (CNA) opened R25's door without | F 241   |   |                      |   |

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| F 241  | Continued From page 2<br>knocking, while E11 and E12, both CNA's, assisted R25. From the hallway, E10 yelled to E11 and E12 "(R16) needs to go to the bathroom." E11 and E12 did not respond. E10 yelled a second time, louder "R16 needs to go to the bathroom and (R16) needs (R16's) weight done too."<br><br>On 5/21/15 at 10:40 am, E2, Assistant Administrator stated "a CNA should not walk in a resident room without knocking. A CNA should never talk about a residents personal care needs in front of another resident."<br><br>On 5/21/15 at 4:20 pm, R16 stated "Basically I needed to use my bedpan. It doesn't bother me too much, if the staff get the message. I don't like the idea of other people, visitors or residents knowing my business. That is just not necessary."<br><br>On 5/22/15 at 9:55am, R25 chose not to answer how R25 felt about E10 CNA, entering her room without knocking on 5/21/15.<br><br>The facility "Employee Orientation Packet" dated 07/12 documents that "the facility staff must knock before entering a residents room."... "The facility may not give information about residents or there care to unauthorized persons without residents permission." | F 241   |   |                      |   |
| F 280<br>SS=D  | 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP<br><br>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  | F 280   |   |                      |   |

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| F 280  | Continued From page 3<br><br>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observation and interview, the facility failed to revise and update the Plan of Care on three residents (R1, R2, and R14) of 15 residents reviewed for Care Plans in the sample of 15.<br>Findings include:<br>1. The facility's Physician Order Sheet (P.O.S.) for R2 dated May 2015 documents the following diagnosis: History of Cerebrovascular Accident, Cerebrovascular Disease, Edema, Pneumonia, and Muscle Weakness. This P.O.S. for R2 documents the following treatment order for a Left Heel Wound: Cleanse wound on Left Heel with wound cleanser, rinse with water. Pat dry. Apply skin prep every shift and as needed. R2's Care Plan dated 4/23/15 does not document any guidance to staff for wound care to R2's left heel.<br>On 5/20/15 at 1:40 pm E3, Director of Nursing lifted the bed linen covering R2. R2's left heel had | F 280   |   |                      |   |

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| F 280  | <p>Continued From page 4</p> <p>a closed pressure ulcer with a callus developing over it.</p> <p>The Treatment Administration Record documents that a treatment had been completed earlier in the day on 5/20/15 per the Physician Order Sheet.</p> <p>On 5/21/15 at 1:20 pm E4, Assistant Director of Nurses stated, "The treatment for R2's left heel wound will be added to the Care Plan."</p> <p>R2's Care Plan dated 4/23/15 documents R2 is to wear glasses at meal times and dentures at meal times due to R2 being at risk for aspiration secondary to history of cerebrovascular accident.</p> <p>On 5/19/15 at 11:40 am, R2 was in the dining room at meal time without glasses on or dentures in place.</p> <p>On 5/19/15 at 11:55 am, R2's dentures were in R2's bathroom.</p> <p>On 5/19/15 at 12:00 pm, E17 Certified Nursing Assistant (CNA) stated, "R2 does not wear the dentures during meals. R2 will not keep them in."</p> <p>On 5/20/15 at 10:05 am, E15 Licensed Practical Nurse stated, "R2's glasses are broken." E15 removed R2's glasses out of the medication cart to show a lens is missing. E15 stated, "I am not aware of how long the glasses have been broken."</p> <p>On 5/20/15 at 11:30 am, R2 was again in the dining room without glasses on or dentures in place.</p> <p>On 5/21/15 at 10:10 am E19, Licensed Practical Nurse/Care Plan Coordinator stated, "The glasses have not be broken long but I am not sure if family has been notified." E19 stated "Social Services notifies the family".</p> <p>On 5/21/15 at 10:45 am E18 Social Services Director stated, "I was not aware of R2's glasses being broken. I will notify the family today."</p> | F 280   |   |                      |   |

