

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

PRINTED: 09/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E841	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2011
NAME OF PROVIDER OR SUPPLIER DECATUR MANOR HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WEST PERSHING ROAD DECATUR, IL 62526		
(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 159 SS=E	<p>Annual Certification Survey</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>	F 159			
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 159	<p>Continued From page 1</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 37 of 128 residents (R6, R17, R20, R26 through R58) having the facility manage theirs funds, did not have their funds commingled with the facility's operating funds. R6, R17 and R20 are three of the 24 sampled residents. R26 through R58 are supplemental residents.</p> <p>Findings include:</p> <p>The resident trust fund accounts and accounting practices were reviewed on 9-14-11 at 4:00 P.M. with the Administrative Assistant, E3. E3 stated that all checks received by her at the facility, are deposited into the facility's "Sweep Account" at a local bank. E3 then notifies the Corporate Office of the amounts of the funds from each individual check that goes into the individual resident's trust fund and the amounts that goes toward the resident's liability to the facility. E3 stated the amount from the "sweep" account then is deposited into the corporate general operating</p>	F 159			

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F 159	Continued From page 2 account. E3 stated the corporate office then makes the deposits that belongs to the individual residents into the resident trust fund account. The Chief Financial Officer, E4 stated during phone interview on 9-14-11 at 4:20 P.M., that the deposits made into the "Sweep Account" are transferred into the facility's operating account. E4 stated the "Sweep Account" is a non interest bearing transfer account. The residents' portions are transferred from the operating account into the resident trust fund account. On 9-15-11 at 1:15 P.M., E3 stated that 11 residents' (R27 through R37) monthly Social Security checks come to the facility and 26 residents' (R6, R17, R20, R26, R38 through R58) families present checks for the residents to the facility. These monies are deposited by E3 to a holding account at a local bank. The Resident Census and Conditions of Residents form dated 9/13/11 lists a census of 128 residents.	F 159			
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain specialized	F 250			

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F 250	<p>Continued From page 3</p> <p>outside consultation and/or services for R3, one of six residents sampled for weight/nutrition out of a total sample of twenty-four. R3 was identified by the facility as having an eating disorder that was not being treated.</p> <p>Findings include:</p> <p>The September 2011 Physician's Order Sheet documents R3 has diagnoses of Bulimia, Bipolar Disorder, and Schizophrenia. On 9/13/2011 at 12:00 pm R3 was sitting in the television lounge of the facility. R3 is a female who appeared to be very thin.</p> <p>On tour on 9/13/2011 at 9:00 AM, E2, the Director of Nurses stated that R3 had weight loss due to a behavior of eating and then purging (vomiting her food). E2 stated R3 was being monitored and was not being allowed to go to her room after she ate her meals. E2 further stated as a result of not being allowed to purge, R3 was now at times refusing to eat. On 9/14/2011 at 2:00 PM E2 was asked if R3 was in a program for eating disorders. E2 stated she was not. E2 stated she had looked into eating disorder programs for R3 but there were none in the area. E2 also stated Z2, Physician was notified and had ordered weekly weights but had not given any further orders or direction on how to deal with R3.</p> <p>Z1, Dietician stated on 9/15/2011 that (after prompting) she had checked into eating disorder programs and that there were two programs in the area that would be possible for R3 to attend.</p> <p>R3's Care Plan contains a plan for weight loss</p>	F 250			

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F 250	Continued From page 4 but there is no care plan that addresses the eating disorder suffered by R3. E9, Dietary Manager stated on 9/16/2011 at 12:15 PM that she had not been trained to deal with R3's eating disorder and had not received any direction on what to do with R3 except to watch her after she eats. The Nutritional Progress Notes dated 7/25/2011 reads as follows: "...(R3) continues on a reg. (regular) diet (with) a house supplement BID (twice a day). She is on 1:1 (one to one supervision) during and after meals because she runs back to her room to purge (throw-up her food). After supper she tried to come back 4 X's (four times) (with) several excuses. She will purge , then act like she is hungry (and) go back for seconds only to purge (again) if she isn't on 1:1...." A Nutritional Progress Note dated 8/24/2011 reads: "...(R3) continues on a Reg. Diet. She gets a house supplement BID (twice a day). She is on 1 on 1 because she eats and then tries to run back to her room to purge..." The Monthly Weight and Vital Signs Record shows R3 weighed 143.0 pounds in August of 2011 and weighed 140.0 pounds on 9/2/2011. The Nutritional Progress Notes indicate R3 weighed 131.0 pounds on 9/5/2011. R3's clinical record including Social Service Progress Notes yielded no documented evidence of attempts to seek consultation or outside services to address R3's eating disorder.	F 250			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			

