

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

PRINTED: 05/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145729	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/19/2016
NAME OF PROVIDER OR SUPPLIER CARLYLE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 501 CLINTON STREET CARLYLE, IL 62231		
(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	
F 000	INITIAL COMMENTS Annual Licensure and Certification Validation Survey for Subpart U: Alzheimer Unit Carlyle Healthcare Center is in substantial compliance with Subpart U, 77 Illinois Administrative code Section 300.7000.	F 000			
F 323 SS=D	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 interview and record review, the facility failed to implement fall interventions for 1 of 7 residents (R2) reviewed for falls in the sample of 19. Findings include: R2's Minimum Data Set (MDS), dated 09/09/2015, documents R2 requires extensive two person physical assist for toileting. R2's MDS documents R2's standing balance as not steady, only able to stabilize with staff assistance for from seated to standing position. R2's Care Plan, dated 12/31/2014, documents in part under Falls, "Potential for Falls or injury from falls related to history of falls. Up in wheelchair with staff assistance of (2) with use of wheeled walker and	F 323		3/7/16	

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

TITLE

(X6) DATE

03/14/2016

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 323	<p>Continued From page 1 gait belt."</p> <p>On 02/17/2016 at 1:50 PM, R2 stated, "I fell back in October. I was using the toilet and was with (E7), CNA (Certified Nursing Assistant), when my knees gave out and I fell to the floor and broke my leg. It was awful. No one else was in the room with us, just me and (E7) until after the fall."</p> <p>On 02/17/2016 at 3:15 PM, E7 stated, "I remember (R2) having a fall back maybe back in October. (R2) got up from the toilet and went to turn and fell. I was by myself with her when it happened. I am not sure what type of transfer she was. I don't know, maybe she was a one assistant. I think she had previous falls as she even fell during therapy with the same thing happening as her knees gave out. Her knees were weak. "</p> <p>R2's Incident Report, dated 08/14/2015, documents in part, "resident was in bed and was being transferred by CNA from bed to bed side commode and once (R2) stood she stated 'Oh my knees are getting weak' with this CNA lowered resident slowly to floor. No injury noted. Contributing factors: weakness in legs due to arthritis complains of vertigo at times."</p> <p>R2's Incident Report, dated 10/01/2015, documents in part, "resident being transferred when knee began to give out. (R2) was noted with left leg rotation and staff assisted her to bed with the use of a lift."</p> <p>R2's Incident Accident Report, dated 10/01/2015, documents in part, continue use of two staff for ease in transfers.</p>	F 323			

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F 323	Continued From page 2 The Facility Transfer Policy, dated 04/24/2014, documents in part, "It is the policy of this facility to follow the rules of body mechanics and other safety and comfort measures when performing transfer techniques."	F 323			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the sanitizing dish machine had adequate concentration of sanitizer and dishes were being properly sanitized. This has the potential to affect all of the 86 residents living in the facility. Findings include: On 02/16/2016 at 9:20 AM, E5, Dietary, was washing dishes with a chemical sanitizing dish machine after the breakfast meal. Two tray loads full of dishes were ran through the cycle and cleaned. E6, Dietary was removing the clean dishes when she was asked if E6 had run a test strip in the machine today and E6 replied yes. A test strip was then performed and the strip turned	F 371		3/7/16	

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F 371	<p>Continued From page 3</p> <p>a very light pink color. E6 stated "The test strip should be much darker I will retest it." E6 proceeded to test the strip again and the test strip turned a light pink again with E6 stating it was only testing at under 50 parts per million (ppm) and should be testing at 50- 100 ppm which would be a darker color on the test strip.</p> <p>On 02/16/2016 at 9:21 AM, E4, Dietary Manager stated, "I am aware from staff the dish machine is testing too low this morning. I have called the supplier and asked them to come out and look at it. We had been having some issues with the machine, but I thought they were all corrected. We will make sure everything already run through will be cleaned again and we will use the manual three compartment sink if we can't get the chemicals right."</p> <p>The container above the dishwashing machine contained the chlorine test strips and had colors displayed on it ranging from 50 to 200 ppm with instructions documenting, "dip strip into solution and hold for one second, then remove from solution and watch the color change for 15 seconds, compare strip color with color chart on label to see how much Free (available) chlorine is in a solution, test strips measure Free (available) chlorine, not total chlorine."</p> <p>On 2/17/16 at 2:00 PM, the PPM Record of Low Temperature Sanitizing Dish Machine Log for the month of February 2016 did not reflect any low readings. When questioned at that time, E4 circled 02/16/2016 date and wrote in 50 ppm and wrote in repaired and stated the facility eventually got the chemicals adjusted as the repair man was able to repair it and the best reading was then recorded. The Log also documents, "Test unit</p>	F 371			