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| F 280  | <p>Continued From page 5</p> <p>2. The facility's Physician Order Sheet dated May 2015 for R1 documents the following diagnoses: Pressure Ulcer Buttocks, Alzheimer's, Anxiety and Urinary Incontinence.</p> <p>R1's Minimum Data Set (MDS) dated 3/30/15 documents that R1 is severely cognitively impaired and documents that R1 is frequently incontinent of bowel and bladder. R1 needs assist of one with transferring and toileting per this same MDS.</p> <p>The Plan of Care for R1 dated 5/6/15 does not document any staff guidance concerning R1's incontinence or toileting abilities. This Care Plan documents that R1 has two unstageable ulcers on R1's bilateral hips and a stage II on the coccyx, there is no direction or interventions to staff to prevent R1 from worsening ulcers or further skin breakdown.</p> <p>On 5/21/15 at 2:45 pm E20, Registered Nurse/Care Plan Coordinator acknowledged that R1's Care Plan did not have interventions addressing R9's incontinence. E20 acknowledged the importance of incontinent care due to R9's pressure ulcers. E20 stated "I guess I should have at least added some interventions under the skin care section about incontinence."</p> <p>3. The Physician Order Sheet (POS) dated 5/1/2015 documents R14's diagnoses include Chronic Kidney Disease Stage III, Aphasia, Pneumonia, Aspiration of Fluid, Esophageal Reflux, and Cerebral Infarct.</p> <p>The Nurses Note dated 5/17/15 documents R14's physician increased R14's oxygen to 6 liters nasal cannula.</p> | F 280   |   |                      |   |

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| F 280  | Continued From page 6<br><br>On 5/19/15 at 1:30 PM, R14 was receiving oxygen at six liters per nasal cannula while in R14's room.<br><br>R14's Care Plan on 5/20/15 did not have any documentation or staff guidance for R14 to receive oxygen. The Care Plan did not address the usage of oxygen for R14.<br><br>On 5/20/15 at 12:30 PM, E3 Director of Nursing stated, "R14 is currently receiving 6 liters of oxygen by nasal cannula and R14 should have had an oxygen care plan."  | F 280   |   |                      |   |
| F 314<br>SS=D  | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.<br><br>This REQUIREMENT is not met as evidenced by:<br>Failures at this level required more than one deficient practice statement.<br><br>A. Based on observation, interview and record review the facility staff failed to follow physician ordered pressure ulcer treatments. The facility also failed to obtain physician orders for new pressure ulcers before performing treatments. | F 314   |   |                      |   |

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| F 314  | <p>Continued From page 7</p> <p>These failures affected one of three residents (R16) reviewed for pressure ulcers on the sample of 15.</p> <p>B. Based on record review, observation and interview, the facility failed to initiate and implement a physician order for pressure ulcers on one (R1) of three residents reviewed for pressure ulcers in the sample of 15.</p> <p>Findings include:</p> <p>a. R16's Physician Order Sheet (POS) dated May 2015 documents the following diagnoses : Pressure Ulcers NOS (Not otherwise Specified), Pain, Peripheal Vascular Disease, Diabetes Type II, Atrial Fibrillation, Congestive Heart Failure, Edema, Anaplastic Large Cell Lymphoma, Anxiety, Insomnia, Osteoarthritis and Muscle Weakness. This same POS documents the following wound treatment orders:</p> <p>1) Clean left heel with chlorhexadine, pat dry, Sureprep to intact skin around wound, allow to dry completely, apply calcium alginate with ag (Silver) to wound bed only (cut to size). Cover with non-adhesive pad, wrap with kerlix. Complete this dressing change with xeroform order once a day.</p> <p>2) Clean right heel with chlorhexadine, pat dry, Sureprep to intact skin around wound, allow to dry completely, apply calcium alginate with ag to wound bed only (cut to size). Cover with non-adhesive pad, wrap with kerlix. Complete this dressing change with xeroform order once a day.</p> <p>3) Clean left medial ankle with chlorhexadine, pat dry, Sureprep to intact skin around wound, allow to dry completely, apply calcium alginate with ag to wound bed only (cut to size). Cover with non-adhesive pad, wrap with kerlix. Complete this</p> | F 314   |   |                      |   |



