

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

PRINTED: 06/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/07/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR COURT OF PEORIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6900 NORTH STALWORTH PEORIA, IL 61615</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 221 SS=D	<p>Annual Licensure and Certification survey.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to complete an assessment, document alternatives tried, and obtain a physician order documenting a medical symptom justifying the use of a restraint for one of one residents (R12) reviewed for restraints, in a sample of 12.</p> <p>Findings include:</p> <p>The facility's Restraints Policy last revised 3/03 documents: "An assessment done by licensed staff and reassessment done at least every 90 days with the least restrictive restraint method to be used. Must have a Physician's order with the following: reason for restraint, type of restraint, length of time to be used. The interdisciplinary team shall determine the individual's restraint reduction program, and the care plan shall indicate the reduction program if restraints must be used."</p> <p>On 5/7/15 at 11:00 a.m., E2, DON (Director of Nursing), asked R12 to remove the padded lap cushion. R12 was unable to remove the lap</p>	F 221		5/21/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/23/2015

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 221	Continued From page 1 cushion due to the cushion being attached to the wheelchair arm with no way to remove it, unless the entire wheelchair arm is physically separated from the wheelchair. R12 stated if R12 needed to get out of the wheelchair, R12 would push the padded lap cushion down around R12's legs and step over the cushion.  R12's Restraint Consent dated 10/3/14 documents the use of a padded lap cushion. The consent does not document a diagnosis or medical symptom for its use. R12's General Order form dated 2/6/15 documents padded lap cushion while in wheelchair for Dementia, Senile with Depression. The orders do not contain parameters for the use of the padded lap cushion. R12's most recent MDS (Minimum Data Set) dated 4/7/15 documents R12 is disoriented with a BIMS (Brief Interview for Mental Status) of 4 out of 15.  On 5/6/15 at 2:15 p.m. E2, DON (Director of Nursing), stated R12 has a padded lap cushion due to R12's family requesting R12 have it for safety. E2 stated R12 was getting up on R12's own and trying to walk. E2 stated the diagnosis for the use of R12's padded lap cushion was Dementia with Senile Depression. E2 stated alternatives tried prior to the use of the padded lap cushion was a chair alarm; and that the padded lap cushion is used to prevent falls.	F 221			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279		5/21/15	

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F 279	<p>Continued From page 2</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a care plan for the use of restraints for one of 12 residents (R12) reviewed for care plans, in a sample of 12.</p> <p>Findings include:</p> <p>The facility's Restraints Policy last revised 3/03 documents: "The interdisciplinary team shall determine the individual's restraint reduction program, and the care plan shall indicate the reduction program if restraints must be used. The Care Plan shall include the following: reason for restraints, type of restraint used, duration and time of days."</p> <p>R12's care plan documents on 10/3/14 an intervention under the fall care plan: "to have</p>	F 279			

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F 279	Continued From page 3 padded lap cushion in place at all times while in R12's wheelchair." R12 has no care plan specifically addressing R12's padded lap cushion as a restraint.	F 279			
F 441 SS=D	On 5/6/15 at 2:15 p.m. E2, DON (Director of Nursing), stated R12's padded lap cushion is used to prevent falls, and that is why it is documented as an intervention in R12's most current fall care plan.  483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.	F 441		5/21/15	

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F 441	<p>Continued From page 4</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to practice good infection control through the use of wearing gloves for an injection for one resident, (R13), of eleven residents reviewed for infection control, in a sample of twelve.</p> <p>Findings include:</p> <p>The facility's Insulin Administration Procedure dated 2/2004 states the objective of the policy is "To assure proper administration of insulin to residents" and, under "Injection Technique": "Wash hands and wear gloves."</p> <p>On 5/4/15 at 11:05am E7, Registered Nurse (RN), prepared five units of Regular Insulin in an insulin syringe, lifted R13's blouse, cleansed R13's abdomen with an alcohol swab and administered the insulin injection into R13's abdomen without wearing gloves.</p> <p>On 5/4/15 at 11:07 am, E7, RN, stated E7 was unsure if E7 should be wearing gloves while</p>	F 441			

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F 441	Continued From page 5 administering R13's insulin injection.  On 5/4/15 at 11:25am, E2, Director of Nursing (DON), verified that E7, RN, should wear gloves while administering any medication by hypodermic injection.	F 441		