

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

PRINTED: 07/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2011
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PEORIA			STREET ADDRESS, CITY, STATE, ZIP CODE 6900 NORTH STALWORTH PEORIA, IL 61615	
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F 000	INITIAL COMMENTS	F 000		
F 221	<p>Annual licensure and recertification.</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 assess, care plan, and have a medical symptom which justified the use of a restraint for two of three residents (R7, R11) reviewed for restraints in the the sample of 12.</p> <p>Findings include:</p> <p>1. On 7-5-11 at 2:35 am, R7 was in bed, with the bed against one wall, one half side rail was up, with a chair pulled up next to the bed. Next to the low bed, was a mat on the floor. On 7-6-11 at 9:00 am, R7 was again in bed, with a chair pulled up next to the bed preventing R7, from sitting up and getting out of bed easily. On the wall next to the bed was a note stating "keep a chair right next to (R7) bed at all times when she is in bed. This will keep her from rolling out."</p> <p>Facility's restraint policy revised 03/03 states "Definition: Restraint - Any manual methods, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily,</p>	F 221		

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 221	<p>Continued From page 1</p> <p>which restricts freedom of movement or normal access to one's body... Adaptive Equipment - A physical or mechanical device or equipment attached or adjacent to the resident's body that may restrict freedom of movement or normal access to one's body..." "Procedure: An assessment done by licensed staff and reassessment done at least every 90 days with the least restrictive restraint method to be used... The Care Plan shall include the following: 1. Reason for use of restrains, 2. Type (s) of restrains used 3. Duration and time of days..."</p> <p>On 7-6-11 at 9:00 am, E6 (Certified Nursing Assistant) stated R7's family put the note up so R7 would not be able to get up out of bed. E6 stated they comply with the family wishes.</p> <p>On 7-8-11 at 9:55 am, E4 (Minimum Data Set Coordinator/Care Plan Coordinator) stated she was aware that family and staff were using the chair, to help prevent R7 from rolling over, flinging legs over or trying to get out of bed. E4 stated, she did not do an assessment or care plan the use of the chair since she did not consider it a restraint. E4 stated, she does see now how the chair could prevent R7 from getting out of bed or being hurt from hitting against the chair.</p> <p>On 7-6-11, at 1:10 pm, R7 rose from her chair and ambulated to her room with stand by assistance from staff.</p> <p>2. On 7/8/11 at 11:00 am E2 (Director of Nursing) asked R11 to take her velcro lap belt off.. E2 requested R11 to remove the lap belt three separate times. During each attempt R11</p>	F 221			

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F 221	Continued From page 2 moved her hands around but made no attempt to release the lap belt. On 7/8/11 at 10:20 am E2 and E4 (Minimum Data Set and Care Plan Coordinator) were unable to find an initial assessment for the use of the velcro lap belt restraint. On 7/8/11 at 11:00 am E4 stated,"I couldn't find the initial assessment. I did the quarterly assessment but I may have overlooked the initial assessment since she was using already using a merry walker. It just didn't click." At this time E4 also stated,"The family refuses to let us not use the velcro lap belt."	F 221			
F 246	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure call lights are answered promptly and care provided in a timely fashion. This failure has the potential to cause distress for four of 12 residents (R3, R5, R6, and R8) in the sample of twelve and nine residents (R13, R14, R15,R16, R17, R18, R19, R20 and R21) in the supplemental sample.	F 246			

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F 246	<p>Continued From page 3</p> <p>Findings include:</p> <p>Resident Council Minutes for July 8, 2010 state "Resident stated that call lights still not answered very fast." Residents Council Minutes for August 26, 2010 state "Resident stated that their call light was shut off, and the aide didn't return until 45 minutes later." Resident Council Minutes for September 9, 2010 state "they still don't answer the call lights on second shift." Resident Council Minutes for October 14, 2010 state "they still turn off call lights and never come back to do what they are supposed to do on second shift." Resident Council Minutes for November 18, 2010 state they "would like to see a quicker response time to second shift call lights." Resident Council Minutes dated December 22, 2010 state the residents "remained concerned about quicker response times to call lights during second shift." Resident Council Minutes for March 17, 2011 state there is concern "that the wait for having oxygen refilled or breathing treatments is too long." Resident Council Minutes for April 21, 2011 state there is still concern staff is telling them 'just a second' or 'I'll be back in a minute' and that "CNA (Certified Nursing Assistant) staff have a nasty habit of taking their breaks all at the same time leaving fewer available for care at important times." Resident Council Minutes for May 19, 2011 state "they have to wait a long time for the call light to be answered, staff will turn off the call light and state they will be back and they don't come back."</p> <p>On 7/6/11 at 10:00AM in a Family Interview both R6 and R13 stated that the call lights don't get answered right away and most of the time the</p>	F 246			