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| F 314  | <p>Continued From page 8</p> <p>dressing change with xeroform order once a day.</p> <p>4) Clean right hellux (bunion) with chlorhexadine, pat dry, Sureprep to intact skin around wound, allow to dry completely, apply calcium alginate with ag to wound bed only (cut to size). Cover with non-adhesive pad, wrap with kerlix. Complete this dressing change with xeroform order once a day.</p> <p>5) Clean bilateral legs, apply xeroform and kerlix, apply compression bandages from knees to toes.</p> <p>6) Clean right lateral foot with chlorhexadine, pat dry, Sureprep to intact skin around wound, allow to dry completely, apply calcium alginate with ag to wound bed only (cut to size). Cover with non-adhesive pad, wrap with kerlix. Complete this dressing change with xeroform order once a day.</p> <p>7) Apply calazime mixed with anti-fungal cream to bilateral buttocks, coccyx, and peri area every shift.</p> <p>On 5/21/15 at 10:00 am E22, Registered Nurse (RN) cleansed R16's right heel unstageable pressure ulcer with chlorhexadine. Two new pressure ulcers were observed 5 cm to the left of the existing pressure ulcer. Both Stage II were open, red and moist, measuring 1 centimeter (cm) long by 1 cm long. E22 cleansed these new areas then covered the original pressure ulcer and the two new areas with one large piece of calcium alginate. No Skin Prep or Xeroform were applied. E22 then wrapped the areas with Gauze Dressing.</p> <p>On 5/21/15 at 10:10 am E22 RN cleansed R16's right Hellux (Bunion) unstageable pressure ulcer with chlorhexadine, applied skin prep to the necrotic tissue and left open to air. No dressing was applied.</p> <p>Two new pressure ulcers were observed 2.5 cm</p> | F 314   |   |                      |   |

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| F 314  | <p>Continued From page 9</p> <p>below the existing pressure ulcer. Both new Stage II were open , red and moist. #1 closest to the original pressure ulcer measure 1.5 cm long by 1.0 cm wide, #2 measured 1 cm long by 1 cm wide. E22 cleansed the new pressure ulcers and covered the entire area with calcium alginate then wrapped with gauze wrap.</p> <p>On 5/21/15 at 10:10 am E22 RN cleansed R16's right lateral foot unstageable pressure ulcer with chlorhexadine, applied skin prep to the necrotic tissue and left open to air. No dressing was applied.</p> <p>On 5/21/15 at 10:20 am E22 RN cleansed R16's left heel unstageable pressure ulcer with chlorhexadine, did not apply skin protectant, then covered the wound bed and surrounding tissue with calcium alginate. E22 then wrapped the heel with gauze.</p> <p>On 5/21/15 at 10:30 am E22 RN cleansed R16's left medial ankle unstageable pressure ulcer and a new 2.5 long by 2.5 wide Stage II pressure ulcer with chlorhexadine, covered the wound bed and surrounding tissue with calcium alginate. E22 then wrapped the foot with gauze.</p> <p>On 5/21/15 at 10:55 am E22 RN and E11 Certified Nursing Assistant (CNA) assisted R16 off the bedpan and noted 3 Stage II open areas (one-2.5cm x 2.5cm; two-1cm x 1cm) on the left buttocks. E22 cleansed the new areas and applied calazime ointment without a physicians order for treatment of new wounds.</p> <p>On 5/21/15 at 12:35 PM E22 RN stated, "I didn't skin prep the areas surrounding the pressure ulcers, I didn't cut the alginate to fit the wound</p> | F 314   |   |                      |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>146090</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>05/22/2015</b> |
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| F 314  | <p>Continued From page 10<br/>beds, and I didn't cover the alginate with telfa." E22 stated, "I do also see the xeroform was supposed to cover the entire area from the knees to the toes before I wrapped it with guaze wrap." E22 stated, "I did not get an order for treatments for any of the new open areas."</p> <p>On 5/22/15 at 8:55 AM Z1, R16's Primary Care Physician/ Medical Director stated, Z1 stated, "The facility's wound nurse (E6) recommended the specific treatments to cut the calcium alginate to the size of the wound bed and I agreed based on (E6's) recommendation." Z1 stated, "The calcium alginate should have been applied as ordered." Z1 stated, "If the calcium alginate was applied to healthy skin, I would not have a problem with that but (R16's) skin condition is not what I would consider healthy." Z1 stated, "I do not think the calazime ointment is appropriate for the three new areas on (R16's) buttocks, I would have treated those areas more aggressively." Z1 stated, "the skin prep should have been applied as ordered to protect the surrounding skin and the calcium alginate should not have had direct contact with the skin that was intact without the protection of the skin prep as this can cause friction from the dressing." Z1 concluded, "I can certainly see where not following the treatment orders could be a problem."</p> <p>b.The Physician Order Sheet (POS) dated May 2015 documents the following diagnoses for R1: Pressure Ulcer Buttocks, Pressure Ulcer Heel, Pressure Ulcer Not Otherwise Specified, Pain, Alzheimer's and Anxiety. This same POS documents an order dated 5/14/15 for pressure</p> | F 314   |   |                      |   |

