

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

PRINTED: 01/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2013
NAME OF PROVIDER OR SUPPLIER TUSCOLA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1203 EGYPTIAN TRAIL TUSCOLA, IL 61953	
(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	F 000		
F 221 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to have a current assessment for the use of a physical restraint, failed to documentation of a medical symptom to support the use of a physical restraint, failed to demonstrate the least restrictive device was being used and failed to implement a restraint reduction plan for two of four residents (R18, R8) reviewed for restraints on the sample of 13.</p> <p>Findings include:</p> <p>1. The January 2013 Physician's Order Sheet(POS) states that R18 has a diagnosis of Alzheimer's. The POS has a Physician's Order for a seatbelt while in the wheelchair related to "weakness and decreased awareness of safety." The Minimum Data Set(MDS) dated 8/1/12 and 10/24/12 state that R18 has cognitive impairment and requires limited assist of one with transfers and ambulation. The Care Plan dated as reviewed on 10/31/12 does not identify that R18 has a seat belt while in the wheelchair or identify a restraint reduction plan. The MDS dated 8/1/12 does not document any falls. The MDS dated</p>	F 221		

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 221	<p>Continued From page 1</p> <p>10/24/12 documents one fall without injury. The fall log dated September 2012 documents a fall for R18 on 9/2/12.</p> <p>The Physical Restraint/Enabler Assessment dated 8/3/12 states in the section title "Balance When Sitting" that R18 does not fall or lean forward or sideways and does not slide or slump down. The assessment states that R18 has a balance problem when ambulating and a history of falls in the past 3 months. The assessment list the "Diagnosis/Medical Symptoms" as "Dementia, Weakness, Fall." The only least restrictive device identified is a "Self-releasing seat belt" with the statement "Attempting now." The assessment does not document a reduction plan for R18. There is no other assessment for R18's restraint use found in the medical record.</p> <p>On 1/15/13 at 11:20am R18 was transferred by E6 and E7, Certified Nurse Aides(CNA) from the bed to the wheelchair using a gait belt and wheeled walker. R18 took 2-3 steps and pivoted to the wheelchair during the transfer. E6 then fastened the seatbelt attached to R18's wheelchair. E6 asked R18 if she could release the seat belt and R18 responded that "Yes"she could do that. R18 tried to release the seat belt but was unable to unfasten the belt. R18 stated, "You'll have to show me how to do it" while touching the seat belt.</p> <p>On 1/15/13 at 12:20pm R18 was sitting in the wheelchair in the dining room with staff present at the table, eating lunch. On 1/15/13 at 12:20pm E5, MDS/Care Plan Coordinator was asked if R18's seat belt was unfastened. E5 checked and confirmed R18's seat belt had not been released.</p>	F 221			

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F 221	<p>Continued From page 2</p> <p>On 1/15/13 at 1:55pm E5 stated that R18's self release seat belt was ordered by the Physician on 8/3/12. E5 stated that R18 can sometimes release the seat belt depending on the day. E5 stated R18 has days where she is unable to release the belt due to confusion. E5 stated she was not aware of any less restrictive devices, other than a personal alarm being tried for R18. E5 stated R18's reduction plan is for the seat belt to be released at meals and during activities when supervised by staff. E5 confirmed the reduction plan was not documented on the assessment or in the care plan. E5 stated there is no other assessment for R18's restraint, other than the one dated 8/3/12. E5 stated that R18 continues to ambulate with staff.</p> <p>2. Physician's Orders dated 1/1/13 document R8 has diagnoses of High Fall Risk, Anxiety, Depression and Chronic Pain. The Facility Incident Fall Log dated April 2012 documents R8 fractured her right wrist and pelvis after she fell in her room on 4/22/12. R8's Minimum Data Set dated 10/31/12 indicates she can walk with limited assistance.</p> <p>Physician's Orders dated 5/15/12 document an order for R8 to have a self release alarming seatbelt in place while she is in her wheelchair. On 1/14/12 at 11:25 AM R8 was seated in her wheel chair with a seatbelt fastened across her lap.</p> <p>R8's medical record documents an initial Physical Restraint/Enabler Assessment dated 5/20/12. No ongoing physical restraint assessment was found in R8's medical record after the assessment on</p>	F 221			

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F 221	Continued From page 3 5/20/12. Without these quarterly assessments of R8's physical restraint, staff could not ensure R8's reduction program was appropriate and that the least restrictive measures were being used. The seatbelt was also not documented on the Minimum Data Sets dated 10/31/12 and 8/1/12. On 1/15/13 at 2:30 PM E5 Care Plan Coordinator stated R8's physical restraint should have been documented on her Minimum Data Sets and she confirmed that a physical restraint assessment had not been completed for R8 since 5/20/12.	F 221			
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 3 of 3 natural gas clothing dryers were clean and free of dust and lint. The failure to maintain the dryers creates a potential fire hazard that would affect all 52 residents that reside at the facility. The finding includes: During General Observation tour on 1-14-15 at 2:10 P.M. accompanied by the Maintenance Supervisor, E4, the laundry room was observed. The laundry room has a stack of two small dryers and one large commercial dryer. The dryers are natural gas open flame heat exchangers type.	F 465			

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F 465	Continued From page 4 The large dryer's heat exchanger had an accumulation of dust and lint on the igniters, on the sides and floor of the compartment, and on the Venturi tubes. The stacked dryers had dust and lint in the heat exchanger compartment. Dust and lint were on the back of these dryers and on the exhaust vents.	F 465			
F 514 SS=E	According to the facility's Centers for Medicare and Medicaid Services CMS-672 (Resident Census and Conditions of Residents), 52 residents reside at the facility. 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate and complete clinical record related to falls for four of seven residents(R8,10,16,18) reviewed for falls in the sample of 13.	F 514			

