

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2011
NAME OF PROVIDER OR SUPPLIER EAST MOLINE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE EAST MOLINE, IL 61244		
(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 Annual Licensure and Certification Second Probationary Licensure Licensure Post Visit to survey of 01/20/11 Facility in compliance with POC for: 300.2010a)1) & 300.2130c)4)	F 000			
F 164 SS=E	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 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. 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. 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. 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.	F 164		10/12/11	

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide privacy while performing accuchecks for one of 18 sampled residents (R16) and two residents (R18 and R19) on the supplemental sample, administering insulin to one resident (R19) on the supplemental sample, and leaving the window blinds open during perineal care for one of 18 sampled residents (R11) in the sample of 18. Findings include: 1. On 9/13/11 at 11:15 A.M. E9 (Registered Nurse) performed accuchecks in the dining room on R16, R18, and R19. Lunch was being served at this time and the dining room was occupied with residents for this meal. On 9/13/11 at 12:00 P.M. E9 (Registered Nurse) stated that performing accuchecks in the dining room was normal practice at this facility. 2. On 9/13/11 at 11:35 A.M. in the dining room E9 (RN) lifted R19's shirt and administered an insulin injection into R19's abdomen. On 9/13/11 at 12:00 P.M. E9 stated that administering insulin to residents in the dining room was normal practice at this facility. 3. On 9/13/11 at 1:15 P.M, E8 (Certified Nurse's Aide) provided incontinent care to R11. R11 was uncovered and completely unclothed. E8 did not close the window blinds, leaving R11 in direct	F 164			

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F 164	Continued From page 2 view to an unidentified individual just outside R11's window. On 9/14/11 at 2:50 P.M. E2 (Assistant Administrator) confirmed that the facility staff should not have left the curtains opened during R11's cares.	F 164			
F 272 SS=C	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care	F 272		10/12/11	

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F 272	<p>Continued From page 3 areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to include the dates of assessment information in Section V0200 of the MDS (Minimum Data Set) for 14 of 16 sampled residents (R1, R2, R5, R6, R8, R9, R10, R11, R12, R14, R15, R16, R17, and R21) reviewed for MDS completeness in the sample of 18..</p> <ol style="list-style-type: none"> 1. R1's Section V. Care Area Assessment (CAA) Summary dated 7-20-11 does not include the date of the information used for completing this assessment. location of information is listed as CNA (Certified Nurse Aide) flow sheet. 2. R2's Section V. Care Area Assessment (CAA) Summary dated 2-17-11 refers to "chart and SS (Social Service) notes, and care plan. No dates are provided. 3. R5's Section V. Care Area Assessment (CAA) Summary dated 2-17-11 refers the reader to undated notes and assessments. <p>More examples of CAA Summaries lacking dated information was found in the MDSs of R6, R8 through R12, R14 through R17, and R21.</p>	F 272			

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F 274 SS=D	<p>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete a MDS (Minimum Data Set) Assessment after a significant change in five areas for one of 18 sampled residents (R11) with a significant change in condition in the sample of 18.</p> <p>Findings include:</p> <p>The Annual MDS (Minimum Data Set) for R11 dated 01/03/10 documents that R11 required "limited assistance" in the following areas: bed mobility, transfer, ambulation, dressing, and hygiene. Subsequent MDSs for R11 document no change in functional level until R11's quarterly MDS dated 08/03/11 which documents that R11 requires "extensive assistance" in the following areas: bed mobility, transfer, ambulation,</p>	F 274		10/12/11	

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F 274	Continued From page 5 dressing, and hygiene. No significant change MDS was found in the medical record.	F 274			
F 278 SS=E	<p>On 9/14/11 at 10:50 A.M. E6 (Care Plan Coordinator) stated that she did not do complete a Significant Change Minimum Data Set for R11 after these condition changes.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>	F 278		10/12/11	

