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 _____	08/14/2014

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LUTHERAN CARE CENTER	702 WEST CUMBERLAND ALTAMONT, IL 62411

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F 000	INITIAL COMMENTS	F 000		
F 226 SS=D	Annual Licensure and Certification Survey 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 record review and interview the facility failed to ensure staff implement the facility's Abuse Prevention Program for reporting alleged abuse for 1 resident (R 20) in the supplemental sample The findings include: 1. A review of the facility's past years 3 abuse allegations found 1 allegation of abuse toward R20 had been investigated in September of 2013. A review of the investigation conducted on 8/13/14 found E18 (Certified Nurse Aide, CNA) had been accused of abusing R20 on the afternoon of 9/5/13. The investigation report stated R20's spouse had reported an incident between E18 and her spouse on 9/5/13 to E2 (Director of Nurses) at approximately 3:00pm.. E1(Administrator) was immediately notified by E2 and the investigation into the allegation was started. The investigation further stated that E19 (CNA) who was working with E18 and R20 on the afternoon of 9/5/13 reported the alleged	F 226		

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

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F 226	Continued From page 1 allegation of abuse on the morning of 9/6/13 at 6:45am. The investigation report concluded that R20 had been abused by E18 and E18 was terminated from employment with the facility. E2 stated on the afternoon of 8/13/14 at approximately 2:20 pm that E19 had been counseled on timely reporting of suspected abuse per the facility policy on 9/6/13. A copy of the counseling report for E19 was provided on 8/13/14 by E2. 2. Review of the facility's Abuse Prevention Program (dated 2/2014) was conducted on 8/13/14 and the policy stated V. Reporting Requirements and Identification of Allegations section states. "All alleged (or potential) violations are to be reported immediately to the Administrator."	F 226		
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 infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to secure indwelling urinary catheters to prevent excessive tension for	F 315		

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F 315	Continued From page 2 one of two residents (R2), reviewed for indwelling urinary catheter use in the sample of 15 and one resident (R19) in the supplemental sample. Findings include: 1. On 8/13/14 at 2:10 PM, R19 received indwelling urinary catheter care and during the procedure, the catheter was noted to be unsecured. E14, (Certified Nurse Aide), stated that they do not secure catheter tubing for residents at the facility, they coil the tubing on the bed. Observed E14 place the coiled tubing on the bed, lateral to R19's left thigh. The tubing was taut, from the meatus of the penis to the the connector of the coiled tubing. The policy for indwelling catheter care, undated, does not indicate that the catheter tubing needs to be secured. Urine appears slightly cloudy yellow 8/13/14 at 2:10 PM. R19's Care Plan, dated 7/2014, indicates that R19 has a history of Urinary Tract Infections. 2. E1 (Administrator) and E2 (Director of Nursing) stated on 08/14/14 at 9:00 AM, that the facility policy does not address the use of a device to secure indwelling urinary catheters. A review of the facility's undated Urinary Catheter Care policy on 8/14/14 found it does not address use of a device to secure indwelling urinary catheters. E2 stated on 08/14/14 at 12:40 PM that R2 did not have a device in place to secure the indwelling urinary catheter.	F 315		
F 329 SS=E	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329		

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F 329	Continued From page 3 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 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 observation, record review, and interview and the facility failed to document appropriate diagnosis, adequate justification and monitoring for the resident's drug regimen for 3 of 4 residents (R9, R10, and R13) reviewed for the use of psychotropic medications in the sample of 15. Findings include: 1. The admission sheet in R13's medical record	F 329		

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F 329	Continued From page 4	F 329		

indicates an admission to this facility on 11-12-10. The physician's order sheet dated July and August 2014 in R13's medical record indicates Olanzapine 5mg at 6PM since at least 10-7-13 and Fluoxetine 40mg (two 20mg tablets) at 6PM since at least 5-31-13 for Depressive Disorder.

