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 _____	09/24/2015

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

(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 282 SS=D	Annual Licensure and Certification Survey 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: Based on observation , record review and interview the facility failed to follow the Physician Orders for 1 of 15 residents (R4) reviewed for following Physicians Orders in the sample of 15. Findings include: 1. A Physician order dated 09/09/15 notes R4 is to receive pain medication one hour prior to changing the bandage on R4's foot. The Medication Administration Record dated September 2015 notes R4 did not receive pain medication, six out of twelve times, prior to the dressing change on his right foot. On 09/22/15 at 10:50 AM, E5 (Licensed Practical Nurse) , changed the dressing on R4's foot. R4 stated he was having pain in his foot and hip while E5 was changing the dressing. E5 said R4 was not having pain prior to the dressing change, so she did not give him pain medicine.	F 282		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or	F 371		

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 371	Continued From page 1 considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that: Proper sanitary technique was used on the thermometer between food items and failed to ensure proper construction of the extra dietary storage building. This has the potential to affect all 66 residents living in the facility. The findings include: The facility's Resident Census and Conditions form dated 9/21/15, documented the facility had a census of 66 residents. 1. E16 (dietary staff member) on 9/22/15 at 10:30am was observed to wipe a thermometer with a cloth towel on the counter between taking food temperatures. During this observation E16 dropped the thermometer on floor and used only an alcohol pad to clean the thermometer. There was no handwashing observed at this time. 2. On 9/21/15 at 10:15am the separate small food storage building behind the dietary department, holding non-perishable food items, was found to have only stud walls with insulation between them. The ceiling was also unfinished, with the rolled insulation showing. At the time of	F 371		

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F 371	Continued From page 2 the observation, E17 (Dietary Manager), indicated that the storage building has been used for an extended period of time without the finished walls or ceilings.	F 371		
F 425 SS=F	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain and clean medical supplies. This has the potential to affect all 66 residents in the facility. Findings include:	F 425		

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F 425	Continued From page 3 The Residents Census and Conditions of Residents dated 09/21/15 states there are 66 residents in the facility. On 09/22/15 between 10:40 AM-11:00 AM the North and South Hall Medication Carts were observed. The North Hall Medication Cart had a pill cutter with white sediment on the blade and a dried dark, yellowish-brown build up on the inside of the cutter. The South Hall Medication Cart had a pill cutter with a brown and white discoloration on the blade. Also, on the inside of the pill cutter was white sediment. On 09/22/15 at 11:10AM the following was observed in the Medication Room: -In a drawer multiple sealed packages of scissors and tweezers. Several of these items had yellowish brown stains inside the package. Also, in this drawer (2) nail clippers were observed to be dirty with a build up of a brown residue. At this time, E2 (Director of Nurses) stated these items should not be in the drawer and need to be cleaned.	F 425		
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be	F 431		

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F 431	Continued From page 4 labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to label, store and keep the medication carts clean and orderly. This has the potential to affect all 66 residents in the facility. Findings include: The Residents Census and Conditions of Residents dated 09/21/15 states there are 66 residents in the facility.	F 431		

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F 431	Continued From page 5 On 09/22/15 at 10:40 AM the following was observed in the South Hall Medication Cart: -Loose pills, foil ,pieces of paper and white sediment in the drawers -White sediment on the inside base of the cart below the bottom drawers -(2) loose ampules of Ipratropium 0.5mg (milligrams)/Albuteral Sulfate 0.3mg/3 milliliters (ml) laying loosely inside the right 3rd drawer. One ampule had initials hand written on it. At this time, E4 (Licensed Practical Nurse) stated that these should be in a box labeled with a resident's name. On 09/22/15 at 11:00AM the following was observed in the North Hall Medication Cart: -Loose pills, foil, pieces of paper and white sediment in the drawers -White sediment on the inside base of the cart below the bottom drawers -Red sticky residue on the bottom of the right 5th drawer - In the top right drawer (1) ampule of Restasis eye drops laying loosely in the drawer with no resident's name. At this time, E4 stated that this medication should be in the Treatment Cart and labeled with a resident's name On 09/22/15 at 11:10AM the following was observed in the Medication Room: -On a shelf, blood glucose meters, Triple Antibiotic Ointment, Bag Balm, Pepto Bismol and two cans of carbonated beverages all stored along side each other. -On a shelf (1) box of Timolol, Biotene Dry Mouth Oral Rinse and oral medications stored along side each other.	F 431		

