

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

PRINTED: 08/31/2012
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 08/30/2012
NAME OF PROVIDER OR SUPPLIER DECATUR MANOR HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WEST PERSHING ROAD DECATUR, IL 62526	
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F 000	INITIAL COMMENTS	F 000		
F 323 SS=G	<p>Licensure and Certification Survey</p> <p>Licensure Survey for Subpart S: SMI</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain the bathing room floor safety strips in good condition so as to prevent slipping in the community shower. R19 slipped and sustained a fall after exiting the community shower which resulted in R19 receiving a fractured left arm. R19 is one of four residents reviewed for falls in a sample of 24.</p> <p>Findings include:</p> <p>The Physician's Order Sheet (POS) dated August 2012 lists the following diagnoses for R19: Psychosis, Schizoaffective disorder and Obesity. The MDS (Minimum Data Set) dated 6/27/12 documents that R19 is cognitively intact for daily decision making skills, independent with all activities of daily living and low fall risk.</p> <p>R19's Nurse's Notes dated 6/13/12 at 7:08 AM</p>	F 323		

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 323	<p>Continued From page 1</p> <p>states "Writer called to the G-Hall Shower room (R19) found sitting on floor on buttock- stated "I was getting out of the shower and fell onto my left arm, left arm had tingling sensation." Medical Doctor notified order received to send to emergency room for evaluation and treatment."</p> <p>The facility form titled Accident/Incident Report dated 6/13/12 documents R19 was found sitting on the floor in the shower room down G Hall. The report continues to document that R19 stated "I fell getting out of the shower my left arm feels tingly."</p> <p>The facility's Comprehensive Fall Assessment dated 6/13/12 states under "Environmental /Situational Factors" states "Slippery Floors wet shower". The section titled "Additional Comment" states "Bathroom floor recently redone-area assessed and additional skid proof strips added outside shower."</p> <p>R19 stated on 8/29/12 at 11:05 AM " I slipped coming out of the shower. There were no safety strips on the floor but they have them now."</p> <p>E5, Housekeeping Aide stated on 8/29/12 at 11:25 AM "Safety strips were present but they had lost their stickiness. These new ones have been here about a month now."</p> <p>E2, DON (Director of Nurses) stated on 8/29/12 at 11:35 AM "There were safety strips present but they were worn down and new ones were put down but further away from the shower."</p> <p>R19's Radiology Report dated 6/13/12 section titled "Examination": Left humerus 2 views."</p>	F 323			

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F 323	Continued From page 2 Section titled "Findings" reads "There is an oblique fracture of the distal humeral shaft with moderate lateral apical angulation of the fracture fragments as well as moderate posterior displacement of the distal fracture fragment. "Impression" "Fracture of distal left humerus."	F 323		
F 363 SS=B	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that food was prepared and served to follow the Physician ordered no concentrated sweet (NCS) diet for 8 of 24 sampled residents (R7, R8, R10, R15, R17, R19, R20, and R21) and 33 residents on the supplemental sample (R25 thru R57). The finding includes: The 8-27-12 lunch meal began at 11:30 A.M. The menu listed a choice of chicken salad or tuna salad and beet salad or coleslaw. A steam table pan of each items was on the line. As each resident came to the serving line, the Cook (E7) would ask the resident what they would want and he would dish it up for them. E7 stated that the food was prepared on 8-26-12 by another employee. E7 did not have the planned serving	F 363		

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F 363	Continued From page 3 spreadsheet to refer to and all residents were served from the 4 different prepared food items. The 8-27-12 spreadsheet listed that the chicken salad, tuna salad, and coleslaw were to be made with light mayonnaise for the residents on a NCS diet. According to the diet order list provided by the Dietary Manager (E4) 41 of the 133 residents are to receive a NCS diet. The 41 residents on NCS include R7, R8, R10, R15, R17, R19, R20, R21, and R25 through R57. The Cook, E8 was asked on 8-28-12 at 9:10 A.M. how she prepared the chicken salad and tuna salad. E8 stated "I just put it together." E8 stated she did not follow the recipes and used regular mayonnaise to assemble the salads. The Prep Cook, E6 was asked on 8-28-12 at 9:15 A.M., how she prepared the coleslaw. E6 stated she did not follow the recipe and used regular mayonnaise, not light mayo.	F 363			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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	F 371			

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F 371	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to protect ice, food stored in the walk in refrigeration unit, and food being prepared on the stove from potential overhead contamination; failed to ensure that manual can opener and brace was clean and free of food contamination, and failed to ensure that foods being stored on ice was drained to prevent contamination of the foods. These failures have the potential to affect all 133 residents residing at the facility.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 8-27-12 at 2:10 P.M. an unidentified black moist substance was present on the interior of the ice machine along the edge of the ice chute deflector shield. The black moist substance could fall into the bin of ice that would be consumed by the residents. On 8-27-12 at 9:25 A.M. the walk in refrigeration unit condenser had an accumulation of dust and lint on the back of the unit and the metal food storage shelves were dirty and rusty. Rusty flakes were present on the wrapped hams being defrosted on the bottom shelf. In addition, trays of single service margarine patties were under a rusty and dirty shelf. The patties were not covered or protected from contamination. On 8-27-12 at 2:20 P.M., 3 half steam table pans with food in them were on the stove. The pans contained vegetables to be cooked for the evening meal. The pans were not covered. The ventilation hood over the stove had a heavy accumulation of dust and lint on the filters that 	F 371			

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F 371	<p>Continued From page 5 could fall into the food.</p> <p>4. On 8-27-12 at 2:20 P.M., the can opener, the can opener blade, and the can opener brace were encrusted with a heavy accumulation of dark brown food spills and residue. The spills and residue were moist and dried on the surfaces that could contaminate food being opened with the opener.</p> <p>5. On 8-27-12 at 11:30 a.m. during lunch meal serving, cardboard containers of milk was stored on the serving line in a large plastic bin. The milk was covered with ice. Water had collected in the bottom of the bin and the milk cartons were in the water. This same condition occurred at the 8-28-12 lunch meal. On 8-28-12 at 2:30 P.M., in the Dietary Department, milk, supplements, and wrapped sandwiches were present in ice and water. The foods were not stored on drained ice to prevent contamination. On 8-28-12 at 12:05 P.M., E4, Dietary Manager stated that she understood how to properly store food on ice. On 8-30-12 at 10:35 A.M., the Prep Cook, E6 was serving cardboard-packaged milk and supplements that were not on drained ice.</p> <p>According to the facility's Centers for Medicare and Medicaid Services, form 672 (Resident Census and Conditions of Residents), 133 residents resides at the facility.</p>	F 371			