

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

PRINTED: 11/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2015
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF FREEPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 2170 WEST NAVAJO DRIVE FREEPORT, IL 61032		
(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>Complaint Investigation #1516206/IL 81445</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 legal representative or interested family member.</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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to notify the physician and power of attorney with a change in health condition of the resident.</p> <p>This applies to 1 of 3 residents (R1) reviewed for change of condition in the sample of 3.</p> <p>The findings include:</p> <p>R1's Face Sheet states she was admitted to the facility on February 19, 2015 with diagnosis of: Dementia, falls, and muscle weakness. R1 was admitted to the local hospital on November 9, 2015.</p> <p>R1's vitals results taken from November 3, 2015 to November 9, 2015 shows the last meal R1 ate was 26 to 50 percent of lunch on November 5, 2015.</p> <p>R1's Medication Administration History dated November 6, 2015 through November 9, 2015 shows she did not receive any medications due to refusal, sleeping, or condition.</p> <p>R1's Physician Communication Tool and Progress noted dated November 9, 2015 states, "R1 has lethargy, not eating, dehydration, and power of attorney is requesting physician notification. The problem/symptom/change started on November 6, 2015 at 7:15 AM and is worsening."</p> <p>R1's Progress Notes dated November 4, 2015 states, "Resident is decreasing in mobility and activity of daily living. Much encouragement is</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>needed for resident to feed herself. Often resident is fed by staff." November 5, 2015, "Resident has significant decline in strength and alertness." November 9, 2015 at 2:00 AM, "Resident continues to deteriorate. She was running a low grade temperature. Fax sent to residents primary asking for Tylenol suppository." 6:25 AM, "Resident has discoloration to her bilateral feet (Mottling). Power of Attorney was notified and wants primary physician notified-left message with answering service." 11:39 AM, "Resident remained in bed this AM. Skin is cool and dry to touch. Blankets applied as she appears to be cold. No oral intake at this time. No output reported this shift. Power of Attorney is here and is requesting emergency room evaluation and rehydration. Call out to primary physician with request." 12:07 PM, "Telephone orders received from primary physician to send to emergency room per power of attorney request."</p> <p>On November 10, 2015 at 1:40 PM, Z1 stated, "R1's skin was cool and discolored. Her eyes were open but not responding. Her family member told me R1 had not eaten, drank, or taken medications since November 6, 2015. I spoke with the nurse on duty and she confirmed this statement and stated she did not know why."</p> <p>On November 12, 2015 at 12:00 PM, Z3 stated, "R1 was admitted to the local hospital with dehydration. The physician is now suggesting hospice. I was first notified on November 9, 2015 at about 6:30 AM that R1 had not eaten or drank for four days."</p> <p>On November 12, 2015 at 12:45 PM E3 (Licensed Practical Nurse) stated, "If a resident is not feeling well and refusing medications and</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>meals, we would let the nurse practitioner know. We notify the physician and family right away if the resident is refusing meals and medications, and it's a new behavior. R1 was taking medications crushed in applesauce. She never refused medications for me."</p> <p>On November 12, 2015 at 12:52 PM, E4 (Registered Nurse) stated, "I would notify a resident's family and physician within 24 hours of not taking medications or meals."</p> <p>On November 12, 2015 at 1:25 PM, E2 (Director of Nursing) stated, "Staff need to notify a physician if a resident is refusing medications for a day. They should notify the physician on day two if a resident is refusing to eat. Staff are to notify family in the same time frame as the physician. There is not any documentation on R1's fluid intake or urine output. If a resident has not urinated, the Certified Nursing Assistants would report it to the nurse."</p> <p>On November 12, 2015 at 1:45 PM, Z2 (Nurse Practitioner) stated, "Staff are supposed to notify me if a resident misses one dose of medications. If a resident refuses meals for two days, the staff notify me. I did not know R1 was in the hospital. R1 was usually eating a cookie when I saw her."</p> <p>The facility's Change in a Resident's Condition Policy, revised on December 2012, states, "Our facility shall promptly notify the resident, and/or resident's representative, and his or her attending physician of changes in the resident's condition and/or status. Except in medical emergencies, notification will be made within 24 hours of a change occurring in the resident's condition or status. The nurse will record in the resident's</p>	F 157			

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F 157	Continued From page 4 medical record any changes in the resident's medical condition or status." The facility's policy not dated on Pharmaceutical Procedures states, "If the resident routinely refuses doses of medications, the physician is to be notified."	F 157			