STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145380	A. BUILDING _____ B. WING _____	07/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN CARE CENTER	702 WEST CUMBERLAND ALTAMONT, IL 62411

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F 000	INITIAL COMMENTS Annual Certification Survey	F 000		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to answer call lights timely to ensure residents were toileted and assisted to activities, failed to ensure residents were assisted with tray set up and fed in a dignified manner for 3 of 15 residents (R1, R10, R12) reviewed for dignity in the sample of 15 and 2 residents (R18, R19) in the supplemental sample. Findings include: 1. On 7/25/16 at 11:50 AM, R1 stated that she has to wait a long time for her call light to be answered and there have been times that she has "messed" herself because she has had loose stools. R1 also stated that she needs to be repositioned at times because her left hip hurts from a fracture she had in February. R1 stated that it takes a long time for the staff to get there to reposition her. R1's Minimum Data Set (MDS) dated 4/26/16 under Brief Interview for Mental Status (BIMS) documents that R1 is alert and oriented, and in Section G, under Transfers/ Ambulation; R1 requires extensive assist with	F 241		

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

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F 241	Continued From page 1 transfers and extensive assist of 2, a walker and gait belt for ambulation. R1's MDS also documents that R1 is Moderate assist of 1 for positioning. The Facility's Monthly Resident Council Meeting Minutes dated 11/2015, 1/2016, 2/2016 and 3/2016 document that "answering call lights timely" was an ongoing issue. 2. On 7/25/16 at 10:24 AM during the tour, R10 stated that it takes a long time for her call light to be answered. On 7/27/16 at 10:12 AM, R10 states it's usually 15 minutes to 30 minutes or more sometimes before her call light is answered. R10 also stated that she goes to the bathroom unassisted if they don't get there to help her, even though she isn't supposed to go unassisted. R10's Fall Risk Assessment dated 5/7/16 documents that R10 is high risk for falls due to a diagnosis of Epilepsy, History of falls, and a History of Seizures. R10's Minimum Data Set dated 4/26/16 documents that R10 is extensive assist of 1 and walker for ambulation. On 7/26/16 at 10:35 AM, survey staff observed R10 sitting in her recliner with her call light on. During the observation, E17 (Activities) walked past R10's room with her call light still on. Survey staff noticed that R10's call light went off , walked into R10's room and asked if someone came in to help her. R10 stated "no they didn't." Survey staff asked R10 if her call light was on, and R10 stated, "Yes. I turned the light off because no one came in. I wanted to go to the music that is going on now." Survey staff asked R10 if she still wanted to go, R10 stated, "No, it's almost over now and the music is loud, I can hear it from here." E17 returned to R10's room and convinced R10 to go ahead and go to the music activity.	F 241		

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F 241	Continued From page 2 3. On 7/25/16 at 11:30 AM, R18's lunch tray was sitting on a television table at the foot of her bed, untouched, and R18 was lying in her bed sleeping. At 12:30 PM, E6 (Certified Nurse Aide) came into the room to assist R1 to the bathroom and when asked by this surveyor if R18 needed help with her tray set up, E6 stated that R18 does eat independently, but needs help with her tray set up, and looked at R18's plate and stated that whoever brought R18's tray should have cut up R18's meat. E6 took R18's tray out of the room and did not ask R18 if she was hungry and if she wanted something else to eat. R18's Minimum Data Set dated 5/21/16 documents that R18 does need tray set up. 4. On 7/27/16 at 12:00 Noon, R12 and R19 had their trays sitting in front of them at the dining room table until 12:17 PM. E11 (Certified Nurse Aide) walked up to the table and stood beside R19 and fed R19 a few bites of her food, and E18 (Certified Nurse Aide) came to the table and stood beside R12 and gave her a few bites of food, then left and went out of the dining room. E11 then stopped feeding R19 and came around and stood beside R12 and gave her a several bites of her food before she finally pulled up a chair and sat down to feed R12 and R19.	F 241		
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	F 315		

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F 315	Continued From page 3 treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide catheter care with proper technique to prevent cross contamination and prevent the spread of infection for 2 of 3 residents, (R3, R4), reviewed for catheter care in the sample of 15. The findings include: On 7/26/16 at 10:30 AM, E20, (Certified Nurse Aide), washed hands, donned gloves and put a trash bag, perineal wash, wash cloths and towels on R3's bed without a barrier. E20 positioned R3 on her back with her vagina exposed. E20 picked up a wash cloth, sprayed perineal wash on the wash cloth, wiped down the left side of R3's outer labia, then wiped down the left side of R3's outer labia again, then put the soiled wash cloth into a trash bag. E20 picked up another wash cloth, sprayed it with perineal wash, wiped down R3's right outer labia, then wiped down R3's right outer labia again, then E20 discarded the towelette in the trash bag. E20 next dried R3's left outer labia with a towel, then dried the right outer labia, and put the soiled towelette into the trash bag and removed her gloves. When E20 was asked if she had cleansed around the catheter tubing, E20 took 2 alcohol wipes out of her pocket, opened 1 alcohol wipe and wiped around the connection of the catheter and catheter bag tubing. E20 opened the 2nd alcohol wipe and wiped the catheter tubing from the meatus outward.	F 315		

