

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

PRINTED: 02/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/16/2015
NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES			STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704		
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F 000	INITIAL COMMENTS	F 000			
F 225 SS=D	<p>Annual Licensure and Certification Survey .</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225			

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 225	Continued From page 1 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff report injuries of unknown origin to the Administrator immediately for 1 of 1 residents (R13) reviewed for Abuse in the sample of 15. Findings include: The facility Transmission Report of 1/8/15 documents Z1, (R13's daughter), called the facility on 12/31/14 and reported she saw a bruise on R13's left hand at her medical appointment on the 12/30/14. The report documents an investigation was initiated on 12/31/14 and R13 stated that the Nurse on duty tried to pull her off of the bed by her hand but was unable to point out the Nurse who she believed caused the injury. During the investigation, E6, Occupational Therapist and E7, Physical Therapist both stated they noted the bruising on R13's hand on 12/29/14. The report documents R13 has Dementia and could not identify the Nurse. On 1/15/15, at 4:30PM, E1, (Administrator), stated E6 and E7 did not report the bruising on R13's hand immediately to her. E1 stated Z1 reported the bruising on R13's hand. E1 confirmed Z1 reported the bruising and stated an investigation was initiated immediately.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	F 226			

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F 226	<p>Continued From page 2</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to operationalize their Abuse Prevention Program Policy and Procedure by failing to report an injury of unknown injury to the Administrator immediately for 1 of 1 resident (R13) reviewed for Abuse on the sample of 15.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility's Abuse Prevention Program Policy and Procedure, undated, documents, "Employees are required to report any incident, allegation or suspicion of potential abuse, neglect or misappropriation of property they observe, hear about, or suspect to the Administrator immediately." The Policy and Procedure documents "An injury of unknown is an injury not observed by any person or the source of the injury could not be explained by the resident." 2. The facility Transmission Report of 1/8/15 documents Z1, (R13's daughter), called the facility on 12/31/14 and reported she saw a bruise on R13's left hand at her medical appointment on the 12/30/14. The report documents an investigation was initiated on 12/31/14 and R13 stated that the Nurse on duty tried to pull her off of the bed by her hand but was unable to point out the Nurse who she believed caused the injury. During the investigation, E6,(Occupational 	F 226			

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F 226	Continued From page 3 Therapist) and E7, (Physical Therapist) both stated they noted the bruising on R13's hand on 12/29/14. The report documents R13 has Dementia and could not identify the Nurse. On 1/15/15, at 4:30PM, E1, (Administrator), stated during interview that E6 and E7 did not report the bruising to R13's hand immediately to her. E1 stated Z1 reported the bruising on R13's hand. E1 confirmed Z1 reported the bruising and stated an investigation was initiated immediately.	F 226			
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to adequately assess and monitor a wound for decline for 1 of 3 residents (R1) reviewed for wounds in the sample of 15. This failure resulted in R1 having a wound that was not accurately assessed and monitored and increased in size requiring medical and possible surgical intervention. Findings include: The Facility Weekly Pressure Ulcer Report dated 1/9/15 documents R1 had a Stage III pressure	F 309			

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F 309	<p>Continued From page 4</p> <p>ulcer to her right buttock measuring 3 centimeters (cm) by (x) 1.2 cm x 0.4 cm in depth.</p> <p>R1's January 2015 Physician's Order Sheet documents a treatment to this area on 1/9/15 as Silvadene cream and adaptive dressing daily.</p> <p>R1's Treatment Administration Record (TAR) documents E3, (Registered Nurse, RN) did a treatment to R1's right buttocks the morning of 1/15/15. There was no documentation regarding if R1's pressure ulcer had increased in size.</p> <p>On 1/15/15 at 1:30 PM, R1's wound was observed to be much bigger in depth and width than what the facility had assessed on 1/9/14. There was a small amount of pale yellow drainage on the bandage. E3, Registered Nurse (RN) measured the wound and provided the measurement as being 2.5 cm x 2 cm and 2 cm in depth. E3 confirmed the decline and stated it could be tunneling. R1's TAR and Nurse's Notes show no documentation of a decline in the wound.</p> <p>On 1/15/15 at 4:00 PM, E2, Director of Nursing (DON), stated she looked at R1's wound and stated the area on R1's right buttock looks more like an abscess, not a pressure sore. E2 stated she was trying to contact the Wound Clinic.</p> <p>On 1/16/15 at 10:30 AM, R1's wound was again observed with E2, Director of Nurses. E2 stated the dressing had just been changed earlier in the morning as she removed it. R1's wound was draining a tan colored exudate and when E2 pressed on the outer parameters of the wound, a copious amount of drainage came from the wound bed. E2 stated there was a hard knot</p>	F 309			

