

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

PRINTED: 08/03/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/31/2005
NAME OF PROVIDER OR SUPPLIER HERITAGE MANOR-PERU			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET PERU, IL 61354		
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F 441	Continued From page 49 MRSA in them". E26 was then asked if R24's room-mate (R34) is also positive for MRSA. She stated "I don't think she is positive for MRSA". According to E26 while doing the tour, R34 is "confused and has Alzheimer's disease". R34's MRSA status was discussed with E2, Director of Nurses on the evening of 5/18/05. On 5/16/05-5/18/05, R34 was observed to be reaching out to people in close proximity. 2. E26 prepared to cleanse and dress a wound on R14's coccyx on 5/16/05 at 2:15 p.m. E26 brought a caddy with dressing supplies into R26's room and placed it on the resident's over the bed table without cleansing the table or placing a barrier under it. Paper towels were then placed on the end of the table and supplies were placed on them from the caddy. Following the dressing change the caddy was returned to a storage closet on the North hallway which contained other clean supplies.	F 441			
F 521 SS=C	483.75(o)(2)&(3) ADMINISTRATION The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.	F 521			

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F 521	Continued From page 50 This REQUIREMENT is not met as evidenced by : Based on interview and record review, the facility failed to develop and implement a standardized method of identifying problems, tracking progress in problem resolution, and reporting problem status through the quality assurance (QA) committee. Findings include: . Interview with E15 (Dietary Supervisor) on 5/20/05 AM indicated that facility problems and their status of correction are documented in the quality assurance committee meeting minutes. Interview with E2 (Director of Nursing) on 5/20/05 AM indicated that the facility QA committee has no standardized way to identify problems and track their correction through time for the next meeting. E2 stated that she uses a certain form to identify and correct QA issues, but that there is no uniform method available for all QA committee members. Interview with E3 (Corporate Field Nurse) late AM 5/20/05 indicated that the corporation has no formal method for facilities to use in their QA meetings and that it is up to each facility how to conduct the QA process . E2 presented two forms to the surveyor that she explained are used in the QA process: one was her own Problem/Action form, and the other was a Concern/Complaint Referral Form used to summarize resident complaints.	F 521			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	<p>Continued From page 51</p> <p>LICENSURE VIOLATIONS:</p> <p>300.1210a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>300.1210b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>300.1210b)2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>300.1220b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>300.1220b)2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>300.1630b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be</p>	F9999			

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F9999	<p>Continued From page 52</p> <p>accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnosis, known allergies, current medication, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>300.1820c) In addition to the information that is specified above, each resident's medical record shall contain the following:</p> <p>300.1820c)3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition.</p> <p>These requirements are not met as evidenced by :</p> <p>Based on record review, interview, and observation the facility failed to have an effective system in place to assess, treat, and monitor pain; failed to administer pain medication as ordered to 2 of 19 residents (R19, R3) exhibiting signs/symptoms of pain; and failed to ensure that effective nursing measures were developed and implemented to relieve pain for 4 additional residents (R29, R24, R30 and R23).</p> <p>Findings include:</p> <p>The original CMS Form 672 provided to survey</p>	F9999			

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F9999	<p>Continued From page 53</p> <p>team, completed and dated 5/16/04 by E2 (Director of Nursing) listed zero (0) residents on pain management program, although the initial Roster Matrix completed by facility staff identified 12 residents with pain.</p> <p>This information was verified with E13 (Assistant Director of Nursing) with the Corporate Nurse present on 5/18/05 at 10 a.m.</p> <p>During review of records for all residents on the sample, a form entitled "Pain Screening Form" was present. This form included a numerical score, with no parameters provided on the form as to what the score indicated. At the top of the form, additional directions stating " This is a screening tool to be used for monitoring of residents to identify any pain that may need a more in depth assessment". No further assessment was found on the clinical records.</p> <p>During interview with the DON, E2, on 5/16/05, 4 :10 pm it was discussed how the Pain Screening Form was used. During this interview, the DON, E2, was not able to provide information regarding how the pain screening tool worked or what the total of various Likert scale values meant. E2, made several calls to other staff who were unable to explain to her what information the Pain Screening Form captured and how it was utilized in the assessment of resident pain. The DON, E2, said she had received the form from an educational in-service and instituted its use in the facility starting on 11/04.</p> <p>Record review of the pharmacy consultant monthly reports from 11/19/04 through 5/12/05 noted that there is no reference made to</p>	F9999			

