

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

PRINTED: 06/30/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2016
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CARBONDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W WESTRIDGE PLACE CARBONDALE, IL 62901		
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F 000	INITIAL COMMENTS Annual Licensure/Certification survey Validation Survey for Subpart U: Alzheimer Unit Manor Court of Carbondale is in substantial compliance with SUBPART U Alzheimer Unit, 77 Illinois Administrative Code, Section 300.7000 for this survey	F 000			
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide a dining experience that maintains dignity and respect for 7 of 21 residents in the sample (R3, R9, R10, R11, R12, R14, R16), and 19 residents (R25, R36, R37, R42, R45, R46, R47, R48, R55, R56, R63, R66, R71, R72, R82, R87, R90, R105, R106) in the supplemental sample. Findings Include: 1. On 6/22/16 at 11:30 AM meal service began in the Garden Court dining area. At this time residents were seated and ready to receive their meal tray. At 11:55 AM R72 was sitting at a table with R36. R72 did not have food while R36 was served and began eating. At the same time R63 was sitting at a table without a lunch tray, while	F 241			

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 241	Continued From page 1 R63's table mates were already eating. R63 began reaching for other residents food, and then began scraping at his napkin with a spoon while waiting for his tray to be delivered. E8 (Certified Nursing Assistant) verified per an interview, during this same date and time, that not all of the residents were served meals at the table at the same time. 2. On 6/23/16 at 11:30 AM meal service began in the Garden Court dining area. At 11:50 AM R25 and R45 were seated at the same table. R45 was served a lunch tray while R25 was not. At the same time R10, R47, R105 were seated together at the same table. R47 was the only resident without a lunch tray at that table. R72 and R36 were seated at the same table for lunch. R72 watched R36 eat while he was waiting for his tray. This was verified by E9 (Certified Nursing Assistant) per interview, during this same date and time, that again not all residents were served meals at the table at the same time. 3. On 6/23/16 at 11:30 AM while the meal service was beginning there was soft music playing in the background. E10 (custodian) began scrubbing the floors with an electric scrubber machine around the outer areas of the Garden Court dining area. R3, R9, R10, R11, R12, R14, R16, R25, R36, R37, R42, R45, R46, R47, R48, R55, R56, R63, R66, R71, R72, R82, R87, R90, R105, and R106 were being served and eating their food. E10 made a complete circle around the dining area with the floor scrubber which drowned out the soft music being played and made it hard for residents and staff to hear each other.	F 241			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280			

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F 280	<p>Continued From page 2</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to address the use of an antipsychotic medication in the plan of care for 1 of 6 (R14) residents reviewed for the use of a psychotropic medication in the sample of 21.</p> <p>The findings include:</p> <p>R14 has a diagnosis of Dementia with Agitation/Behaviors and began receiving the antipsychotic medication Seroquel on 3/16/2016 as noted on the March 2016 Physician Order Sheet (POS) at a dose of 12.5 milligrams (mg) at bedtime. The Seroquel dosage was increased on</p>	F 280			

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F 280	Continued From page 3 4/8/2016 to 50 mg at bedtime. R4's current Care Plan which was reviewed on 5/19/2016 does not address the need for monitoring of side effects, gradual dose reduction or the Federal Drug Administration's Black Box Warning related to Seroquel use. This was verified by E1, Adminstrator on 6/24/16 at 10:00 am.	F 280			
F 282 SS=D	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 and record review the facility failed to follow the care plan interventions set forth regarding resident eating plans for 1 of 21 residents (R11) reviewed for care plans in the sample of 21. Findings Include: On 6/22/16 at 11:30 AM, R11 was observed near the table in her wheelchair where her lunch was to be served. R11 was observed to be uncooperative with the lunch time routine. While waiting for her tray to be delivered R11 was observed to be trying to stand up out of her wheelchair. R11 spilled her drinks and then tried to wipe up the mess. R11 was pacing around the table while E11 (Certified Nurse Assistant) assisted with a gait belt around her waist. At	F 282			

