

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

PRINTED: 08/25/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/24/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GALENA STAUSS NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 SUMMIT STREET GALENA, IL 61036</b>		
(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 225 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225			

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 225	<p>Continued From page 1 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to report resident to resident altercations and an injury of unknown origin to the state agency.</p> <p>This applies to 5 residents (R15, R16, R17, R18, R19) in the supplemental sample.</p> <p>The findings include:</p> <p>The facility's Fax Transmission Report dated August 8, 2016, shows on August 6, 2016, during the evening meal, R15 picked up his fork and attempted to stab his tablemate, R16. This incident was reported to the state agency on August 8, 2016.</p> <p>The facility's Fax Transmission Report dated July 5, 2016, shows R18 was noted to have markings of unknown origin extending from her right thigh to her groin area on July 1, 2016. The report of injury of unknown origin was reported to the state agency on July 5, 2016.</p> <p>The facility's Fax Transmission Report dated July 28, 2016, shows R17 struck another resident in the back of the head on July 2, 2016. This resident to resident incident was reported to the state agency on July 28, 2016.</p> <p>The facility's Fax Transmission Report dated July 27, 2016, shows R19 struck another resident with his fist on June 11, 2016. This resident to</p>	F 225			

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F 225	Continued From page 2 resident incident was reported to the state agency on July 27, 2016.  On August 24, 2016 at 10:40 AM, E1 Administrator and E2 Assistant administrator stated investigations and incidents should be reported immediately to the state agency.  The facility's Reporting and Investigation of Suspected Resident Abuse policy revised on April 18, 2016, shows the director of nursing or designee shall call or fax a report to the state agency immediately.	F 225			
F 226 SS=D	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 implement their abuse policy by not immediately reporting resident to resident altercation and injury of unknown origin to the state agency.  This applies to 5 residents (R15, R16, R17, R18, R19) in the supplemental sample.  The findings include:  The facility's Fax Transmission Report dated August 8, 2016, shows on August 6, 2016, during	F 226			

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F 226	<p>Continued From page 3</p> <p>the evening meal, R15 picked up his fork and attempted to stab his tablemate, R16. This incident was reported to the state agency on August 8, 2016.</p> <p>The facility's Fax Transmission Report dated July 5, 2016, shows R18 was noted to have markings of unknown origin extending from her right thigh to her groin area on July 1, 2016. The report of injury of unknown origin was reported to the state agency on July 5, 2016.</p> <p>The facility's Fax Transmission Report dated July 28, 2016, shows R17 struck another resident in the back of the head on July 2, 2016. This resident to resident incident was reported to the state agency on July 28, 2016.</p> <p>The facility's Fax Transmission Report dated July 27, 2016, shows R19 struck another resident with his fist on June 11, 2016. This resident to resident incident was reported to the state agency on July 27, 2016.</p> <p>On August 24, 2016 at 10:40 AM, E1 Administrator and E2 Assistant administrator stated investigations and incidents should be reported immediately to the state agency.</p> <p>The facility's Reporting and Investigation of Suspected Resident Abuse policy revised on April 18, 2016, shows the director of nursing or designee shall call or fax a report to the state agency immediately.</p>	F 226			