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F 431	Continued From page 6 On 09/22/15 at 2:20PM the following was observed in North Hall Treatment Cart: -(1) bottle of Biotene Dry Mouth Oral Rinse in the bottom drawer along side Dermal Wound Cleanser, Hydrogen Peroxide, Perineal Wash and dressings. E2 (Director of Nurses) stated on 09/24/15 at 10:15AM, oral medications should not be stored along side eye drops, topical medications and mouth rinses.	F 431		
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 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	F 441		

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F 441	Continued From page 7 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 during medication administration. This has the potential to affect all 66 residents in the facility. Findings include: The Resident Census and Conditions of Residents dated 09/21/15 states there are 66 residents in the facility. On 09/22/15 at 11:40 AM, E5 (Licensed Practical Nurse) was observed performing a blood glucose test on R17. E5 carried a tray with the blood glucose supplies into R17's room and sat it on the bedside table. E5 picked up the container of blood glucose strips and removed a strip and placed the container on a tissue box. During this observation, E5 placed a container of disinfecting wipes on the bedside table. After performing the test, E5 went to the Medication Room and placed the blood glucose strips into a drawer on top of blood glucose meters in plastic bags and placed	F 441		

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F 441	Continued From page 8	F 441		

the disinfecting wipes on the counter.

On 09/22/15 at 12:12 PM, E5 was observed administering an oral medication to R17 in the dining room. After this, E5 prepared oral medications for R18 and administered them in the dining room. E5 then went to the Medication Room and unlocked the door with a key, unlocked a cabinet door with a key, removed a medication card and punched out a pill into her hand. E5 then cut the pill in half before placing it in a medication cup. E5 was not observed to wear gloves when cutting the pill in half, or to wash her hands during this observation.

On 09/22/15 at 12:20 PM, E5 was observed administering oral medication to R19 in the dining room. E5 crushed the pill and placed it in applesauce prior to administration. Next, E5 prepared oral medications for R20 and R21 and administered them. E5 then washed her hands.

On 09/22/15 at 12:30 PM, E5 was observed unlocking a lock on the medication refrigerator and preparing a liquid medication for R5. E5 then went to the dining room and administered the medication to R5. E5 was next observed wiping her nose on the inside of her shirt twice, while preparing oral medications for R13. During this same observation, E5 opened a container of applesauce, placed the medication in a medication cup with the pill, and spooned it into R13's mouth. E5 was not observed to wash her hands following this procedure and continued with her medication administration for the next resident.

The Facility's undated Medication Administration Policy states, "Procedures: 1. Wash hands before

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F 441	Continued From page 9 and after each administration of medications. 6. Dispense medication from the bubble package by pushing the medication through the foil backing directly into a medication cup to avoid touching the medication." On 09/24/15 at 10:00AM, E2 (Director of Nurses) stated E5 should have washed her hands between residents and should not have cut the pill without wearing gloves. E2 added E5 should have kept the blood glucose supplies on the barrier.	F 441		
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 1 of 15 residents (R1) reviewed for adequate room size in the sample of 15 and 1 resident (R16) in the supplemental sample. The findings include: Per facility room measurements and interview with E14 (Social Services Director) on 9/23/15 at 10:10am: 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 the facility on 9/21/15 showed that room 28 is currently	F 458		

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F 458	Continued From page 10 occupied by only R1. R1 stated on 9/23/15 at 9:45am that the room was great. Observation of the room at that time found it was adequate to meet the needs of the resident. Per facility room measurements and interview with E14 (Social Services Director) on 9/23/15 at 10:10am: 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 provided by the facility on 9/21/15 showed that room 30 is currently occupied by only R16. R16 stated on 9/23/15 at 9:40am that he was very pleased with his room. Observation of the room at that time found it was adequate to meet the needs of the resident.	F 458		