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F 309	Continued From page 5 under the skin on the on the right side of the wound and also acknowledged that the drainage increased when pressure was applied. E2 stated R1 was going to the physician 1/16/15 to have the wound evaluated as they thought it was an abscess. On 1/16/15, at 10:40 AM, E2 stated during interview that the nurses should assess and monitor for change in wounds during treatments to the wound. E2 stated the wound was not a pressure sore but an abscess and confirmed that it had increased in size. Z2, (R1's Physician), was interviewed by telephone on 1/16/15 at 4:26 PM. Z2 stated that he would expect the nurse doing the daily dressing changes to notice a change in the wound and notify the physician. Z2 stated that he had seen R1 on 1/16/15 and he was referring R1 to a plastic surgeon. The facility's Wound Assessment Policy documents that the purpose of the assessment is to document an accurate, ongoing assessment for wounds in the medical record.	F 309			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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.	F 314			

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F 314	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to adequately assess/monitor and treat pressure sores and failed to implement timely interventions for pressure sore prevention for 3 of 4 residents (R1, R2, and R7) reviewed for pressure sores in the sample of 15.</p> <p>Findings include:</p> <p>On 1/14/15, R1 was sitting up in chair at bedside at 9:30 AM and remained there throughout the morning and was still there at 1:30 PM. R1 stated that she had been up in the chair all day and R1 stated that she refused to go to therapy.</p> <p>During interview on 1/14/15 at 9:05 AM, E3, Registered Nurse (RN) stated that R1 had been up in the chair since 7:00 AM.</p> <p>R1's Care Plan dated 10/31/14 identifies R1 at risk for pressure ulcers with interventions including for staff to observe during care for any signs of breakdown, i.e.; redness, chafing, irritation, pain. The Care Plan documents "treatment as ordered".</p> <p>R1's Braden Score For Prediction of Pressure Sore Risk dated 10/31/14, documents that R1 had a score of 20, with 19 or higher not at risk. R1's Braden Score For Prediction of Pressure Sore Risk dated 11/11/14 documents that R1 had a score of 18 with score of 15- 18 being at risk.</p> <p>R1's Resident Progress Notes dated 11/19/2014</p>	F 314			

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F 314	<p>Continued From page 7</p> <p>documents that R1's skin was clear and intact including her feet.</p> <p>The Facility's Weekly Pressure Ulcer Report dated 11/20/14 documents R1 acquired pressure ulcers to the heels that were fluid filled blisters.</p> <p>R1's Resident Progress Notes, dated 11/25/2014, documents R1 had an intact blister to left heel measuring 3cm x 2.5 cm and an intact blister to her right heel measuring 6cm x 4.5 cm.</p> <p>The Pressure Ulcer Report of 12/4/14, documents that R1's Stage II pressure ulcer to her left heel measured 10 centimeters (cm) by (x) 5 cm x .25 cm in depth. The Report documents R1's Stage II pressure ulcer to her right heel measured 6 cm x 4.5 cm and 0.25 cm in depth.</p> <p>The Weekly Pressure Ulcer Report, dated 12/11/2014, documents R1's Stage II pressure ulcer on her left heel measured 10 cm x 5 cm and the depth was unmeasurable. The Report documented the Stage II pressure ulcer to her right heel measured 6 cm x 4.5 cm and the depth was unmeasurable.</p> <p>The Weekly Pressure Ulcer Reports from 12/18-12/24/14 documented R1's heels continued to be the same size as reported on 12/11/2014.</p> <p>The Weekly Pressure Ulcer Report, dated 12/24/2014, documents R1's left heel having eschar and 90% necrotic and the right heel having eschar and 80% necrotic.</p> <p>The Weekly Pressure Ulcer Reports from 12/4/14 to 1/9/15 document the treatment to the</p>	F 314			

