

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

PRINTED: 08/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2013
NAME OF PROVIDER OR SUPPLIER SHELDON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 170 WEST CONCORD SHELDON, IL 60966	
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F 000	INITIAL COMMENTS	F 000		
F 164 SS=B	<p>Annual Certification Survey</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure privacy for resident personal fund</p>	F 164		

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 164	<p>Continued From page 1</p> <p>account transaction records when residents sign the Withdrawal Log for spending money. This applies to one resident (R11) in the sample of ten and three residents (R15 ,R16, and R17) in the supplemental sample.</p> <p>The findings include:</p> <p>On 8/05/13 at 4:00 pm the resident personal trust fund procedures were reviewed with Administrator, E1. E1 explained that when residents wished to withdraw money from the trust fund, they signed a withdrawal form with their name and amount of withdrawal. The one page "Resident Trust Cash Box Withdrawal Log" for 5/27/13-8/02/13 documented ten withdrawals by 4 residents (R11, R15, R16, R17) in that time period. The ledger was a single page line listing with date, name of resident, amount in dollars of withdrawal, and the signature of the resident. Withdrawals from \$2.00 to \$30.00 were documented for R11, R15-R17. When asked if residents signing for money can see the information from the other resident transactions, E1 stated yes. E1 does not cover the previous transactions to provide privacy of resident account information.</p> <p>R11 stated on 8/06/13 at 1:00 pm that he keeps his spending money in the office and can go to the Administrator E1 or Social Service E7 for cash. R11 stated that he signs the withdrawal log with his name and amount he's taking out. R11 stated he does see the information and signatures of other residents who take out money. R11 specifically stated he has seen R15's name on the log.</p> <p>R15 stated on 8/06/13 at 1:30 pm that he goes to</p>	F 164			

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F 164	Continued From page 2 E1 if he wants money from his account. R15 stated he signs for his money and there are other residents information on the log he signs. The undated facility "Cash Box Policies & Procedures" documents "The resident must sign or initial a receipt that documents the date, the residents' name, the amount of withdrawal, and a brief description if necessary.. You will have a separate Resident Trust Cash Box Withdrawal Log for each day! Do not use the same sheet for multiple days!" The policy does not address providing privacy for confidential resident fund transactions.	F 164			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that hot water at one handwashing sink was not a burn hazard for one cognitively impaired resident (R13) on the supplemental sample. The findings include: 1. On 8/05/13 at 10:10 am R13 washed her hands in the common "Pink Bathroom"	F 323			