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F 278	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to accurately code the MDS (Minimum Data Set) Assessment for four of 18 sampled residents (R2, R9, R11, and R17); and failed to ensure that all sections of the MDS were accounted for in Section Z for one of 18 sampled residents (R9) in the sample of 18..</p> <p>Findings include:</p> <p>1. R2's MDS (Minimum Data Set) dated 8/9/11 in the section titled "Pain Assessment Interview" documents that the resident denies having pain or hurting in the past five days.</p> <p>Controlled Drug Receipt/Record/Disposition Form indicates R2 received five doses of oxycodone-acetaminophen 5-500 on 8-4-11. Controlled Drug Receipt/Record/Disposition Form indicates R2 received five doses of oxycodone-acetaminophen 5-500 on 8-5-11. Controlled Drug Receipt/Record/Disposition Form indicates R2 received three doses of oxycodone-acetaminophen 5-500 on 8-6-11.</p> <p>On 9/15/11 at 11:25 AM E6/MDS Coordinator verified that R2 was experiencing pain during the look back period of his MDS.</p> <p>2. Facility's "Monthly Weights" log, documents that R9 had the following weights for 2011: March-158lbs (pounds), April-158 lbs, May-156 lbs, June-138 lbs July-137 lbs, August-130 lbs, and September-130 lbs. These weights indicate a 12% loss in 3 months (March to June) and a</p>	F 278			

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F 278	<p>Continued From page 7 17.7% loss in 6 months (March to September).</p> <p>MDS (Minimum Data Set) Assessments for R9, dated 6-21-11 and 8-7-11, are coded "0" in Section K0300, indicating "no or unknown" to whether or not R9 has had a loss of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>Facility's Incident Accident Log documents that R9 had a fall on 4-24-11 and 8-27-11.</p> <p>MDS (Minimum Data Set) Assessments for R9, dated 6-21-11, is coded "0" in section J1800, indicating that R9 hadn't had a fall since the prior MDS assessment, which was 3-16-11.</p> <p>Physician's Order Sheets document that R9 was started on Lexapro 5mg (milligrams) on 6-6-11. MAR (Medication Administration Records) for June, July, August, and September document that R9 has consistently received the medication since then.</p> <p>MDS (Minimum Data Set) Assessment for R9, dated 6-21-11, is blank in Section N0400, indicating that R9 did not receive any antidepressant medication in the last 7 days prior to the assessment.</p> <p>On 9-15-11 at 2:05 PM, E6/ Care Plan Coordinator confirmed that the above-referenced sections of the MDS were inaccurately coded.</p> <p>3. Physician's Order Sheets for R17, dated 9-1-11 to 9-30-11, documents that R17 has had an order for risperidone 0.25mg (milligrams) twice daily since 3-19-11. MAR (Medication</p>	F 278			

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F 278	<p>Continued From page 8</p> <p>Administration Record) for the months of March, April, May, June, July, August, and September document that R17 has consistently received the medication since it was ordered.</p> <p>MDS (Minimum Data Set) Assessment for R17, dated 6-21-11, is blank in Section N0400A, indicating that R17 did not receive any antipsychotic medication in the last 7 days prior to the assessment.</p> <p>On 9-15-11 at 2:05 PM, E6/ Care Plan Coordinator confirmed that the above-referenced sections of the MDS were inaccurately coded.</p> <p>Section Z of the MDS (Minimum Data Set) Assessments for R17, dated 6-21-11 and 8-7-11, includes no signature for Section M.</p> <p>On 9-15-11 at 11 AM, E12/Wound Nurse stated that Section M of the MDS, which is related to skin, is completed by E6/Care Plan Coordinator.</p> <p>On 9-15-11 at 2:05 PM, E6/Care Plan Coordinator stated that E12 provides the data for Section M and E6 simply inputs the data into the system.</p> <p>4. R11's Minimum Data Set dated 8/03/11, section J notes R11 to have had a fall since the last prior assessment date of 5/03/11.</p> <p>On 9/14/11 at 11:00 A.M. E3 (Director of Nursing) stated that R11 had not fallen during the time period in question.</p> <p>Nurse's Notes from 5/03/11 through 8/03/11 note nothing regarding any falls during this time period.</p>	F 278			

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F 279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to care plan tracheostomy care for one of one residents (R3) receiving tracheostomy care in the sample of 18; failed to care plan a significant weight loss for two of two residents (R9 and R17) identified with significant weight loss in the sample of 18; and failed to individualize the care plan for one of 18 residents (R2) in the sample of 18.</p> <p>Findings include:</p>	F 279		10/12/11	