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F9999	<p>Continued From page 54</p> <p>residents on pain management programs nor pain assessment flow sheets. Interview with E3, the nurse consultant on 5/20/05 1:00 p.m. verified that the facility does not have a 24 hour report that is submitted to administrative nursing staff on a daily basis that includes pain issues.</p> <p>Interview with Z1, the Pharmacy consultant director, verified that the facility form called "Pain Screening Form" is not the form provided nor the pain tool in-serviced by the pharmacy consultant.. Z1 verified that the form called Pain Assessment is the form provided by the pharmacy service.</p> <p>During a 5/20/05 11:15 am interview with, E2, DON, it was verified that the facility does not have "Pain Assessment Flow sheets" as indicated in the careplan for R19 and R3 under Problem (related to pain issues) Approach " Perform pain assessment flow sheet as per facility policy. Administer medication as ordered/ needed. Return to assess effectiveness."</p> <p>Interview with E2 also included a discussion of the approach "Use bright papers with/Pain written on them to convey complaints of pain to the nurse place into a white basket holder. Nurse will monitor. If resident appears to be having intense pain, find the nurse ASAP (as soon as possible) to report findings." E2 said this was her idea and that all staff have been in-serviced to use this system of reporting pain. E2 verified that she does not receive a report of the effectiveness of this approach.</p> <p>Interviews with various disciplines provided information that the system was not being utilized :</p>	F9999			

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F9999	Continued From page 55 5/20/05 1:00 p.m. Social Service Director E39 reported to have used the form on occasion. Stated had known that" R19 had complaints of pain during social service visits but did not fill out the pink pain form assuming that nursing staff knew about her pain." 5/19/05 1:15 p.m. Hair stylist E31 reported using them, but could not give a count. 5/17/05 11:20 a.m. E22, Charge LPN of East Wing reported that the "basket was behind the door, but that it has been over one month since she received one" 5/20/05 8:10 a.m. Physical Therapy, E41, Licensed Physical Therapist Assistant, "No, I don't use pink form." 5/20/05 8:05 am Occupational Therapy, E32, Certified Occupational Therapist Assistant, "sometimes, I could not estimate the number of times or when I last used them. I usually talk with the nursing staff about resident pain medication." 5/19/05 12:30 pm Certified Nurse Assistant E23, " I use them sometimes, mostly just tell the nurse." 5/19/05 12:30 p.m.Certified Nurse Assistant E26, "I did not know about them." 5/19/05 12:30 p.m. Certified Nurse Assistant E24, "No I don't use them." 5/19/05 12:30 p.m. Certified Nurse Assistant E25, "Rarely if ever."	F9999			

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F9999	<p>Continued From page 56</p> <p>5/19/05 12:30 p.m. Certified Nurse E27, "Never"</p> <p>Examples of residents who experienced pain and who did not have effective pain management program:</p> <p>1. R19 is an 89 year old resident admitted from the hospital on 3/17/05. According to the hospital history and physical dated 3/7/05, R19 has diagnoses including Kidney Cancer with Metastasis to the spine and lung, Hypertension, Angina, Pain and Depression.</p> <p>Assessment dated 3/23/05, 3/30/05, and 4/14/04 notes that R19 had no pain listed under "Health Conditions". The MDS dated 5/12/05 indicates that R19 was having mild pain to the stomach exhibited less than daily.</p> <p>Observation and interview of R19 on 5/16/05, 5/17/05, and 5/18/05 verified that she was experiencing nausea and pain in the lower abdomen most of the time. During interview on 5/18/05 at 7:30 a.m., R19 had a plastic tub next to her on the bed and small can of carbonated soda on the bedside stand. R19 stated that "I threw up. I am having the worst pain I ever had." When asked to explain, R19 rated her pain as "over 10", with a score of 10 being the most severe pain. During subsequent interview with R19 on 5/18/05 at 9 a.m., R19 stated that the pain in her lower abdomen was "7" on a scale of 10.</p> <p>During medication pass observation on 5/18/05, it was determined that R19 received two Tylenol Extra Strength tablets, but did not receive any medication for nausea. Medication telephone</p>	F9999			

