

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

PRINTED: 07/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CONCORDIA VILLAGE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4101 WEST ILES AVENUE SPRINGFIELD, IL 62711</b>		
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F 000	INITIAL COMMENTS	F 000			
F 312 SS=D	<p>Annual Licensure and Certification Survey.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide complete incontinent care for 1 of 7 residents (R12) reviewed for incontinent care in a sample of 15.</p> <p>Findings include:</p> <p>On 7/22/15 at 1:35 PM, R12 was incontinent. E5, Certified Nursing Assistant (CNA), turned R12 onto her right side and performed incontinent care, cleaning and drying. E5 did not turn R12 onto her left side to continue incontinent care. E5 removed her gloves and cleansed her hands and re-gloved. E5 put a clean adult diaper on R12, turned her onto her back and covered R12. She then lowered R12's bed. E5 was asked if she was finished, she stated that she was finished.</p> <p>Review of R12's Minimum Data Set dated 5/11/15 indicate that R12 is always incontinent of bladder. It also shows R2 needs extensive assist of 2 or more persons for toileting.</p> <p>On 7/22/15 at 2:35 PM E2, Director of</p>	F 312			

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 312	Continued From page 1 Nursing(DON) stated that the CNA's are trained to turn resident from side to side during incontinent care and to completely clean both buttocks, hip and thigh areas.	F 312			
F 323 SS=E	On 7/22/15 at 1:50 PM E7, Registered nurse, (RN) stated that the CNA's should roll residents from side to side to cleanse both of the residents buttocks during incontinent care. 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  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.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure hazardous chemicals are stored securely away from cognitively impaired, wandering residents. This deficient practice has the potential to affect 6 of 15 residents (R6-10, R13) who were ambulatory and assessed as cognitively impaired in the sample of 15, and 20 residents (R16-36) in the supplemental sample.  Findings include:  1. On 7/22/15 at 10:10 AM, during a walk through of the Summer Household, on the residents inside patio there was a bottle of	F 323			

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F 323	<p>Continued From page 2</p> <p>Miracle Liqua Feed Miracle Grow in a green bottle that resembled a soda bottle. The chemical was sitting in a box on the patio and was accessible to the residents. On the outside resident patio there were 2 boxes of powder Miracle Grow sitting on the patio, accessible to the residents. All three chemical products had warnings on the label "Keep out of reach of children. Do not ingest."</p> <p>An interview with E2, Director of Nursing (DON) on 7/22/15 at 10:25 AM, E2 stated that she saw the chemicals on the Summer Household patio. E2 stated that the Summer Household did have ambulatory residents that were cognitively-impaired. E2 stated that the chemicals should not be there and she removed the chemicals from the patios.</p> <p>The List of Cognitive Impaired Residents Who Are Ambulatory or Wheelchair Ambulatory, dated 7/22/15, documents R9, R10, R13 and R29 through R32 as residents on the Summer Household.</p> <p>2. On 7/20/15 at 10:00 AM, 12:00 PM, 12:55 PM, and on 7/22/15 at 11:15 AM and 3:00 PM, the closet door on the Spring Hill Household was open. Inside this closet there was a large container of (disinfectant) wipes on the bottom shelf along with liquid spray disinfectant and liquid soap. On the (disinfectant) container a warning label documented, "Warning keep out of reach of children."</p> <p>The list of cognitively impaired, ambulatory residents R6, R33 through 36, would have access to unlocked closet where chemicals are stored.</p> <p>On 7/22/15 at 3:00 PM, when asked if residents</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>have access to this closet, E8 stated, "usually they will ask if they need something from the closet, but sometimes they will go in to get the broom."</p> <p>The facility Policy and Procedure for Safe Use of Chemicals dated 11/14/11, documented," Policy: Each team member has a responsibility to themselves and to others in the household to use chemicals safely. Procedure: 7. All chemicals will be stored in a locked cabinet when not in use. Chemicals used in the kitchen such as sanitizers, detergents and cleaners for surfaces and cooking equipment will be stored in the locked cabinet below the two compartment sink. Chemicals related to housekeeping duties such as cleaning furniture and floors will be locked in the housekeeping closet. Items are to be removed from these areas when needed, and the cabinet or closet immediately locked. 8. Containers of chemicals will not be left on tables or countertops unsupervised with the exception of the container of sanitizer located next to the sink in the kitchen."</p> <p>3. On 7/20/15 at 9:50 AM, 7/21/15 at 10:15 AM, and 7/22/15 at 1:45 PM, during a walk through of the Winter Household kitchen/dining room, the closet door containing spray bottles of cleaning supplies, "Multipurpose Degreaser + Multi Quat Sanitizer, Neutral Floor Cleaner + Multi Quat Sanitizer, and packets of Finish Machine Warewashing Detergent" was unlocked. Residents were sitting and ambulating in the dining room. Cleaning chemical products had warnings on the label "Hazards to humans and domestic animals and the detergent had warnings on the label, "Keep out of reach of children. Causes serious eye irritation. May cause</p>	F 323			

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F 323	Continued From page 4 respiratory irritation."	F 323			
F 431 SS=E	<p>An interview with E2, Director of Nursing (DON) on 7/22/15 at 10:25 AM, E2 stated Winter Household did have ambulatory residents that were cognitively-impaired. On 7/23/15 at 9:30 AM, E1, Administrator, stated the doors that house the chemicals needed to be locked at all times.</p> <p>The List of Cognitive Impaired Residents Who Are Ambulatory or Wheelchair Ambulatory dated 7/22/15, documents R7, R8, R16 through R28 as residents on Winter Household.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p>	F 431			

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F 431	<p>Continued From page 5</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to secure medications for 2 of 15 residents (R7, R8) in the sample of 15 and 13 residents (R16-R28) in the supplemental sample.</p> <p>Findings include:</p> <p>On 7/20/15 at 9:50 AM, during a walk through of the Winter Household the medication cart on Winter Hall was unlocked and unattended for 5 minutes. Residents were sitting and ambulating on the unit. At 9:55 AM, E3, Licensed Practical Nurse (LPN), came out of a residents room.</p> <p>On 7/20/15 at 9:55 AM, E3 was asked if this was her medication cart, E3 stated, "Yes, I had to run into a room, I guess I screwed up and left the cart unlocked." E2, Director of Nursing (DON) on 7/22/15 at 10:25 AM, E2 stated Winter Household did have ambulatory residents that were cognitively-impaired. On 7/23/15 at 9:30 AM, E1, Administrator, stated, "The medication carts are to be locked at all times when not in use."</p>	F 431			

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F 431	Continued From page 6  The List of Cognitive Impaired Residents Who Are Ambulatory or Wheelchair Ambulatory dated, 7/22/15 documented R7, R8, R16 through R28 as residents on Winter Household.  The Facility Policy #/Title 5.3 Storage and Expiration of Medications, Biologicals, Syringes and Needles, revision date 1/1/13 Procedure: 3. General Storage Procedures: 3.3 Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked room that is inaccessible by residents and visitors."	F 431			