A Psychotropic Medication Progress Note by E13, (Licensed Practical Nurse), on 9-6-11 notes the drug Symbax was changed to the 5mg Zyprexa on 9-28-11. The drug regimen at this time included 5 mg Zyprexa along with 20mg Prozac both at bed time. A note by E13 on 5-4-12 indicates Prozac was increased from 20mg to 40mg. There was no documentation warranting this medication increase. E13's monthly notes from 9-6-11 to 7-7-14 document no signs or symptoms of depression.

A Behavior Monitoring Form for March through June 2014 notes a Diagnosis for Depression with targeted behaviors of tearful and flat affect. There was no documentation of either behavior occurring in the four months reviewed. The last and only Psychotropic Medication Gradual Dose Reduction and Review Form in the medical record was completed on 4-10-14 addressing Zyprexa 5mg every night for depression. Z1, (Physician), checked the box on this form stating "I have reviewed the resident's medication and wish to make no changes at this time."

There is no documentation regarding the justification for the continued 5mg of Zyprexa at 6PM along with the 40 mg of Fluoxetine also at 6PM to ensure R13 is not receiving excessive doses.
2. Review of R9's current August physician's orders finds R9 is administered Quentiapine

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F 329	Continued From page 5	F 329		

fumarate (Seroquel) a 25mg tablet each evening. R9's admission records and medical history indicate R9 has diagnoses that include: Anxiety, Pain, Discord Persistent Mental Decline, Depression and Dementia. R9's admission records and Quarterly Evaluation of Psychoactive Medication from 6/2/14 states R19 is taking the Seroquel for the treatment of depression. Behavior tracking for R9 was reviewed and the tracking for May, June, July and August 2014 included only tracking for Dementia.

3. R10 was admitted to the facility on 10/3/11. Date of birth is 4/07/22. Current diagnoses: circulatory system disease, Anxiety, Depressive disorder , Alzheimer's disease, Pain, Adverse effect, Hypertension, convulsions. The August 2014 Physician's Order Sheet indicates that R10 receives: Xanax 0.5 milligrams, (mg) tablet three times daily for anxiety; Trazodone hydrochloride 50 mg tablet once daily for depression; Haldol 2 mg tablet twice daily for agitation; Valproic Acid 125 mg tablet twice daily for aggression and agitation; Lexapro 10 mg tablet once daily for depression; Levetiracetam 500 mg tablet three times daily for seizures; all medications received by mouth with exception of Exelon patch 4.6 mg/ 24 hours - apply patch once daily topically for dementia.

A Psychotropic Medication Progress Note dated 4/8/14 indicates that Z1, (physician), reviewed R10's psychotropic medications for reduction and discontinued Haldol 2 milligram every six hours as needed for agitation. A Physician's Progress Note dated 4/30/14 reads; Concerns from staff regarding constant crying out and moaning. Previous Haldol dose, 2 mg every 6 hours as needed, (for agitation), " stopped - exact reason

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F 329	Continued From page 6 unknown. Stopped due to lack of routine administration ?" Plan: Will start Haldol 2 mg by mouth twice daily. Psychoactive Medication Quarterly Evaluation Forms for R10 indicate reviews were completed for Lexapro 10 mg on 4/7/14, yet does not indicate when the last gradual dose reduction was attempted. The same evaluation forms for Trazodone, Xanax, and Haldol completed on 1/5/14 and 4/7/14 also do not indicate when any gradual dose reduction was attempted. On 8/13/14 at 2:45 PM, E13, (Quality Assurance/Licensed Practical Nurse), indicates that psychoactive medication reviews are done annually. E13 states that antidepressant medications are not reviewed on any routine basis for reduction, only the antipsychotic medications. Review of the Care Plan/Behavior Tracking book for R10 dated August 2014 indicates that behavior tracking forms are in use for monitoring Lexapro, Trazodone, Xanax, and Haldol for symptoms of anxiety, restlessness, and agitated behaviors. The tracking forms for all 4 medications are marked 0 for exhibition of behaviors, episodes, or related interventions from 8/01/14 through 8/12/14, with the exception of the night shifts on 8/4/14 and 8/7/14, which were each left blank. A Pharmacist's Consult to Physician dated 4/25/14 indicates that R10 receives Xanax 0.5 mg tablet by mouth three times daily. Z2, (Pharmacist) recommends to Z1, (Physician), a review of R10's current condition and consider a gradual dose reduction of the Xanax 0.5 mg tablet to evaluate if R10 receives the lowest	F 329		