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F 315	Continued From page 4 2. On 7/26/16 at 10:55 AM, E19 (Certified Nurse Aide) washed her hands, donned gloves and put a trash bag and package of cleansing wipes on R4's bed without a barrier. E19 asked surveyor if she was supposed to wash R4's buttocks first, while E19 was positioning R4 onto her side. This surveyor told E19 to do what she normally does with catheter care. E19 positioned R4 onto her back and took a cleansing cloth and wiped down the left outer labia, the right outer labia, and wiped the left outer labia again. E19 next wiped down the center of the inner labia from top to bottom with the same cleansing cloth. R4 had feces on the inside of the inner labia. E19 took a cleansing cloth and wiped the meatus again, with no front to back cleansing, then put the soiled wipe into the trash bag. E19 used 2 more cleansing cloths to wipe around the urinary meatus, and threw the used cloths into the trash bag. E19 then used the last cloth to clean the catheter tubing from meatus outward. E19 put the trash bag on the floor and washed her hands. 3. The Facility's undated policy for Urinary Catheter Care documents, under Procedures, #7, Line b.) Separate the labia. Using a top-to-bottom motion, clean one side of the outer labia with one pre-moistened towelette. Discard the towelette. Repeat this procedure on the other side of the labia. Line c.) Next, clean the urethral meatus with a pre-moistened towelette. Wipe around one side of the catheter using a top to bottom motion. Discard the towelette. Repeat this procedure around the other side of the catheter. On 7/28/16 at 10:40 AM, E2, (Director of Nurses), stated that she would expect the Certified Nurse Aides to cleanse any urinary catheter from the	F 315		

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F 315	Continued From page 5 urinary meatus outward with a moistened towelette.	F 315		
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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide at least 80 square feet of floor space per bed for 2 residents, (R16 and R17), in the supplemental sample. The findings include: Per facility room measurements and interview with E2, (Director of Nurses), and E10, (Care Plan Coordinator), on 7/27/16 at 2:00pm: room 28 is a two bed resident room, provides 77 square feet of floor space per bed and is Medicare and Medicaid certified. The facility Room Roster provided by E1, (Administrator), on 7/25/16 showed that room 28 is currently occupied by one person, R16. R16 stated, on 7/27/16 at 1:55pm, that the room meets his needs. Observation of room 28 at that time, found it was adequate to meet the needs of the resident. Per facility room measurements and interview with E2 and E10 on 7/27/16 at 2:00pm: room 30 is a two bed resident room, provides 75 square feet of floor space per bed and is Medicare and Medicaid certified. The facility Room Roster	F 458		

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F 458	Continued From page 6 provided by E1 on 7/25/16 showed that room 30 was occupied by R17. E2 stated on 7/27/16 at 1:50pm that R17 was discharged on 7/26/16 and room 30 is unoccupied at this time.	F 458		
F 465 SS=C	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, record review and interview, the facility failed to provide safe and well maintained heating units, plumbing, and recliners for residents, staff and visitors during the survey. This has the potential to affect all 64 residents in the facility. The findings include: The facility's Resident Census and Conditions of Residents form, dated 7/25/16, documented that the facility had a census of 64 residents. 1. On 7/26/16 at 10:00am, the sink in the Physical Therapy restroom was observed to be leaking. The sink faucet's handles were turned to the off position and it did not stop the leaking. 2. On 7/28/16, beginning at 10:00am, the following rooms were noted to have heating unit covers with exposed sharp metal edges: Resident rooms 17, 49 and 51.	F 465		

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F 465	Continued From page 7 3. On 7/28/16 at 10:10am in resident room 36, the heating unit was covered by a metal mesh guard. The guard did not extend to cover the entire unit and sharp metal edges were exposed. On 7/28/16 at approximately 10:20am, the mesh cover for room 19 was the same as observed in resident room 36. At the time of this observation, E4, (Social Services), stated that the mesh covers were being added as the rooms were being remodeled. 4. On 7/26/16 at 10:15am, and again on 7/28/16 at 10:30am, 4 recliners in the Heart to Heart area were observed to be soiled: counting from under the window nearest the restroom; recliners 1, 4, 5 and 6 were soiled on the head rests and / or arms. Recliner 1 had a red material on the head rest. 5. On 07/26/16 at 10:00AM, R7's wheelchair was observed to be ripped and tattered at the back right and left corners, with the left corner fraying. Also, the front right edge of the seat was torn. 6. On 07/26/16 at 11:10AM, R8's wheelchair was observed to be missing approximately 3 inches of vinyl, exposing the interior material on the right arm.	F 465		