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F 279	<p>Continued From page 10</p> <p>1. On 09/13/11 at 11:00AM R3 was sitting in the dining room. R3 had a dressing covering the tracheostomy.</p> <p>The POS (Physicians Order Sheet) for R3 documents the following diagnoses: Respiratory Failure and Tracheostomy status. A telephone order for R3 (undated) documents that R3 is to receive tracheostomy care every 8 hours. The care plan for R3 dated 05/19/11 contains no documentation of the type or frequency of tracheostomy care for R3.</p> <p>On 09/14/11 at 2:00PM E6 (LPN/Licensed Practical Nurse/Care Plan Coordinator) stated, "I guess you got me. I forgot to include tracheostomy care in (R3's) care plan.</p> <p>2. Facility's "Monthly Weights" log, documents that R9 had the following weights for 2011: March-158lbs (pounds), April-158 lbs, May-156 lbs, June-138 lbs July-137 lbs, August-130 lbs, and September-130 lbs. These weights indicate a 12% loss in 3 months (March to June) and a 17.7% loss in 6 months (March to September).</p> <p>Physician's orders document that a supplement was ordered with each medication pass in March 2011 and that Megace 40 mg(milligrams) po BID (orally, twice a day) was ordered as an appetite stimulant on 6-21-11.</p> <p>R9's care plan, with a revision date of 6-21-11, includes no identified problem area or interventions related to weight loss.</p> <p>3. Facility's "Monthly Weights" log, documents that R17 had the following weights for 2011:</p>	F 279			

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F 279	Continued From page 11 March-133 lbs, April-126 lbs, May-125 lbs, June-133 lbs July-140 lbs, August-144 lbs, and September-142 lbs. These weights indicate a 5.2% loss in 1 month (March to April). "Dietary Recommendations/Follow Up" for R17, dated 3-7-11, indicates that R17 was below his ideal body weight at that time and recommended that a double entree be given to R17 at each meal. Physician's Telephone Order for R17, dated 3-8-11, states "Add double entree each meal TID (3x/day)." R17's care plan, with a revision date of 3-25-11, includes no identified problem area or interventions related to weight loss. On 9-15-11 at 2:05 PM, E6/ Care Plan Coordinator confirmed that neither R9's care plan nor R17's care plan includes any problems or interventions related to weight loss. 4. The care plan for R2 dated 8/2/11 states, "Communicate with Hospice" as an approach for Pain Management. On 9/15/11 at 11:10 AM E6/MDS (Minimum Data Set) Coordinator verified that R2 was not receiving hospice services.	F 279			
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or	F 280		10/14/11	

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NAME OF PROVIDER OR SUPPLIER EAST MOLINE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE EAST MOLINE, IL 61244		
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F 280	<p>Continued From page 12 changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to revise the care plan for splints for one of five residents (R2) with assistive devices on the sample of 18; failed to revise the care plan for incontinence care for one of five residents (R3) with incontinency on the sample of 18; and failed to revise the care plan regarding psychoactive medications for two of four residents (R9 and R17) receiving psychoactive medications on the sample of 18.</p> <p>Findings include:</p> <p>1. Emergency Department Records for R2 dated 9/3/11 state: "Wear brace until evaluation."</p> <p>The current care plan for R2 dated 8/2/11 has no revisions to include the use of a brace.</p>	F 280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2011
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F 280	<p>Continued From page 13</p> <p>On 9/15/11 at 11:10 AM E6/MDS Coordinator stated, "That just got ordered. I haven't put that on the care plan yet."</p> <p>2. On 09/13/11 at 1:30PM R3 was lying in bed. R3 had no indwelling urinary catheter in use.</p> <p>The care plan for R3 dated 05/19/11 documents that R3 has an indwelling urinary catheter. A telephone order for R3 dated 08/23/11 documents the following: "Discontinue (indwelling urinary catheter)."</p> <p>On 09/14/11 at 2:00PM E6 (LPN/Licensed Practical Nurse/Care Plan Coordinator) stated, "I forgot to update the care plan when the (indwelling urinary catheter) was discontinued."</p> <p>3. Physician's Order Sheets document that R9 was started on Lexapro 5mg (milligrams) on 6-6-11.</p> <p>R9's care plan, dated 6-21-11, states: "Dx (diagnosis) depression., Hx (history)of. No medication at this time.</p> <p>On 9-15-11at 10:50 AM, E12/Wound Nurse confirmed that R9's care plan did not reflect current interventions in place (Lexapro).</p> <p>4. Physician's Order Sheets for R17, dated 9-1-11 to 9-30-11, document that R17 has been prescribed risperidone 0.25mg (milligrams) twice daily since 3-19-11.</p> <p>R17's care plan, with a last revision date of 3-25-11, includes an identified problem area of</p>	F 280			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 280	Continued From page 14 "use of psychoactive medications." Documentation in that problem area states that R17 takes Ativan prn (as needed) to treat major anxiety but the use of risperidone is not included in the care plan.	F 280			
F 282 SS=D	On 9-15-11at 10:50 AM, E12/Wound Nurse confirmed that R17's care plan did not reflect current interventions in place (risperidone). 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview the facility to have licensed staff administer oxygen to one of two residents (R11) reviewed for oxygen usage in the sample of 18 and failed to follow physician orders regarding the use of a lap buddy for one of one residents (R4) reviewed for restraint use in a sample of 18. Findings include: 1. On 9/13/11 at 1:15 P.M. E8 (CNA/Certified Nurse Aide) shut off R11's portable oxygen tank and removed the nasal canula from R11's nose. E8 turned on R11's oxygen concentrator, adjusted the rate of flow, and applied the nasal canula from the concentrator to R11. On 9/14/11 at 8:45 A.M. E5 (CNA) shut off R11's	F 282		10/12/11	

