

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145989 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/22/2016 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER PARKER NURSING & REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 516 WEST FRECH STREET STREATOR, IL 61364 | | |
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| F 000 | INITIAL COMMENTS | F 000 | | | |
| F 161 SS=E | <p>Annual Licensure and Certification Survey</p> <p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that the surety bond for resident trust funds was at or above the highest potential balance to protect the resident trust funds from potential misappropriation of the funds. This has the potential to affect 33 of 62 residents : 15 residents (R1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,19) in the sample of 15 and 18 residents (R26-43) in the supplemental sample.</p> <p>The finding includes:</p> <p>On 01/20/2016 at 12:40 PM the resident trust fund checking account statement dated the same was presented by E1, Administrator. The daily average balance recorded on 12/31/2015 totaled \$46,270.23.</p> <p>According to the facility's Trust Fund Balance Report dated 01/20/2016, 15 residents have funds in the resident trust fund account from the original sample (R1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,19) and 18 residents (R26-43) on the supplemental sample.</p> | F 161 | | 2/5/16 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/08/2016

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 161 | Continued From page 1 E1, Administrator provided a copy of the current surety bond dated 01/16/2015 for \$20,000 that protects the residents' funds up to \$20,000. | F 161 | | | |
| F 226 SS=C | On 01/20/2016 at 04:00 PM E1, Administrator, stated "I just saw that the bond limit has been exceeded. I will make arrangements to increase the limits of the bond." 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow their Abuse Prevention Policy for initiating resident background checks for Criminal History Record Information within 24 hours of admission for two of two residents(R20,R22) in a sample of 15 reviewed for Criminal Background Checks, and seven residents (R46-R52) from supplemental sample. This has the potential to affect all 62 residents in the facility. Findings include: The Facility's Abuse Prevention Program Policy dated 01/20/2014, documents, "II. Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admissions to the facility in order to identify previous criminal convictions. Prior to the admission of a new resident to the facility, this facility will check for the resident's | F 226 | | 2/5/16 | |

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| F 226 | Continued From page 2 name on the Illinois Sex Offender Registration Web Site and check for the resident's name on the Illinois Department of Corrections sex registrant search page. Within 24 hours after admission of a new resident to the facility, this facility will: Initiate a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure." On 01/22/2016 at 9:00 AM, E3(Social Service Director), provided the following information regarding residents' admission and criminal background check dates: R20- 01/13/2016, 01/15/2016 R22- 01/11/2016, 01/15/2016 R46- 01/18/2016, 01/21/2016 R47- 01/04/2016, 01/12/2016 R48-12/24/2015, 12/28/2015 R49-12/23/2015, 12/28/2015 R50-01/14/2016, 01/20/2016 R51-12/18/2015, 12/21/2015 R52-12/04/2015, 12/07/2015 The Facility's Admissions Record dated 01/19/2016 provided by E1, Administrator, confirmed the above residents and admission dates. On 01/22/16 at 10:00 AM E3(Social Services Director), stated, "I was told by the consultant that the residents' Criminal Background Checks had to be done within ten days of the residents' admission." E3 also verified at this time that R20, R22, and R46-52's Criminal Background Checks were not initiated within 24 hours of residents admission to the facility. The Centers for Medicare and Medicaid Services form, 672, completed by the facility on 01/20/2016 lists 62 residents living in the facility. | F 226 | | | |
| F 325 SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE | F 325 | | 2/5/16 | |

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| F 325 | <p>Continued From page 3</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete significant change and quarterly Nutrition Assessments and failed to monitor food intake for every meal for a resident with a significant weight loss of 9.9% in four months for one of two residents (R12) reviewed for significant weight loss in a sample of 15.</p> <p>Findings Include:</p> <p>The facility Comprehensive Nutrition Assessment policy, undated, states, "The nutritional assessment is to be completed when a new resident is admitted to the facility, annually and each time a new Minimum Data Sheet is completed for change in condition."</p> <p>R1's Physician Order Sheets, dated 1/6/16, documents an admission date of 3/27/15 and a diet order of pureed, No Added</p> | F 325 | | | |