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F 371	Continued From page 4 before starting breakfast, lunch and evening meal dishes. If not at correct operating temperatures, do not proceed to washing dishes, notify maintenance to repair machine. Use manual ware washing if necessary until dish machine is repaired."	F 371			
F 425 SS=E	<p>The Resident Census and Condition of Residents, CMS 672, dated 02/16/2016 documents that the facility has 86 residents living in the facility.</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 425		3/10/16	

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F 425	Continued From page 5 Based on observation, interview and record review, the facility failed to dispose of expired Tubersol for 4 of 4 residents (R14, R26, R27, R28) reviewed for Tubersol administration in the sample of 19. The findings include: On 2/18/16 at 3:05 PM, there was one used vial of Tubersol, with an open date of 12/29/15, in the white refrigerator in the First Floor Medication Room. On 2/18/16 at 3:35 PM, E12, Registered Nurse brought this surveyor another partially used vial of Tubersol from the same medication refrigerator. This 2nd vial of Tubersol had an open date of 12/15/15. On 2/19/16 at 10:35 AM, E1, Administrator, presented a document titled Residents Who Received TB Serum (Tubersol). This document lists: R14 received Tubersol on 1/21/16, R26 received Tubersol on 1/30/16, R27 received Tubersol on 2/8/16, and R28 received Tubersol on 2/12/16. On 2/18/16 at 3:30 PM, E3, Assistant Director of Nursing (ADON), stated that she checks all the medications in the medication refrigerators, but she did not know that the Tubersols expire after 28 days of being opened. E3 went on to say that she just spoke to Z1, Pharmacy Consultant and he confirmed that Tubersol expires after 28 days from being opened. On 2/18/16 at 3:50 PM, Z1, Pharmacy Consultant, stated all Tubersols expire after being open for 28 days.	F 425			
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		3/7/16	

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F 441 SS=F	Continued From page 6 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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441			

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F 441	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to adequately collect data to calculate and analyze infection rates, for infections entering the facility from the community, and failed to operationalize it's infection control policies to adequately define infection control practice for infections entering the facility from the community. This has potential to affect all of the 86 residents living in the community.</p> <p>Findings Include:</p> <p>The Facility's Infection Control Log, dated February 2016, does not document the pathogens causing Urinary Tract Infections (UTI) for R13, R23, and R24, after they returned from the community hospital with antibiotic treatment for Urinary Tract Infections.</p> <p>The Facility's Infection Control Log, dated January 2016, does not document the pathogen causing Urinary Tract Infections for R25, after R25 returned from the community hospital with antibiotic treatment for a Urinary Tract Infection.</p> <p>The Facility's Infection Control Log, dated December 2015, does not document the pathogen causing a Urinary Tract Infection for R21 after R21 returned from the community hospital with antibiotic treatment for a Urinary Tract Infection.</p> <p>In an Interview on 02/18/16 at 2:00 PM , E2, Director of Nursing/ Infection Control Nurse, stated "I don't have those. They are probably on</p>	F 441			

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F 441	Continued From page 8 the chart, but I can get them." The undated Facility Infection Control Policy documents (in part) under the Monitoring Infections/Education section. "The facility monitors all residents who exhibit signs/symptoms of infection through surveillance to identify potential causes and concerns. Monitoring and tracking infections will help to establish any patterns that could indicate an outbreak." The Resident Census and Conditions of Residents, CMS 672, dated 02/16/16 documents the facility has 86 residents living in the facility. +++++	F 441			