

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

PRINTED: 03/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2016
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954		
(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 309 SS=D	<p>Complaint Investigations:</p> <p>1671274/IL83904--F309</p> <p>1671287/IL83916--No deficiency</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to assess one nonambulatory, totally dependent resident for the possible need for continued anticoagulant therapy and failed to contact the resident's physician to inform him of the discontinuation of the anticoagulant. The facility also failed to obtain physician orders/instructions for removal of staples from multiple surgical sites for one resident's. This applies to one of two residents (R2) reviewed for staple removing and anticoagulants in the sample of 6.</p> <p>The Findings include:</p> <p>R2 was admitted to the facility on 2/2/16 with multiple fractures including bilateral legs and</p>	F 309			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2016
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954		
(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 309	<p>Continued From page 1</p> <p>arms and with multiple staples in various locations throughout his body. Progress notes throughout the record document R2 was non ambulatory and non weight bearing, requiring a mechanical lift to move between his bed and chair. R2's care plan also addressed the resident's multiple fractures, non weight bearing status total dependence on staff for care and need for a mechanical lift to transfer.</p> <p>Physician orders of 2/3/16 ordered Lovenox (anticoagulant) 30 mg subcutaneously every 12 hours. The Medication Administration Record (MAR) showed R2 received the medication as prescribed 2/3/16 through the morning of 2/17/16 when the physician discontinued the medication. On 2/22/16 R2 complained of left leg pain, that was different from his usual pain. The physician was notified and the resident transferred to an area hospital for evaluation and was diagnosed as having a left leg deep vein thrombosis (DVT). R2 was treated and sent back to the nursing facility with an order for Lovenox 140 mg subcutaneously.</p> <p>Regarding R2's Lovenox, on 3/17/16 E2 (Director of Nursing) stated she would expect the nurses to contact the physician for further orders if there was not any anticoagulant ordered/reordered especially with R2 still being nonambulatory and with nonweight bearing status and with decreased mobility. E2 was also unable to locate any PT/INR (prothrombin time or International measurement for coagulation measurement) lab results having been done since the resident has resided in the facility.</p> <p>On 3/17/16 Z5 (R2's Physician) stated during interview, that he would have expected nurses to</p>	F 309			

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

PRINTED: 03/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2016
NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954		
(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 309	<p>Continued From page 2</p> <p>contact him to inform him when R2's Lovenox anticoagulant order expired and R2 did not have any current prophylactic anticoagulant ordered especially as the resident is nonweight bearing, nonambulatory and totally dependent on staff for care</p> <p>On 3/17/17 at 11:30 AM E2 stated that if residents are admitted to the facility and should have a follow up doctors appointment, but don't have any instructions or orders from the discharging hospital physician, the nurse should contact either the facility physician or the discharging physician to get those orders. E2 admitted that the resident's staples were not removed until 3/2/16 (one month after his admission to the facility) but was unable to give a rationale for the long time to have them removed.</p> <p>On 3/17/16 Z4 (Nurse Practitioner) was interviewed. As stated by Z4, she actually took out R2's staples on 3/2/16. Z4 stated that patient sutures or staples should be removed 10-14 days after insertion and R2's should have been removed within 14 days after insertion.</p> <p>On 3/17/16 when interviewed Z5 (physician) was also unaware that R2's staples had not been removed within 14 days, having been in place from his admission 2/2/16 until 3/2/16.</p>	F 309			