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F 314	<p>Continued From page 8</p> <p>pressures sores was Santyl with dry dressing to be done daily. There was no documentation if the facility changed R1's pressure ulcer treatment order even though the pressure sores were declining until 1/9/15 which at that time the pressure sores were identified as being unstageable.</p> <p>R1's Care Plan failed to identify a preventative pressure sore plan for R1 as she was admitted to the facility following a right hip fracture and was dependant on staff for mobility. The Facility Pressure Ulcer Prevention Policy documents the purpose is to prevent avoidable pressure ulcers. The facility added to the Care Plan to float heels after the pressure sores were developed.</p> <p>Z2, R1's physician was interviewed by telephone on 1/16/15 at 4:26 PM. Z2 stated that the cause of the heel ulcers were from pressure.</p> <p>2. According to the Face Sheet, R7 was admitted to the facility on 1/2/15 following hospitalization for a left hip replacement.</p> <p>The Care Plan dated 1/2/15 identifies R7 to be at high risk for Pressure Ulcer due to being admitted to the facility with a stage I on his left heel due impaired mobility and bowel and bladder incontinency. The care plan documents preventative treatment to heel with staged 1 cleared on on 1/7/15.</p> <p>R7's care plan intervention dated, 1/6/15, documents "turn/reposition every 2 hours and as needed" The Care Plan interventions, dated 1/2/15 documents "Observe during care for any</p>	F 314			

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F 314	<p>Continued From page 9</p> <p>signs of breakdown i.e.; redness, chafing, irritation, pain, etc." Another Care Plan intervention, dated 1/2/15 documents preventative skin care as indicated and "treatment as ordered to heels."</p> <p>On 1/14/15 at 12:30pm, R7's left heel was boggy, irregular shaped and was dark in color.. R7 was also noted to have a small superficial scabbed area (light colored) on his inner right bunion.</p> <p>The facility had no documentation on either areas noted on 1/14/15 although the Treatment Administration Record (TAR) for 1/2/15 - 1/14/15 documents skin prep to bilateral heels and float heels twice a day was being done. On 1/14/15, the skin prep order was increased to three times daily and sure prep was added to the bunion area twice daily.</p> <p>On 1/16/15 at 11:00 AM, E2 Director of Nursing (DON) provided the weekly skin assessment dated 1/7/15 which identifies the heel as "intact" with Sure Prep being used as a preventative measure. E2 stated R7's skin was intact on 1/7/15. E2 agreed the nurses should be assessing and monitoring his skin when treatments are done in an effort to identify any change including decline and any new areas which may have developed.</p> <p>The facility's policy entitled "Pressure Ulcer Prevention" (no date) documents under procedures that "personal care associates to inspect skin daily during care. Pay particular attention to bony prominence's among others."</p>	F 314			

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F 314	<p>Continued From page 10</p> <p>3. R2's Minimum Data Set (MDS), dated 10/7/2015, documented diagnoses, in part, Post Hip Fracture and Stage III Pressure Sore, Brief Interview for Mental Status (BIMS) score of 14 (score range from 00-15), extremity functional limitation in range of motion and extensive assistance of two plus persons physical assistance with transfer and mobility.</p> <p>R2's Care Plan, start date 12/31/2014, documented that she was admitted with a Stage III Pressure Ulcer on her left heel. It was also noted to turn/reposition every two hours and as needed.</p> <p>On 1/13/2015 from 11:45a.m. to 2:05p.m. R2 was sitting up in her wheel chair.</p> <p>On 1/13/2015 at 2:05p.m., R2 stated that she had been sitting up at least from 11:45 a.m. to time of interview at 2:05p.m. R2 also stated that her left heel dressing was not on when she "got out of bed that morning", her left heel was "uncomfortable" and that she needed her left heel dressing put on.</p> <p>On 1/13/2015 at 2:15 p.m., E4, Certified Nurse's Assistant (CNA) stated that R2 was up about 10:00 a.m., on 1/13/2015, and did not have her left heel dressing on.</p> <p>During R2's left heel skin check, on 1/13/2015 at 2:05 p.m. with E5, (MDS Coordinator), E5 stated R2's left heel dressing was not in place and that the dressing was in her left sock.</p> <p>On 1/13/15 at 2:15 PM, E2, Director of Nursing (DON) stated during interview that R2's left heel was not dressed and that her left heel dressing</p>	F 314			

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F 314	Continued From page 11 was not in her sock. On 1/13/15 at 2:15 PM, after E2 re-dressed R2's left heel, R2 stated, "that feels better now."	F 314			