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F9999	<p>Continued From page 57</p> <p>orders dated 4/5/05 instructs staff to discontinue Morphine Sulfate 10 milligrams twice a day. Another telephone order slip, also dated 4/5/05, instructs staff to begin administering Morphine Sulfate 30 milligrams twice daily. Medication Administration Records for these dates indicate staff did discontinue the 10 milligram dose of Morphine Sulfate, but never began giving the 30 milligram dose.</p> <p>This order had not been transcribed to the current physician order sheet dated 5/3/05. During interview with E2, Director of Nursing on 5/18/05 at 11:30 a.m., E2 verified that R19 had a current order for Morphine Sulfate to be given 30 mg twice daily. E2 also verified that R19 had missed 60 doses morphine from April 18, 2005 through May 18, 2005.</p> <p>Review of medication administration records for this time period indicate that the only pain medications used between 4/22/05 and 4/25/05 was a Vicodin tablet to be given every four hours as needed. No routine pain medications were administered until 4/25/05 when Z2 (Radiation Oncologist) ordered Duragesic patches to be placed every 3rd day.</p> <p>A correlation was noted between the time the morphine sulfate pain medication was discontinued on 4/22/05 (without a physician's order) and the need for Vicodin for "break through abdominal pain." Medication administration records for 4/05 show that R19 received Vicodin 19 times from 4/18/05 to 4/29/05 for complaints of pain.</p> <p>2. R3 has a diagnoses including Alzheimer's</p>	F9999			

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F9999	<p>Continued From page 58</p> <p>Disease, anxiety, and Arthritis who has contractures of the arms and legs requiring splinting and positioning for comfort, and a stage III decubitus. According to the the facility's physician order sheet of 5/05 requesting since 3/26/05 Hydrocodone/APAP 5-500 mg prior to dressing change and apply Trixacin 0.25% cream apply to bilateral knees every shift for arthritic pain. R3's careplan does not make reference to these physician orders to accommodate and coordinate staffs interventions for the required range of motion and dressing changes to facilitate and coordinate pain relief measures during care.</p> <p>Record Review of physician progress notes/ orders for R3 on 3/25/05 stated, "Appears to rest no verbalization. Staff reports pain with dressing change. Assessment/Plan sacral decubitus-continue present plan give Vicodin one hour before anticipated dressing change."</p> <p>On 5/17/05, 7:55 a.m., accompanied with the DON, E2, and LPN, E22, observed the decubitus and dressing for R3. At that time E22, LPN. stated she did the dressing change at 7:30 a.m., 5/17/05. At 10:05 a.m., E22 verified that she had not given R3 a Vicodin tablet before the dressing change. Record review of control drug ledger with E22 at this time verified that the count was accurate and the last dose signed out was for 5/16/05.</p> <p>3. R29 was admitted on 5/18/05 with diagnoses including Degenerative Osteoarthritis involving all compartments of the left knee being severe in the medial compartments, legally blind, Left knee pain and weakness from hospital history/physical</p>	F9999			