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F 371	<p>Continued From page 5</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility the facility failed to ensure that ready to eat food being prepared by residents for an activity was protected from cross contamination in that supervisory staff failed to ensure residents washed their hands prior to food handling. Staff failed to take measures to prevent contamination and intervene when residents contaminated their hands during food handling. This has the potential to affect all 128 residents.</p> <p>Findings include:</p> <p>On 9-15-11 at 2:15 p.m. a group of 7 residents were in the process of breaking cookies to add to a banana pudding intended for resident consumption. All residents were wearing disposable gloves. The group was being supervised by Certified Nurse Aide, E7 and Activity Aide, E8.</p> <p>As cookies were being handled and broken up and placed into a large bowl, R2, R25, and R26</p>	F 371			

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F 371	<p>Continued From page 6</p> <p>were consuming pieces of cookies and while doing so, were touching their gloved fingers to their mouths. These residents then continued with handling cookies and placed them into the large bowl.</p> <p>As the activity continued three unidentified residents approached the table asking to participate. These residents handled dining chairs and were instructed by E7 to place gloves on their hands. One resident with gloved hands sat down and began eating ice cream at the table while assisting with food handling. These residents were not advised by supervisory staff to wash their hands before handling food.</p> <p>At 2:20 p.m. E7 stated that she told residents participating before the activity began to wash their hands. E7 stated she did not witness or otherwise verify that any resident washed their hands. E7 further stated that while she was supervising the activity, she did not witness R2, R25, and R26 consuming food while assisting with its preparation.</p> <p>At 2:25 p.m. a large bowl of banana pudding with crumbled cookies was present on the dining room serving line and was being made available for any and all residents. E7 stated at this time that the ready to eat pudding required no further cooking and was available to any resident. Residents present in the dining room were consuming individual portions of the pudding.</p> <p>According to the Centers for Medicare and Medicaid Services form 672 completed on 9-13-11 there are 128 residents in the facility.</p>	F 371			
F 441	483.65 INFECTION CONTROL, PREVENT	F 441			

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F 441 SS=F	Continued From page 7 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 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.	F 441			

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F 441	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to implement their infection control policy relating to the following elements: surveillance, investigation, monitoring and analysis of infections, monitoring employees illness and antibiotic review. This failure has the potential to affect all 128 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's undated policy titled "Infection Control Strategies" under the section title "Residents": states the following "The DON (Director of Nurses) /designee will track the residents use of antibiotic and disease on the infection control log monthly." The same policy under the section titled "Employees" states " The DON/designee performs surveillance on both resident and employee illness looking for patterns and trends and investigates whenever necessary."</p> <p>E2, DON provided the infection control log for the facility residents on 9/15/11 at 10:00 AM. The monthly logs were incomplete in the areas of identifying room number of the residents, the symptoms being exhibited by the resident, the site of the infection, if any cultures were done or the results of the culture if one was done, the information about the antibiotic that was ordered for the infection, when the antibiotic was started, stopped and the results of the antibiotic being used.</p> <p>E2, DON (Director of Nursing) on 9/15/11 at</p>	F 441			

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F 441	Continued From page 9 10:15 AM provided employee absence sheets that the facility was using regarding employee illnesses and reasons for calling off for duty. E2 stated they did not have a system for documenting surveillance and analysis such as a monthly log with the information regarding the employees illness and symptoms. E2, DON stated on 9/16/11 at 12:25 PM that the data collected on the resident infection monthly logs was not totaled and analyzed. No surveillance, tracking or analysis was being done for the residents or employees on a monthly basis.	F 441			
F 465 SS=F	The CMS (Center for Medicare/Medicaid Services) 672 completed 7/13/11 reflects there are 128 residents residing in the facility 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, interview and record review, the facility failed to ensure that the central nurses station provided visual control for seven resident living corridors. Specifically, the facility failed to maintain their video monitoring system in a fully functional condition so as to permit staff supervision and visual control from the nurse's station. This has the potential to affect all 128 residents.	F 465			

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F 465	<p>Continued From page 10</p> <p>The finding is:</p> <p>During the General Observation tour on 9-14-11 between 1:00 P.M. and 2:45 P.M. accompanied by the Housekeeping and Laundry Supervisor (E5) and the Maintenance Supervisor (E6) the central nurses station did not have any clear visual image of the 7 resident corridors.</p> <p>The nurse's station is in a small room in the southeast corner of the dining room. The nurses station does not provide direct visual control of any of the resident rooms. The nurses station was designed and equipped to achieve visual control of the resident corridors with video cameras and television monitors. The cameras for B wing and C wing have been removed from the corridors. Seven television monitors were in the nurses station. Six of the corridor television monitors did not have any images and one monitor had an unclear image.</p> <p>The resident room corridors can not be supervised from the nurses station to ensure the safety of the residents. E6 stated at the time of the tour that the camera and monitor system was planned to be replaced a week ago.</p> <p>According to the Centers for Medicare and Medicaid Services form 672 completed on 9-13-11 there are 128 residents in the facility all of whom are considered to be independent with ambulation.</p>	F 465			