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| F 325 | <p>Continued From page 4 Salt, thin liquids.</p> <p>R1's Weight Summary, dated 1/22/16, documents the following weights: 4/2/15: 176 pounds (#); 4/28/15: 177.2 #; 7/8/15: 180.4#; 9/1/15: 134.6#; 10/7/15: 132.2#; 11/8/15: 132.2#; 12/1/15: 123.4#; and 1/7/16: 124.8#.</p> <p>On 1/22/16 at 9:50 a.m., E4 (Dietary Manager) stated, "Restorative Therapy is in charge of weighing residents. Once all weights are collected, they are reviewed by the Director of Nurses (DON). Then the weights are submitted to me. We are both responsible for notifying the Registered Dietitian for residents who have lost weight...I am responsible for completing Nutrition Assessment. (R12's) last nutrition assessment was completed in July. I'm trying to catch up on (R12's) assessment...(R12's) Nutrition Assessment should've been completed in September when (R12's) weight first significantly decreased."</p> <p>On 1/22/16 at 9:30 a.m., E2 (DON) stated, "Nutrition Assessments should be completed on admission, quarterly, and/or during any change of condition for the resident. Since (R12) lost weight, a Nutrition Assessment should've been completed in July."</p> <p>The facility Weight Loss Interventions policy, revised 5/10/13, states, "Observe meal intake...Food Service Manager or designee will document resident's tolerance of diet."</p> | F 325 | | | |

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| F 325 | Continued From page 5 The facility staff failed to document R1's Amount Eaten % multiple breakfast, lunch, and/or dinner meal intakes as follows: 18 opportunities from September 9, 2015 through September 30, 2015; 20 opportunities from October 1, 2015 through October 31, 2015; 35 opportunities from November 1, 2015 through November 30, 2015; 29 opportunities from December 1, 2015 through December 31, 2015; and 18 opportunities from January 1, 2016 through January 21, 2016. On 1/22/16 at 11:00 a.m., Z1 (Registered Dietitian) stated, "I would expect to see meal intake percentages for all meals for an individual with significant weight loss, like (R12)." | F 325 | | | |
| 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 actions related to infections. | F 441 | | 2/5/16 | |

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| F 441 | <p>Continued From page 6</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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, interview, and record review, the facility failed to practice good hand hygiene during resident cares for two of seven residents (R9 and R20) reviewed for infection control and one of three residents (R19) reviewed for medication administration in a sample of 15.</p> <p>Findings include:</p> <p>The facility's policy Hand Hygiene, revised 04/15/13, documents: "Purpose: Hand Hygiene is the single most efficient means of preventing the spread of infection. Indications for Glove Use: Gloves will be used for all care following universal precautions. Gloves will be used for any care of the resident involving blood and bodily fluids."</p> | F 441 | | | |

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| F 441 | <p>Continued From page 7</p> <p>1. On 1-19-16, at 12:38 pm, E11 and E12, Certified Nursing Assistants (CNA), performed incontinent care for R20. With gloved hands, E11, CNA cleansed R20's perineal area after R20 voided in toilet. With the same soiled gloves, E11 pulled R20's incontinence brief and pants up, adjusted R20's shirt, assisted R20 to pivot and sit in wheelchair. E11 then unbuckled R20's gait belt and removed E11's gloves.</p> <p>On 1-22-16, at 1:00 pm, E11, CNA, stated "I should have changed my gloves after cleansing (R20's) bottom."</p> <p>2. On 1-20-16, at 8:35 am, E8, Certified Nursing Assistant (CNA), performed incontinent care for R9. With gloved hands, E8 wiped feces from R9's rectal area after R9 had a bowel movement in the toilet. With the same soiled gloves, E8 pulled up R9's pants, lowered R9 into a wheelchair using a mechanical lift, removed the mechanical lift belt strap then removed E8's gloves.</p> <p>On 1-20-16, at 2:00 pm, E8, CNA, stated, "I don't normally change gloves. I wear one pair of gloves. I change gloves once I've wiped the resident's bottom and pulled up the brief and clothes."</p> <p>3. On 1-20-16, at 11:55 am, E6, Registered Nurse, RN, administered Humalog 100u/ml (units per milliliter) 30 ml subcutaneous into R19's abdomen with her bare hands.</p> <p>On 1-20-16, at 2:00 pm, E6, RN, stated "I don't wear gloves when I give insulin."</p> <p>On 1-22-16, at 11:28 am, E2, Director of Nursing,</p> | F 441 | | | |

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| F 441 | Continued From page 8 DON, stated "They (the staff) should wash hands, wear gloves to perform incontinent care then remove gloves and wash hands. They should change gloves when going from dirty to clean. Nurses should wear gloves when giving injections because there is a potential for blood." | F 441 | | | |