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F9999	<p>Continued From page 59 of 5/13/05.</p> <p>Record review of medications given during recent hospitalization found on transfer Medicine Administration Record for May '05 noted that R29 was receiving a Fentanyl Patch 25 mg for pain every three days, Hydrocortisone 1% ointment to all extremities twice a day for a rash, Tylenol 325 mg daily, and Dextran 70-Hypromel eye drops to both eyes at least once a day.</p> <p>Admission Nursing Assessment of 5/18/05 sections for pain and general skin conditions were left blank.</p> <p>Pain assessment of 5/19/05 only records the Fentanyl Patch and does not evaluate these other medications given daily to R29 while being hospitalized before admission to the facility on 5/18/05.</p> <p>Noted transfer form from hospital dated 5/18/05 of medications at time of discharge did not include the Tylenol, and Hydrocortisone Cream on the list of medications. Careplan for "Complaints of bilateral knee pain" does not address pain medications and instruct staff how to intervene with resident's medical conditions.</p> <p>Interview with R29 on 5/19/05 at 4:15 p.m. stated that he had pain from a rash on his legs and volunteered to show the red shiny skin condition to his lower legs. He commented that his "hands hurt from arthritic pain." He also expressed concerned why the facility had not continued with the cream that he received in the hospital.</p> <p>During another interview with R29 on the morning of 5/20/05 8:50 a.m. it was noted that his</p>	F9999			

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F9999	<p>Continued From page 60</p> <p>eyes were red and the lower canthus drooped. R29 volunteered that he was legally blind. He again expressed concern as to why the facility had not continued the eye drops he received in the hospital for eye discomfort.</p> <p>R29 stated he experienced discomfort and pain while walking to the dining room for breakfast earlier this morning on May 20,2005.</p> <p>Interview with Physical Therapist Assistant, E39 on 5/20/05 at 8:00 am stated that R29 "does not complain of pain but will tell me when I ask him." E29 said he has rated his pain as somewhere between "5-7 out of 10 during therapy." E39 stated "He refuses ice packs or warm moist packs before therapy."</p> <p>4. According to her Admission Assessment, R24 was admitted with 2 open areas to her right back, a large area to her sacral area, one in the right groin area, one on her right thigh and one in her right inner calf area. According to E36, LPN (Licensed Practical Nurse) while doing the Facility tour in the a.m. on 5/16/05, R24 also has gas gangrene to her toes on both feet. She stated, " they look like they will fall off anytime."</p> <p>R24, whom according to her Admission Nursing Assessment form, was admitted to the facility on 4/26/05, was assessed for pain using the form entitled Pain Screening Form on 5/10/05. Her total score was 8. On this form it states: "This is a screening tool to be used for monitoring of residents to identify any pain that may need a more in depth assessment." The form does not give any parameters as to what level one must achieve related to pain before further assessment</p>	F9999			

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(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	
F9999	<p>Continued From page 61</p> <p>will be conducted. A review of R24's Care Plan dated for 5/10/05 does not address the issue of pain, even though R24 receives a Duragesic Patch 50 mcg. every 72 hours.</p> <p>An interview was conducted with E36 on 5/18/05 regarding R24's pain. E36 stated that on occasion, R24 "will say that she has pain in her leg" and that "she gets restless when staff are doing her dressing changes". She further stated that the night nurse changes her dressings and that she has been giving her Ativan before she does the dressing changes, "because she gets so restless". According to the March MAR (Medication Administration Record), R24 has received 10 doses Ativan 0.5 mg. per mouth from 5/6/05 to 5/19/05 as well as one dose of Vicodin on 5/ 7/05 for complaints of leg pain.</p> <p>5. R30 was admitted to the facility on 4/21/05 following a repair of a right hip fracture according to her Admission Nursing Assessment. This assessment further states that R30 has daily, but not constant pain and that it is "distressing" and "excruciating at times". The admission Nurses Notes states the following: "Reports to get up causes discomfort." The facility Pain Screening Form indicates that R30 has only a score of 1. This form has no date on it.</p> <p>On 4/24/05, R30's MAR (Medication Administration Record) states that R30 received Vicodin 2 times and on the 4/25/05 Medicare Flowsheet as having pain at level of 6 on a scale of 1-10 and was given Vicodin 1 tablet for the pain.</p>	F9999			