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| F 314  | <p>Continued From page 11</p> <p>ulcer treatments to the right and left hip as:<br/>Cleanse with wound cleanser, pat dry. Skin prep to area around wound. Allow to dry. Apply santyl, nickel thick to wound bed. Cover with non-adhesive pad and abdominal pad, secure with tegaderm every day.</p> <p>Nursing Notes dated 5/19/15 at 10:58 am, document a treatment order change for R1's pressure ulcers to the right and left hip as "(Hospice) changed present order to medhoney dressing and cover with meplix border light. (Z1, Physician) agreed with the order....." This order was received by E5, Licensed Practical Nurse, but is not documented/entered on the POS.</p> <p>A facility report titled "Pressure Ulcer Documentation" dated 5/13/15 for R1 documents that R1's unstageable right hip pressure ulcer measures 3.8 centimeters in length by 4.7 centimeters (cm) in width. The depth is not determined due to necrotic tissue and yellow slough, per documentation. A facility document titled "Pressure Ulcer Documentation" and dated 5/13/15 documents that R1's unstageable left hip pressure ulcer measures 3.5 cm x 2.5 cm with undetermined depth. These documents were entered into the Electronic Medical Record (EMR) by E6, Registered Nurse/Wound Nurse.</p> <p>On 5/20/15 at 1:30 pm, E6 Registered Nurse/Wound Nurse completed wound dressing changes to R1's right and left hip. The right hip wound had undermining between 12:00 and 2:00 o'clock. E6 measured the depth to the area at this time, which showed a depth of 2.8 cm. The wound was foul smelling. The left hip wound, also unstageable, was covered with yellow slough. The dressing changes E6 completed were</p> | F 314   |   |                      |   |

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

PRINTED: 05/26/2015  
FORM APPROVED  
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| F 314  | Continued From page 12<br>dressings ordered by the physician dated 5/14/15 and documented on the POS.<br><br>On 5/20/15 at 2:00 pm during the final treatment of R1's right hip, E6 Registered Nurse/Wound Nurse stated "the wound appears worse than it was last week when I changed the dressing and the smell is worse".<br><br>On 5/20/15 at 2:55 pm E3, Director of Nursing acknowledged that according to the Nursing Note dated 5/19/15 there was a physician approved dressing change order for R1's right and left hip pressure ulcers. E3 stated "(E5) should have entered the new order into the EMR on the POS".<br><br>The facility policy titled "Wound Dressing Change (Clean)" and dated December 2004 gives staff direction to: "Review Physician's Order for treatment procedure...." | F 314   |   |                      |   |
| F 322<br>SS=D  | 483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that --<br><br>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and<br><br>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating  | F 322   |   |                      |   |