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F 329	Continued From page 7 possible dose. Consult reads, Documentation in chart indicates that Resident's condition is stable and has not received a gradual dose reduction previously. If Resident continues to need Xanax 0.5 mg tablet please document risk versus benefit analysis. Response of Z1 is No - No changes at this time please. There is not documentation to indicate that the medication is warranted at the current dosage. R10 was observed during the noon meal on 8/13/14 being feed by a staff member. R10 was noted to occasionally accept small sips of fluids and small bites of the meal. R10 displayed no resistance to being fed and did not vocalize during the observation.	F 329		
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441		

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F 441	Continued From page 8 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 hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to prevent cross contamination while providing catheter care and performing a blood glucose test. This has the potential to affect all 70 residents in the facility. Findings include: The 08/11/14 Resident Census and Conditions of Residents states there are 70 residents in the facility. Findings include: 1. E4 (Licensed Practical Nurse) was observed on 08/13/14 at 10:50AM performing a blood glucose test on R6. E4 stated each resident has their own blood glucose meter and the meters are kept all together in the Medication Room in a	F 441		

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F 441	Continued From page 9 drawer in separate plastic storage bags. E4 took the Treatment Cart into R6's room to perform the test. The meter was in a plastic storage bag on top of the cart labeled with R6's name. E4 placed the storage bag on the over the bedside table and removed the meter and performed the test. E4 placed the storage bag on the Treatment Cart and then put the meter on top of the bag to remove the testing strip. When E4 removed the testing strip, blood got on the out side of the plastic storage bag. E4 used an alcohol pad to wipe the blood off of the storage bag. E4 left the room and proceeded to push the cart to the Medication Room. This surveyor asked E4 if the meter was going back into the plastic storage bag that she had just wiped the blood off of and E4 stated yes. E14, (Certified Nursing Aide) performed Urinary Indwelling catheter care for R19 on 8/18/14 at 2:10 PM. At the conclusion of the procedure E14 removed both soiled gloves and placed them into a trash bag for disposal. E14 failed to wash hands her hands prior to touching the door handle and exiting R19's room. At that time E14 stated that the trash bag is tied and taken to the soiled utility room. Review of the undated facility policy for Urinary Catheter Care, indicates that staff wash hands at the conclusion of urinary catheter care for residents. On 8/14/14 at 3PM, E1, (Administrator), states that staff need to wash their hands after urinary catheter care has been performed by staff.	F 441		
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT	F 458		

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F 458	Continued From page 10 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, and interview, the facility failed to provide at least 80 square feet of floor space per bed for 1 of 15 residents (R6) reviewed for adequate room size in the sample of 15 and 1 resident (R18) in the supplemental sample. The findings include: Per facility room measurements and interview with E1 (Administrator) on 8/11/14 at 10:30am found: room 28 is a two bed resident room, provides 77 square feet of floor space per bed and is Medicare and Medicaid certified. R6 was interviewed on 8/11/14 at 3:30pm and had no negative comments related to the size of her room. Per facility room measurements and interview with E1 (Administrator) on 8/11/14 at 10:30am found: room 30 is a two bed resident room, provides 75 square feet of floor space per bed and is Medicare and Medicaid certified. R18 was interviewed on 8/13/14 at 1:00pm and had no negative comments related to the size of his room. On 8/14/14 at 10:45am rooms 28 and 30 were observed and the floor space was adequate to meet the needs of the residents.	F 458		