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F 282	Continued From page 4 11:45 AM R11 was back in her wheelchair and rolled herself into another residents room. R11 was left unattended in the room until her tray arrived at her table at 12:10 PM. At this time, E11 then brought R11 back to the table in the wheelchair. R11 pushed her tray away while at the table and did not eat any of her food items. E11 attempted verbal cueing to get R11 to eat. On 6/23/16 at 11:30 AM meal service began on Garden Court. R11 was brought to the table at 11:45 AM as her tray was being delivered. R11 pushed the tray away from in front of her. E11 who was sitting across the table from R11, gave R11 only two verbal cues. At 12:15 PM, R11 picked up her cake with her hands and ate the entire piece, and at 12:40 PM, R11 had consumed no other foods on her plate. Review of R11's care plan with a review date of 5/12/2016 has an eating plan outlined with 4 approaches to get the resident to eat. Step 1 indicates to set meal up completely, and instruct resident to 'feed self'. Reward if completed with praise. Step 2 indicates to place utensil in resident's hand, instruct to put food on utensil and place into mouth. If completed reward with praise. Step 3 indicates to place hand over resident's hand, filling utensil with food and guiding to resident's mouth. If done, reward with praise. Step 4 indicates to place food into resident's mouth, tell resident to then swallow after each bite. If done reward with praise. These 4 approaches were not utilized during the observations made on 6/22/16 and 6/23/16.	F 282			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323			

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F 323	<p>Continued From page 5</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store chemicals in a secured area not accessible to cognitively impaired, mobile residents. This had the potential to affect 2 (R68 & R57) residents in the supplemental sample.</p> <p>Findings include:</p> <p>1. During the environmental tour conducted on 6/23/16 at 12:10 pm with E2 (Administrator in Training) and E12 (Maintenance Supervisor), a 1/2 full spray bottle containing clear liquid was seen sitting unattended on a cart in a hall adjacent to the dining room on Independence Hall. The label on the bottle was unable to be read due to fading and worn appearance. After E2 determined the contents of the spray bottle The manufacturer information was provided by E1 (Administrator) and indicated the substance was a sanitizer solution called Sentinel. The manufacturer recommendations for this sanitizer states that the chemical is considered hazardous. Some precautions for safe handling include not to get on skin, eyes and clothing. Do not eat, drink or smoke when using this product. Wash thoroughly after handling. One of the storage recommendations indicate to keep out of the reach of children.</p>	F 323			

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F 323	Continued From page 6 An interview conducted on 6/23/16 at 12:57 PM with E3 (Director of Nursing) indicated she did not consider having a bottle of sanitizing solution sitting on a cart in the hall a safe practice. E3 provided the names of R57 and R68 as residents on Independence hall who are mobile and cognitively impaired and being at risk of obtaining the cleaning solution.	F 323			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329			

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F 329	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to attempt a gradual dose reduction of a psychotropic medication for 1 of 6 (R6) residents reviewed for psychotropic medications in the sample 21.</p> <p>The Findings include:</p> <p>Review of R6's June 2016 physician order sheet indicated R6 has been receiving Cymbalta 60 mg by mouth daily since 10/2014 related to a diagnosis of depressive episodes. Pharmacy Consultation Reports showed gradual dose reductions had been recommended on 5/11/15 and 10/15/15 as provided by the facility.</p> <p>Physician's Response by Z2 (Physician) listed on the 5/11/15 consultation form states "Continues with symptoms." Physician's Response by Z2 on the 10/15/15 consultation form states "Still depressive symptoms."</p> <p>The facility is unable to provide any documentation indicating at those times depressive symptoms were occurring. Per information provided by E3 DON (Director of Nursing), the last noted progress note indicating depression was on 11/07/2014. E3 also stated during an interview on 6/23/2016 at 3:35 pm that R6 "isn't having any depressive symptoms because the medicine was working."</p> <p>The facility received documentation from Z2 on 6/24/16 stating R6 is receiving the lowest effective dose. No supportive information on the review of depressive symptoms, data for determining how Z2 made this decision or</p>	F 329			

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F 329	Continued From page 8 appropriately discussed R6's condition at the times the pharmacy recommendations were made.	F 329			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. 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. 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. 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.	F 431			