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F 514	<p>Continued From page 5</p> <p>Findings include:</p> <p>1. R10's Physician Order Sheets (POS) for September 2012 through January 2013 document that R10 is a "High Fall Risk." R10's Fall Risk Assessments dated 04/15/12, 05/16/12, 05/29/12, 08/09/12, 09/12, and 12/12 document that R10 is at high risk for falls.</p> <p>The Facility's Incident Fall Log documents that R10 fell on 04/14/12 and 05/16/12.</p> <p>R10's Nurse's Note dated 04/15/12 documents that R10's Physician, Power of Attorney, and a Facility Supervisor were "notified of resident's updated condition." R10's Nurse's Note dated 05/16/12 documents that R10's Physician was "here et (and) aware of resident's condition."</p> <p>R10's Nurse's Notes dated 04/14/12 and 05/16/12 do not document that R10 fell. The Nurse's Notes also do not document the time, location, circumstances of the fall, injury, or interventions implemented at the time of the fall.</p> <p>R10's Care Plan dated 02/02/12 and reviewed 12/19/12 documents that R10 is at High Risk for Falls, but does not document that R10 fell. R10's Minimum Data Sets (MDS) dated 09/12/12 and 12/12/12 do not document that R10 fell. On 01/14/13, E5, MDS and Care Plan Coordinator stated that R10's falls should have been documented in the MDS.</p> <p>R10's Medical Record does not contain an accurate and complete record of R10's actual experiences in the facility. R10's Medical Record does not contain enough information to show that</p>	F 514			

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F 514	<p>Continued From page 6</p> <p>the facility knows the status of the individual or has an adequate plan of care.</p> <p>On 01/14/13 at 2:00pm through 01/15/13 at 2:30pm, confidential interviews with nursing staff document that at an inservice during the past year, nursing staff had been instructed not to document or describe residents' falls in the Nurse's Notes. The confidential sources stated that they were to document resident falls only on the Facility Incident/Accident Report Forms.</p> <p>On 01/15/13 at 12:43pm, E1, Administrator, stated that resident falls are documented only on the Incident/Accident Report Forms. E1 stated that the Incident/Accident Reports are not part of the residents' medical records. E1 stated that the Incident/Accident Reports are kept in a binder in his office.</p> <p>The Facility's undated Policy "General Rules for Charting and Documentation" directs staff to "Chart all pertinent changes in the resident's condition," and that Progress Note Charting must include "Change in resident's status."</p> <p>The Facility's undated "24- Hour Nursing Report" Policy directs that the "Charge Nurse is to document in the Medical Record a complete assessment of resident's condition."</p> <p>2. R16's POS dated October 2012 through January 2013 documents the following diagnoses: High Fall Risk and Aftercare Fracture Left Hip. R16's Fall Risk Assessments dated 09/20/12 and 10/13/12 document that R16 is at high risk for falls.</p>	F 514			

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F 514	<p>Continued From page 7</p> <p>The Facility's Incident Fall Log documents that R16 fell 12/01/12.</p> <p>R16's Nurse's Notes dated 12/01/12 (no time) (Late Entry) states "Resident denies any pain. Tried to reach POA (Power of Attorney) X (times) 3 (with) no answer--ADON (Assistant Director of Nursing) and DON (Director of Nursing) notified of resident condition."</p> <p>R16's Nurse's Notes dated 12/01/12 do not document that R16 fell. The Nurse's Notes also do not document the time, location, circumstances of the fall, injury, or identify interventions implemented due to the fall.</p> <p>R16's Care Plan dated 10/20/12 was not updated to include R16's fall of 12/01/12.</p> <p>R16's Medical Record does not contain an accurate and complete record of R16's actual experiences in the facility. R16's Medical Record does not contain enough information to show that the facility knows the status of the individual or has an adequate plan of care.</p> <p>3. The Facility Incident Fall Log dated May 2012 documents R8 fell in her room on 5/15/12 at 3:05 PM. Nurses Notes dated 5/15/12 through 5/17/12 do not include information indicating that R8 fell.</p> <p>Nurses Notes dated 5/15/12 at 3:30 PM document "Resident was assisted per three staff to wheelchair" and "{Power of Attorney and Nurse Practitioner} were notified of resident status." The same Nurses Note does not document that R8 fell or include information concerning whether injury resulted from the fall,</p>	F 514			

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F 514	<p>Continued From page 8</p> <p>the location of the fall, or fall prevention interventions in place at the time of the fall. Additional Nurse Notes dated 5/15/12 at 10:00 PM through 5/17/12 at 2:30 AM do not document that R8 fell on 5/15/12.</p> <p>4. The Facility Incident Fall Log dated 9/2012 states that R18 fell in her room on 9/2/12 at 4:00am.</p> <p>The Nurse's Notes dated 9/2/12 have an entry at 3:00am, but no entry documenting the 4:00am fall. The Nurse's Notes dated 9/2/12 have entries at 1:50pm and 9:25pm, but they do not document that R18 had a fall. The note at 9:25pm states, "No [complaint] pain, [no] bruising noted from I/A[incident/accident]....."</p> <p>The notes dated 9/3/13 at 10:45am state "F/U[followup] fall- [no]...discomfort..."</p> <p>R18's record does not contain information on when R18 fell, where the fall occurred, what R18 was doing at the time of the fall or what interventions were put in place to prevent further falls.</p>	F 514			