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F 246	<p>Continued From page 4</p> <p>CNAs come in and turn the call light off and don't come back.</p> <p>On 7/6/11 at 10:30 AM in the Group Interview, R14 stated "It happens every day. The CNAs come in, turn the call light off then leave. It may be half an hour before they come back."</p> <p>On 7/6/11 at 10:30 AM in the Group Interview, R15 stated "I have this happen all the time. I turn on the nurse call light, the aide comes in, turns it off and leaves."</p> <p>On 7/6/11 at 10:30 AM in the Group Interview, R16 stated "It happens on second shift. The staff come in and ask 'What do you want', turn the light off, then leave the room."</p> <p>On 7/6/11 at 10:30 AM in the Group Interview, R17 stated " Sometimes the second shift staff come in, turn the call light out and tell me quit turning the light on."</p> <p>On 7/6/11 at 10:30 AM in the Group Interview, R18 stated "The second shift staff will come into my room, turn the call light out and say 'I'll be back in a minute.' Then I hear them in the hallway laughing and talking. They don't come back until I turn on the light again."</p> <p>On 7/6/11 at 10:30 AM in the Group Interview, R19 stated "Yes it happens to me. The second shift staff come in turn the nurse call light off, then leave the room. They don't come back till I turn it on again."</p> <p>On 7/6/11 at 12:00 PM R5 stated that she "has to wait for help when the call bell is on, too long,</p>	F 246			

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F 246	Continued From page 5 over 20 minutes. On 7/7/11 at 11:10 AM in a Family Interview, R20 stated that it "takes forever to get call lights answered and they turn them off and don't come back." On 7/7/11 at 11:10 AM in a Family Interview, R3 stated "Occasionally I have wet my pants. It's embarrassing." On 7/7/11 at 2:26 PM R21 stated "Sometimes it takes 30 minutes for them to answer the call light." On 7/8/11 at 10:35 AM R8 stated "Two nights ago it took quite awhile for the CNAs to come. They only had two CNAs, there should have been three." On 07/06/2011 at 01:25 PM E1 (Administrator) stated "I look at the resident council minutes every month. When I see that the staff are still failing I do inservices for them."	F 246			
F 282	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow three of 12 resident's (R7, R8, and R9) plan of care in the	F 282			

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F 282	<p>Continued From page 6 sample of 12.</p> <p>Findings include:</p> <p>1. On 7-6-11 at 1:10 pm, R7 did not have a dressing to her coccyx. E6 (Certified Nursing Assistant) stated at this time that she took care of R7 after breakfast that morning and R7 did not have a dressing on to her coccyx at that time either.</p> <p>At 3:20 pm on 7-6-11, E5 (Registered Nurse) stated she was R7's nurse for the day shift. E5 stated R7 does have a current order for a protective dressing to her coccyx. E5 stated she was not aware that R7's dressing had come off but she would put in back on. E5 agreed that staff should notify nursing when a dressing is off so they can replace it.</p> <p>R7's POS (Physician's Order Sheet) for July 2011 contains an order to apply a dressing to R7's coccyx every three days and as needed for cushion to help prevent future breakdown.</p> <p>R7's care plan dated 6-21-11 states R7 is to have a cushion dressing on her coccyx to help prevent breakdown.</p> <p>2. R8's POS (Physician's Order Sheet) dated 7-11 contains an order dated 7-6-11 for a protein shake twice a day with meals.</p> <p>On 7-7-11 at 12:25 pm, R8 was about half way eating lunch. R8 did not have a protein shake in front of her. E8 (Dietary Manager) checked her dietary sheet and stated that staff must have missed giving it to her.</p>	F 282			

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F 282	Continued From page 7 On 7-8-11 at 10:55 am, E8 stated R8 is to receive the protein shakes every day at lunch and supper. 3. R9's POS (Physician's Order Sheet) dated 7-11 contains an order stating high protein supplement three times a day with meals. On 7-7-11 at 12:25 am, R9 was eating his lunch of soup and cornbread. R9 did not have a supplement in front of him. E8 stated at this time that the supplement was listed on his dietary sheet and staff must have missed giving it to him.	F 282			
F 368	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below. The facility must offer snacks at bedtime daily. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. This REQUIREMENT is not met as evidenced by:	F 368			

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F 368	Continued From page 8 Based on interview and record review, the facility failed to ensure that bed time snacks were offered to five of 12 residents (R1, R3, R5, R6 and R8) in the sample of twelve and eight residents (R13, R14, R16, R17, R18, R19, R20 and R21) in the supplemental sample. Findings include: R1, R3, R5, R6, R8, R13, R14, R16, R17, R18, R19, R20 and R21 stated during interview 07/06/2011 at 10:30 AM that at no time during their stay at the facility has anyone offered them a bed time snack. An inservice education/meeting report dated 05/11, 2011 titled "HS (hour of sleep) Snacks" and directs staff that "All HS snacks are to be passed every evening by 8:30 PM. NO EXCEPTIONS!! In the event that a snack is not passed the nurse is to notify the DON (Director of Nursing) as to the reason why and must be documented on the CNA (Certified Nursing Assistant) Shift Coordinator Report."	F 368			
F9999	FINAL OBSERVATIONS 300.670c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;	F9999			

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F9999	<p>Continued From page 9</p> <p>3) Evaluate the effectiveness of disaster plans and procedures.</p> <p>d) Fire drills shall include simulation of evacuation of residents to safe areas during at least one drill each year on each shift.</p> <p>This requirements is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to conduct the required number of disaster drills. The facility is missing two of the required two disaster drills. This has the potential to affect all 47 residents in the facility.</p> <p>Findings Include:</p> <p>The facility maintence log records dated 2009-2011 were reviewed. This review showed that the faciltiy was missing the following drills for 2010: two disaster drills other than fire.</p> <p>On 7/6/11 at 3:30 PM E7/Maintenance Supervisor stated "I did not realize that I needed two other disaster drills."</p>	F9999			