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

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OMB NO. 0938-0391

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| F 322  | <p>Continued From page 13 skills.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review the facility failed to ensure the head of bed was kept elevated at least thirty degrees while gastrostomy tube feeding was running for one resident (R14) in a sample of 15 reviewed for gastrostomy tubes.</p> <p>Findings Include:</p> <p>The Physician Order Sheet (POS) dated 5/1/2015 documents R14's diagnoses as Chronic Kidney Disease Stage III, Aphasia, Pneumonia, Aspiration of Fluid, Esophageal Reflux, and Cerebral Infarct. This POS documents an order for Fiber Source enteral nutrition to be delivered at 65 milliliters per hour continuously through R14's gastrostomy tube.</p> <p>On 5/19/15, from 1:30 PM until 1:50 PM, R14 was lying supine without the head of the bed elevated while E10 Certified Nursing Assistant (CNA) and E16 CNA performed perineal care. R14's gastrostomy tube feeding was running continuously during the provision of care.</p> <p>On 5/19/15 at 1:50 PM, E17 CNA Shift Coordinator stated that a nurse should have stopped the gastrostomy tube feeding prior to R14 lying in a supine position.</p> | F 322   |   |                      |   |

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

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FORM APPROVED  
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| F 322  | Continued From page 14<br>On 5/20/15 at 12:30 PM, E3 Director of Nursing stated that both E10 and E16 should have asked a nurse to turn R14's gastrostomy tube feeding off prior to placing her in a supine position and providing care.   | F 322   |   |                      |   |
| F 323<br>SS=E  | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Failures at this level required more than one deficient practice statement.<br><br>A. Based on observation, interview, and record review the facility failed to identify broken glass as an environmental hazard in an area frequented by residents. This failure has the potential to affect seven residents (R2, R3, R4, R13, R14, R16 and R17) in the sample of fifteen and twenty-eight residents (R6, and R21 through R47) in the supplemental sample.<br><br>B. Based on interview and record review the facility failed to identify, investigate root cause and implement post fall interventions for an unwitnessed fall. These failures affected one of eight residents (R3) reviewed for falls in the sample of 15. | F 323   |   |                      |   |

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

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FORM APPROVED  
OMB NO. 0938-0391

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| F 323  | <p>Continued From page 15</p> <p>Findings include:</p> <p>a. On 5/20/15 at 2:30 PM there was broken glass in three of six decorative lanterns in the central courtyard. The courtyard is accessible to residents from the Manor Court area of the facility. The broken glass ranged in size from eight inches by four inches rectangular and trapezoid shape to three inch triangle shape and eight inch by 5 inch square shape. All the broken pieces had exposed fractured edges and all of the pieces were laying inside the base of the decorative lanterns at a height of thirty inches.</p> <p>On 5/20/15 at 2:30 PM E13, Maintenance Supervisor, stated, "Residents do come out to the courtyard with staff and also seldom with families."</p> <p>On 5/21/15 at 8:38 AM E14, Activity Assistant, stated, "I take residents out to the courtyard to sit and to walk around and look at flowers."</p> <p>The resident roster on 5-19-15 documents R2, R3, R4, R13, R14, R16, R17, R6, and R21 through R47 residing on the Manor Court area of the facility.</p> <p>b. R3's, May 2015, Physician Order Sheet (POS) documents the following diagnoses: Deaf, Depression, Psychosis, Anxiety, Diabetes Type II, Congestive Heart Failure, Epilepsy, Edema and Muscle Weakness with Difficulty Walking. The same POS documents that R3 is taking three medications (Effexor, Keppra and Seroquel) on a daily basis that cause dizziness and somnolence (2015, Lexicomp Drug Handbook).</p> | F 323   |   |                      |   |



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 323  | <p>Continued From page 16</p> <p>R3's, Minimum Data Set (MDS) dated 4/15/15 documents that R3 has a Basic Interview of Mental Status (BIMS) score of 6/15 (severe cognitive impairment per E18, Social Service Director), does not walk and requires extensive assist of two staff to transfer.</p> <p>R3's Fall Risk Assessment dated 1/14/15 and 4/15/15 document that R3 is at high risk for falls.</p> <p>R3's Nurses Progress Note dated 4/5/15 at 9:45 pm documents that R3 "appeared drowsy."</p> <p>R3's 4/8/15 at 3:47 pm, Nurses Progress Note documents that R3 had an unwitnessed fall then was observed on the floor. A neurological assessment was completed. The same progress note documents that the Physician and Power of Attorney were notified. R3's Nurse Progress Notes dated 4/8/15 document neurological assessments continued after the fall at 4:00 pm, 4:15 pm, 4:30 pm, 5:00 pm, 5:30 pm, and 6:30 pm.</p> <p>On 5/21/15 at 3:00 pm E21, Program Leader /Activity Director provided a document "Behavior Program Format" dated May 2015. E21 stated "this is the only behavioral care plan we have for (R3)." This Care Plan documents that R3 is not monitored for a behavior of crawling on the floor.</p> <p>R3's Behavior Tracking Forms dated June 2014 through May 2015 does not identify a behavior of crawling on the floor as being tracked.</p> <p>R3's Care Plan dated 5/07/15 documents that R3 has "a potential for falls related to frequently gets on hands and knees, on the floor and will crawl</p> | F 323   |   |                      |   |