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F 431	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on observation, record review, and interview the facility failed to store narcotic medication under a double lock for 6 of 21 (R1, R2, R6, R15, R16, R17) residents in the sample of 21 and 19 residents in the supplemental sample (R24, R31, R34, R58, R59, R65, R71, R75, R79, R87, R89, R95, R98, R99, R103, R104, R107, R108, R109).</p> <p>Findings include:</p> <p>Inspection of medication carts on 6/23/16 at 9:50 AM revealed the narcotic box located within the Liberty Lane, Bounce Back Court, and Garden Court medication carts was unlocked. As per facility controlled drug policy and procedure revised 12/12, the narcotic box must be kept locked at all times.</p> <p>An interview was conducted with E13, ADON (Assistant Director of Nursing) on 6/23/16 at 9:55 AM in which she indicated the narcotic drawers are to be kept locked in the medication carts, and identified the following residents having controlled substances needing to be double locked: R1, R2, R6, R15, R16, R17, R24, R31, R34, R58, R59, R65, R71, R75, R79, R87, R89, R95, R98, R99, R103, R104, R107, R108, and R109.</p> <p>Further record review also revealed the facility reported to the Illinois Department of Public Health on 5/25/16 an abuse investigation for theft of narcotics which E1 (administrator) stated on 6//22/16 at 9:30 AM was still under investigation.</p>	F 431			

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F 431	Continued From page 10 B. Based on observation, record review and interview, the facility failed to ensure expired medications were removed from use for 1 (R69) resident in the supplemental sample. Inspection of the medication cart for Bounce Back Lane on 6/23/16 at 12:20 PM revealed an Advair 250/50 inhaler for R69 which was labeled opened (removed from the foil packaging) as 4/19/16. The current physician's order listed for R69 on the June Physician's Order Sheet lists "1 puff Advair twice a day." The label on the inhaler indicated there were 10 doses left. Manufacturer recommendations for Advair indicate the inhaler is to be disposed of 30 days after removed from the foil packaging or when the dose counter reaches 0, whichever comes first. Interview with E14 (LPN) was conducted on 6/23/16 at 12:40 PM in which it was verified that this was the current inhaler being used for R69.	F 431			
F 441 SS=D	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	F 441			

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F 441	<p>Continued From page 11 actions related to infections.</p> <p>(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. (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 observation and record review the facility failed to follow adequate infection control techniques for 1 of 9 (R13) residents reviewed for infection control in a sample of 21.</p> <p>Findings include: On 6/22/16 at 1:35 PM, perineal care was observed being given to R13 who is always incontinent of bowel and bladder as indicated in section H of the MDS (Minimum Data Set) dated 5/10/16. R13 was put on contact isolation starting 6/15/16 for ESBL (Extended-Spectrum Beta-Lactamase) in her urine as noted per</p>	F 441			

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F 441	<p>Continued From page 12</p> <p>facility's Infection Control - Infection Report and remained on contact isolation at the time of the observation.</p> <p>During the care, Z1 (Regional Nurse) was present in R13's room observing. E6 and E7 CNA's (Certified Nursing Assistant) were wearing contact isolation equipment consisting of gloves and isolation gown. Z1 assisted E6 and E7 by removing the mechanical lift sling which was in direct contact with clothing soiled with very soft/liquid brown stool which had come out of the top of R6's incontinence brief and gone approximately 1/4 way up her back. It is unknown if the brief contained urine due to the large amount of stool present to R13's buttocks, back, and perineal area. During the removal of the sling, R13 was positioned on her left side in which stool was at that time visible. Z1 failed to follow adequate infection control techniques by using her non-gloved hands to remove the sling and place it on another unoccupied bed within the R13's bedroom. Z1 then returned to R13's bedside and continued to observe care in which E6 & E7 effectively completed perineal care and changed R13's shirt due to it being soiled with stool. Z1 did wash her hands before exiting R13's room, but had touched R13's foot board, blankets and in room bathroom door handle before washing them.</p> <p>Per the facility's infection control policy 1.11 revised 08/09, Z1 failed to follow standard precautions as the policy states, "Facility will handle all linen as potentially contaminated using standard precautions." Per the same policy it is stated that, "Standard Precautions are based upon the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact</p>	F 441			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2016
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CARBONDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W WESTRIDGE PLACE CARBONDALE, IL 62901		
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F 441	Continued From page 13 skin, and mucous membranes may contain transmissible infectious agents."	F 441			