STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145880	A. BUILDING _____ B. WING _____	09/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW HEALTH CARE CENTER	512 NORTH 11TH STREET VIENNA, IL 62995

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F 000	INITIAL COMMENTS	F 000		
F 280 SS=D	Annual Licensure and Certification 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to update the care plan for one of 12 residents (R2) reviewed for care plans in the sample of 12. Findings include: According to the September 2015 Physician's Order Sheet, R2 has diagnoses which include	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 280	Continued From page 1 Dementia with Behaviors, and receives 12.5 milligrams (mg) Quetiapine daily at 8:00 a.m., except on Sunday when the medication is held. According to the September 2015 Physician's Order Sheet, R2 has been receiving this dosage of Quetiapine since 3/16/15. R2's Care Plan, most recently updated on 8/12/15, contains no plan for behavior monitoring and intervention related to the use of antipsychotic medication. The Care Plan area which identifies the problem of "Dx (diagnosis) Depression, Anxiety, Dementia with Psychosis" includes the goal, "Will continue to have no side effects from med (medicine)." No target behaviors are identified, and no plan for behavioral modification is provided. The only behavior identified in the Care Plan is "Resident wanders around facility stating she is looking for deceased parents." On 9/10/15 at 3:20 p.m., E2 (Director of Nurses), acknowledged during interview that wandering was not a behavior justifying the use of antipsychotic medication, and stated that the facility had no additional behavior plan in place for R2.	F 280		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by:	F 282		

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F 282	Continued From page 2 Based on observation, interview and record review, the facility failed to provide heel protectors as stated in the Physician's orders for 1 of 12 residents (R5) reviewed for Physician's orders in the sample of 12. Findings include: R5's Physician's Order Sheet for 9/2015, includes an order for " Heel protectors at all times except for shower ." R5's Minimum Data Sets dated 9/30/2014 and 6/15/15 indicates that R5 is at risk for skin breakdown. On 9/8/2015 at 11:50 a.m., and 9/9/2015 at 8:20 a.m. , R5 was resting in bed with no heel protectors in place. On 9/9/2015 at 10:12 a.m., E3 CNA (Certified Nurse's Aide) was asked by surveyor if R5 has heel protectors in R5's room. CNA responded, "No, that R5 does not use them". E3 then returned to surveyor at 10:15 a.m. and stated, " I was wrong , R5 does need heel protectors. " Heel protectors were brought to R5's room and applied at this time. On 09/10/2015 at 10:45 a.m., R5 was observed by surveyor and E2, (Director of Nursing) to be resting in bed with a heel protector to the right foot only.	F 282		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract	F 315		

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F 315	Continued From page 3 infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to provide perineal care using proper technique for 1 of 2 residents (R5) observed for perineal care in the sample of 12. On 9/9/2015 at 9:35 a.m., E3 CNA (Certified Nurse's Aide) was observed providing perineal care to R5 following a bowel movement. CNA provided this care by cleaning with a pre-moistened wipe using upward strokes in a back to front direction. A document provided by the facility titled Perineal Care with a revision date of 7/18/14 states "....using washcloth/wipe clean from front to back using downward strokes."	F 315		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not	F 329		

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F 329	Continued From page 4 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide behavior monitoring and intervention as required for use of antipsychotic medication for one of six residents (R2) reviewed for psychotropic medications in the sample of 12. Findings include: According to the September 2015 Physician's Order Sheet, R2 has diagnoses which include Dementia with Behaviors, and receives 12.5 milligrams (mg) Quetiapine daily at 8:00 a.m., except on Sunday when the medication is held. According to the September 2015 Physician's Order Sheet, R2 has been receiving this dosage of Quetiapine since 3/16/15. R2's Behavior Tracking for August 2015 lists as the target behavior "attempts to leave facility unattended." Interventions listed for this behavior are: 1. Wander device (elopement alerting device) in place; 2. Redirect with diversional activity; and 3. Encourage family visits. Behavior was documented once in the month of August	F 329		

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F 329	Continued From page 5 2015. R2's Behavior Tracking for July 2015 lists as the target behavior "attempts potential to leave facility unattended." Interventions listed for this behavior are: 1. Wander device (elopement alerting device) in place; 2. Redirect with diversional activity; and 3. Encourage family visits. This behavior was documented once in the month of July 2015. Behavior Committee Notes document "no behaviors noted" on 3/18/15, 3/29/15, 3/31/15, 4/8/15, 4/16/14, 4/23/15, 5/6/15, 5/14/15, 5/27/15, 6/3/15, 6/12/15, and 6/17/15. The Behavior Committee Note for 6/30/15 states, "Tries to leave facility unattended." On 9/11/15 at 2:00 p.m., E1, (Administrator), stated that each of the Behavior Committee notes summarized the resident's behavior documentation for the previous week, and confirmed that no behaviors were documented from 3/18/15 through 6/17/15. On 9/10/15 at 3:20 p.m., E2, (Director of Nurses), acknowledged during interview that attempting to leave the facility was not a behavior justifying the use of antipsychotic medication, and stated that the facility had no additional behavior documentation, intervention or plan in place for R2.	F 329		
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.	F 458		

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F 458	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that 3 multiple resident rooms on Shady Lane and 9 multiple resident rooms on Memory Lane provide the required 80 square feet per resident for 9 of 11 residents (R2, R4, R5, R6, R7, R8, R9, R10, R11) reviewed for undersized rooms in a sample of 12 and 16 residents (R32 - R48) in the supplemental sample. The findings include: Resident rooms 14, 15, and 16 on Shady Lane have 2 beds each and provide 75 square feet of floor space per resident bed instead of the required 80 square feet. These rooms were observed during the environmental tour on September 8, 2015 at 9:00 AM. Resident rooms 22, 23, 25-27, and 30-32 on Memory Lane have 2 beds and provide 75 square feet of floor space per resident bed. Resident room 28 has 4 beds and provides 78 square feet of floor space per resident. These rooms were observed during an environmental tour on September 10, 2015 at 11:00 AM. Residents who reside in these rooms are R2, R4, R5, R6, R7, R8, R9, R10, R11, and R32 - R48 according to the facility Resident List by Hall and Room dated September 8, 2015. On September 10, 2015 at 1:00 PM, E1, (Administrator) stated these rooms are all Medicaid and Medicare certified. At the time of the survey, the residents who reside in these rooms are happy with their rooms. There is adequate space for medical equipment, assistive devices, and personal items. This was observed during the environmental tour of the facility on September 8, 2015 at 11:00 AM.	F 458		