

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

PRINTED: 04/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145890	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2016
NAME OF PROVIDER OR SUPPLIER ELDORADO REHAB AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 A JEFFERSON STREET ELDORADO, IL 62930		
(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 329 SS=D	<p>Annual Licensure/Certification Survey.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure adequate monitoring and supervision of antipsychotic medication risk factors for 2 of 4 residents (R3 and R7) reviewed for antipsychotic medications in the sample of 16.</p>	F 329			

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 329	<p>Continued From page 1</p> <p>The findings include:</p> <p>1. R3's April, 2016 Physician's Order Sheet (POS) documents R3's birthday as 10/14/26. This same POS documents R3's diagnoses, in part, of Senile Psychosis, Dementia and Alzheimers with Aggressive Behavior. This POS includes medication orders of Quetiapine 25 milligram (mg) once daily and Haloperidol Lactate 5mg/Intramuscular Injection, Inject 0.4 Milligram-2 mg Intramuscular daily as needed for increased restlessness/anxiety.</p> <p>According to PDR.net, Quetiapine and Haloperidol Lactate carry a FDA (Food and Drug Administration) Black Box Warning: "Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death."</p> <p>R3's clinical record does not have any documentation related to monitoring R3 for any adverse consequences regarding Black Box Warnings for Quetiapine or Haloperidol Lactate.</p> <p>On 4/20/16 at 3:00PM, E2, Director of Nursing stated the facility does not monitor for risk factors regarding Black Box Warnings on any of the residents receiving antipsychotic medications.</p> <p>2. R7's April, 2016 POS documents R7's date of birth as 9/20/39, diagnosis of dementia and psychotic features. The same POS medication orders includes Quetiapine 100 mg twice daily.</p> <p>According to PDR.net, Quetiapine carries a FDA Black Box Warning. "Elderly patients with</p>	F 329			

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F 329	Continued From page 2 dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death."	F 329			
F 441 SS=D	<p>R7's clinical record does not have any documentation related to assessing R7 for any adverse consequences regarding Black Box Warnings for Quetiapine.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</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</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>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 maintain correct infection control procedures in 1 (R5) of 16 residents in the sample of 16 reviewed for infection control procedures and 2 (R17, R18) residents in the supplemental sample.</p> <p>Findings:</p> <p>1. On 4/20/16 at 11:15 AM, E3 (Licensed Practical Nurse) was observed performing a glucose monitoring check on R17. E3 entered R17's room and placed R17's medication administration sheet, glucose monitoring kit which stores the glucose monitor, and lancet directly on R17's bedside table without a barrier. The glucose testing was completed and R17 placed the alcohol pad used to clean her finger which was visibly soiled with blood after the glucose test was complete on the bedside table. E3 took the glucose monitoring kit back to the nurses station in which the medication cart was stored and disposed of the lancet in the sharps container. E3 placed the medication administration sheet back in the medication administration record book and the accu check kit in the med cart without sanitizing. E2 states a barrier should have been</p>	F 441			

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F 441	Continued From page 4 used for the supplies while doing a glucose check. 2. On 4/20/16 at 1:30 PM, E4 and E5 (Certified Nurse Assistants) were observed performing perineal/incontinence care on R5. R5 was positioned on her left side to be cleaned in which it was noted a small amount of feces was present. E4 cleaned the feces wiping from the anus to the urethra with a wash cloth and perineal cleanse. After completing perineal care on R5, E5 asked E4 to help her reposition R18 which is R5's room mate. E4 took off her soiled gloves from incontinence care and put on clean gloves without washing or using sanitizing gel before helping R18 to be repositioned. Policies and procedures provided by the facility state hand washing needs to be done between patients. Incontinent and perineal care policy also states cleansing should be completed washing from front to back. E2 states during perineal care resident's should be cleansed from front to back.	F 441			