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

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| F 323  | Continued From page 17<br>on the floor." This same Care Plan shows no new interventions post the 4/8/15 fall.<br><br>On 5/20/15 at 2:10 pm E4, Assistant Director of Nursing (ADON) stated " I did not investigate the (R3's Fall) 4/8/15 incident because (R3) did this intentionally. (R3) crawls on the floor sometimes, that is a behavior (R3) has, so I didn't think of it as a fall."<br><br>On 5/21/15 at 8:45 am E3, Director of Nursing (DON) stated "Neuro's (Neurological Assessment) must be done on all residents that have an unwitnessed fall. Cognitively Impaired residents would not be reliable for an (post fall) interview. (E4 ADON) investigates all falls and the Physician and POA are notified. We do look at history of behaviors to rule out intentional activity."<br><br>The facility policy "Nursing Emergencies, Falls" dated 5/14/14 documents "check if, or with anyone who witnessed the accident. Determine, if possible, where, how, and when the accident occurred."... "If a head injury has occurred, notify physician and monitor vital signs and neuro (neurological) checks atleast every four hours for twenty four hours,or until stable, or as otherwise ordered by physician." | F 323   |   |                      |   |
| F 332<br>SS=D  | 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE<br><br>The facility must ensure that it is free of medication error rates of five percent or greater.<br><br>This REQUIREMENT is not met as evidenced  | F 332   |   |                      |   |

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| F 332  | <p>Continued From page 18</p> <p>by:<br/>Based on observation, interview, and record review the facility failed to administer medication as ordered via gastrostomy tube for one resident (R6) in the supplemental sample. The facility had 4 medication errors out of 28 opportunities for error, resulting in a 14.28% medication error rate.</p> <p>Findings include:</p> <p>The Physician's Orders Sheet (POS) dated May 2015 for R6 documents the following orders: Tylenol Extra Strength Liquid 500 milligrams (mg) / 15 milliliters (ml) twice a day administer through G-Tube, Lasix tablet 20 mg 1 tab per g-tube every day, Florastor capsule 250 mg one capsule through G-tube twice a day and Norvasc tablet 10 mg through G-tube every day. The POS continues with the following orders, may cocktail meds for G-tube, Flush G-tube with 30 ml water before and after meds and Flush G-tube with 200 ml of water every four hours.</p> <p>E15, Licensed Practical Nurse (LPN) prepared medication to administer to R6 on 5/20/15 at 9:15 am. E15 crushed the medication Florastor 250 mg, Lasix 20 mg, Norvasc 10 mg and added these medications to the liquid Tylenol 15mls in one 8 oz cup. E15 proceeded to administer the medication to R6 through the G-tube, E15 poured water into the same cup used for medication and proceeded to put 30 cc of water into the G-tube and then placed the cup down on the bedside table. This cup still had medication visible in the cup. The contents of the cup was red in color and had medication sediment at the bottom of the cup. E15 poured another cup of water through the G-tube to complete the 200cc flush. E15 removed the syringe from the G-tube and</p> | F 332   |   |                      |   |

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

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| F 332  | Continued From page 19<br>replaced the feeding tube into the G-tube.<br><br>E15 LPN stated on 5/20/15 at 9:25am " I thought I had to quit because I had already given the allowed amount of water ."<br><br>E4, Assistant Director of Nurses (ADON) was present during the administration of medication to R6 and confirmed on 5/20/15 at 9:28 am there was medication still in the cup of water. | F 332   |   |                      |   |