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F 323	<p>Continued From page 3</p> <p>handwashing sink on the main corridor. The hot water was tested right after R13 walked out of the bathroom at 10:15 am. The water at the sink felt very hot to the touch and measured 117 degrees Fahrenheit (F.) Maintenance Director E4 was called to the bathroom at 10:20 am and was shown the temperature reading. The hot water was then tested at the shower and it measured 115 degrees F. E4 stated that the water temperature was running high when he had tested the water that morning and he had turned down the mixing valve. E4 stated the Pink Bathroom is the closest toilet and shower to the hot water heater. The hot water heater covers all of the resident rooms and showers. E4 stated the water temperature gauge for the water heater was in the red (in excess of 110 degrees F) when he had checked it that morning. On 8/05/13 10:15 am the hot water gauge after the mixing valve on the water heater was reading 120 degrees F. E4 stated he routinely has to adjust the mixing valve as the temperature fluctuates depending on the weather.</p> <p>R13 was in the same bathroom washing her hands again on 8/5/13 at 12:45 pm. The hot water was measuring 115 degrees F. at the sink. The Minimum Data Set dated 7/25/13 assesses R13 with severe cognitive impairment, and as independent for toileting and ambulation. On 8/06/13 at 1:00 pm Licensed Practical Nurse E9 stated that R13 washes her hands all the time in the Pink Bathroom.</p> <p>On 8/06/13 at 8:30 am the hot water at the bathroom sink in the Pink Bathroom was 111 degrees F. Maintenance Director E4 was present during the observation. The gauge on the hot water heater in the mechanical room was in the</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>red and was registering 118 degrees F. There was a lot of corrosion around the pipe connections at the mixing valve.</p> <p>On 8/06/13 at 9:15 am the hot water at the sink in the pink bathroom was 118 degrees F. Housekeeping Supervisor E5 was present during the observation and felt the hot water and stated that it was hotter than usual. On 8/06/13 at 10:55 am E4 stated he had adjusted the water and it was fine now. E4 was asked when the last time the mixing valve was cleaned out. E4 stated that he hasn't done that. E4 stated I didn't know there was a requirement to do that. E4 was shown the facility policy that stated it would be done on an annual basis. E4 stated he was not aware of that policy.</p> <p>The hot water temperature log for August 2013 documented on 8/05/13 at 9:00 am a temperature of 112 F. at the shower and 111 F. at the hand washing sink in the Pink Bathroom . The last time the hot water temperature was documented prior to that entry was 8/01/13.</p> <p>The undated facility "Water temperature Control Policy" states "It is the policy ..to maintain water temperature available to residents between 100 and 110 degrees Fahrenheit. To maintain these parameters, the Maintenance Department shall scheduled and perform these functions.. Two times each week a maintenance person will take and record temperatures from two taps supplied by each water heater supply area. On an annual basis or more often if necessary, temperature regulator valves shall be cleaned and inspected. Repair kits shall be installed on an annual basis or when a need arises."</p>	F 323			

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F 441 F 441 SS=D	Continued From page 5 483.65 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 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 F 441			

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F 441	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to implement hand hygiene practices to prevent potential cross contamination for one of two residents (R8) with Conjunctivitis on the sample of 10.</p> <p>Findings include:</p> <p>The Laboratory Report dated 7/20/13 states drainage from R8's eyes cultured the organism MRSA(Methicillin Resistant Staphylococcus Aureus). The Physician's Order dated 7/20/13 states Contact Isolation.</p> <p>E8, LPN (Licensed Practical Nurse) stated on 8/5/13 at 10:35am that she would be giving eye drops to R8. E8 stated that R8 had been treated for MRSA of the eyes.</p> <p>On 8/5/13 at 10:36am, a dresser containing personal protective equipment was sitting outside of R8's room. The sign on the door of R8's room stated to check at the Nurse's station before entering the room.</p> <p>On 8/5/13 at 10:37am E8 put gloves on and administered Artificial Tears one drop to each of R8's eyes. After giving the eye drops, E8 wiped R8's eyes stating, "the right eye has some yellow drainage." Still wearing the same gloves used to administer the drops and wipe R8's eyes, E8 held the bottle of Artificial Tears in her hand and cleaned R8's glasses. E8 then placed the glasses on R8 and removed her gloves. After washing her hands E8 wiped the bottle of eye drops with an</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>alcohol swab and placed it in the medication cart. On 8/5/13 at 10:45am E8 confirmed that she did not remove her gloves, which were used during the eye drop administration, until she was ready to leave the room.</p> <p>The laboratory report dated 8/5/13 of the culture done on 8/1/13 following treatment for the infection showed light growth of Staphylococcus Epidermis, but no MRSA.. E8 stated that another culture was to be done on 8/8/13 to discontinue the isolation.</p> <p>The package of the Alcohol Prep Pad lists the active ingredient as "70% Isopropol Alcohol." The package states that the alcohol is an antiseptic, not a disinfectant.</p> <p>On 8/6/13 at 3:05pm E9, LPN, confirmed that R8 continues to be on Contact Isolation. E9 stated they had one culture which was negative for MRSA, but needed a second culture which will be done on 8/8/13. E9 stated R8 still had an infection of the right eye, but its not MRSA. E9 stated Vancomycin eye drops were ordered by the Physician. E9 stated staff are supposed to use Super Sani Germicidal wipes to clean equipment leaving an isolation room.</p>	F 441			