

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER WALKER NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 530 EAST BEARDSTOWN STREET VIRGINIA, IL 62691	
(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 225 SS=D	<p>Annual Licensure & Certification 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225		

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 225	<p>Continued From page 1 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to immediately notify the Administrator and State Certification and Survey Agency with an allegation of abuse for one of two residents (R3) reviewed for abuse in a sample of 10.</p> <p>Findings include:</p> <p>An abuse investigation dated 11/05/14 and signed by E1(Administrator), documents E11 (Certified Nurse Aide) witnessed E12 verbally abuse R3 while providing care on 11/04/14 during the 2:00p.m. to 11:00p.m. shift. The abuse investigation documents E1 was not notified of the alleged abuse until 11/05/14 at 6:00a.m. The abuse investigation also documents the State Certification and Survey Agency was not notified until 11/05/14 at 11:18a.m.</p> <p>On 1/06/15 at 2:35p.m., E11 (Certified Nurse Aide) verified having witnessed verbal abuse by E12 to R3 on 11/04/14. E11 stated the incident occurred between 9:00p.m. to 9:30p.m. while E11 and E12 were providing care to R3. E11 verified the incident was not reported until the next morning, 11/05/14, stating, "I didn't tell anyone it happened right away. I told (E13/Licensed Practical Nurse) the next day and (E13) told (E14/Social Services Director) or (E1/Administrator).</p> <p>On 1/06/15 at 11:15a.m., E1 verified the allegation of verbal abuse between E12 and R3</p>	F 225			

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F 225	Continued From page 2 occurred on 11/04/14 but E1 was not notified until 11/05/14 at 6:00a.m. E1 verified the State Certification and Survey Agency was not notified of the allegation of abuse until 11/05/14 at 11:18a.m. E1 also verified the State Certification and Survey Agency should be notified of abuse immediately stating, "We should report right away." An Abuse/Neglect Prevention Policy dated 10/02/11 states, "A staff person who observes or suspects abuse, neglect, or theft of property shall immediately report the matter to the Administrator."	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow their Abuse/Neglect Prevention Policy by not immediately notifying the Administrator with an allegation of abuse for one of two residents (R3) reviewed for abuse in a sample of 10. The facility also failed to develop and implement a policy to immediately notify the State Certification and Survey Agency immediately with an allegation of abuse. This has the potential to affect all 40 residents in the facility.	F 226			

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F 226	<p>Continued From page 3</p> <p>Findings include:</p> <p>An Abuse/Neglect Prevention Policy dated 10/02/11 states, "A staff person who observes or suspects abuse, neglect, or theft of property shall immediately report the matter to the Administrator."</p> <p>The abuse policy does not include instruction to immediately notify the State Certification and Survey Agency of alleged abuse. The abuse policy does state, "All incidents shall be reported in writing to IDPH (State Certification and Survey Agency) within 24 hours."</p> <p>An abuse investigation dated 11/05/14 and signed by E1(Administrator), documents alleged verbal abuse occurred between E12 and R3 on 11/04/14.</p> <p>On 1/06/15 at 2:35 p.m., E11 (Certified Nurse Aide) verified having witness verbal abuse by E12 to R3 on 11/04/14. E11 verified the incident was not reported until the next morning, 11/05/14, stating, "I didn't tell anyone it happened right away."</p> <p>On 1/06/15 at 11:15 a.m., E1 verified the allegation of verbal abuse between E12 and R3 occurred on 11/04/14 but E1 was not notified until 11/05/14 at 6:00 a.m. E1 verified the State Certification and Survey Agency was not notified of the allegation of abuse until 11/05/14 at 11:18 a.m. E1 also verified the facility's policy does not require the State Certification and Survey Agency be notified of abuse immediately stating, "We should report right away."</p> <p>The Centers for Medicare and Medicaid Services (CMS) Resident Census and Condition report,</p>	F 226			

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F 226	Continued From page 4 dated 1/4/15 and signed by E4 (Care Plan Coordinator), documents 40 residents reside in the building.	F 226			
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Facility noncompliance resulted in two deficient practices.</p> <p>A. Based on observation, interview, and record review, the facility failed to perform hand hygiene during incontinence care for one of four residents (R5) reviewed for urinary incontinence in the sample of 10.</p> <p>Findings include:</p> <p>On 1/5/15 at 9:50 a.m., R5 was incontinent of urine. E9 (Certified Nursing Assistant) applied gloves and provided incontinence care to R5. E9 then removed E9's gloves and applied a new pair of gloves without washing/sanitizing hands, and proceeded to dress R5. E10 (Certified Nursing Assistant) applied gloves and removed R5's soiled bedding and clothes, then E10 removed the soiled gloves. Without washing/sanitizing E10's hands E10 applied another pair of gloves and assisted E9 with dressing R5 and applying new incontinent pads.</p> <p>On 1/5/15 at 10:00 a.m., E9 stated, "We wash our hands prior to patient care and after patient care is done."</p> <p>On 1/6/15 at 1:10 a.m., E2 (Director of Nursing)</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>stated, "After providing incontinence care and removing gloves I would expect the Certified Nursing Assistants to sanitize their hands before applying their new gloves if they have more cares to provide."</p> <p>Facility's Infection Control Policy, dated 10/24/06, documents, "Infection control must be observed at all times, not just when infection occurs. Prevention of infection is our goal."</p> <p>Facility's Handwashing Policy, dated 6/19/2000, documents, "Handwashing is the single most important means of preventing the spread of infection to/from patients...Facility personnel should wash hands before and after removing gloves, and after handling bedpans, urinals, and other contaminated materials."</p> <p>B. Based on observation, interview, and record review, the facility failed to prevent cross contamination between storage of soiled and clean supplies. This failure has the potential to affect all 40 residents.</p> <p>Findings include:</p> <p>On 1/6/15 at 9:40 a.m., the North hall soiled utility room contained storage of clean urinals, hand soap for dispensers, shampoo, and body wash.</p> <p>On 1/6/15 at 10:00 a.m., the East hall soiled utility room contained storage of toilet paper, paper towels, gloves, individual hand sanitizers, the</p>	F 441			

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F 441	<p>Continued From page 7 maintenance tool cart, and maintenance supplies.</p> <p>On 1/6/15 at 9:40 a.m., E5 (Maintenance Supervisor), stated, "The cleaning supplies in the soiled utility room are housekeeping supplies. The shampoo and body wash is used for the residents. Housekeeping supplies and maintenance supplies are kept in the East hall soiled utility room and are used with all residents."</p> <p>On 1/6/15 at 9:43 a.m., E6 (Assistant Administrator) stated, "These are clean supplies in the soiled utility room. I'm not sure if it's ok for them to be in there. The Certified Nursing Assistants bring soiled linens into these rooms and use the toilet rinser to rinse the soiled linens out."</p> <p>Facility's Clean Supplies Policy, no date available, documents that all clean supplies shall be stored in a clean environment.</p> <p>The Centers for Medicare and Medicaid Services (CMS) Resident Census and Condition report, dated 1/4/15 and signed by E4 (Care Plan Coordinator), documents 40 residents reside in the building.</p>	F 441			