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 282	Continued From page 15 portable oxygen tank, disconnected the tubing from the tank and connected the tubing to the oxygen concentrator. E4 (CNA) then turned on R11's oxygen concentrator and adjusted the rate of flow. On 9/14/11 at 8:50 A.M. E5 (CNA) stated that E5 had been trained how to administer oxygen and would ask the nurse what the rate of flow was. On 9/14/11 at 2:30 P.M. E7 (Assistant Director of Nursing) stated at no time should a Certified Nurse's Aide administer oxygen. The facility policy regarding oxygen therapy reads, "Licensed nursing staff will obtain the physicians order and administer the oxygen." 2. R4's POS (Physician Order Sheet) dated 9-12-11 states, "Lap cushion on while in the wheelchair remove Q (every) two hours for repositioning, meals, and toileting." On 9/13/11 at 8:30 AM, R4 was eating breakfast. R4 was sitting in a wheelchair with a lap cushion in place. On 9/12/11 at 6:30 AM R4 was in the dining room for breakfast in a wheelchair with a lap cushion in place. On 09/14/11 at 3:00PM E2 (Assistant Administrator) stated, "The staff knows they are to remove those (lap cushions) during meals."	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must	F 309		10/12/11	

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 16</p> <p>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 observation, interview, and record review, the facility failed to follow their policy by failing to verify physician's orders for a fluid restriction diet for one of one residents (R6) identified with a fluid restriction need on the sample of 18 and failed to follow their pain management policy for one of seven residents (R2) reviewed for pain on the sample of 18.</p> <p>Findings include:</p> <p>1. The Admission Face Sheet on 04/2011 documents R6 was admitted to the facility on 04/23/2011 with Diagnosis which include, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. The Physician's Order Sheet dated 08/01/11-08/31/11 lists under Diet Orders: 1800cc (cubic centimeters) Fluid Restriction, Cardiac. The Initial Nutritional Assessment dated 04/27/11 and signed by the Z1 (Registered Dietitian Consultant) documents under Diet: General NAS (no added salt), 1500cc fluid restriction. The Dietary Recommendations/Follow Up which is signed by the attending Physician dated 04/27/2011 states: Recommendations/Nutritional Interventions per MD Discretion: NAS with Skim milk, 1500ml (milliliters) Fluid Restriction. The current dietary</p>	F 309			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 17</p> <p>card received from E15 (Dietary Aide) on 09/15/2010 at 11:00AM states R6 as having a NAS, regular, with 1800cc Fluid restriction. The current care plan for R6 dated 07/29/2011 states under Potential for Dehydration 1800 F/R (fluid restriction).</p> <p>Observations made during the survey included: 09/12/2011 at 07:00AM R6 with approximately 1,440cc of water in his room (serving pitcher/drinking glass); 11:30AM 480cc fluids served with the noon meal; 1:30 PM The pitcher/drinking glass refilled with water and ice with approximately 1,440cc of fluids.</p> <p>The approximate total liquids served during the observations on 9/12/2011 were 3360cc. On 09/13/2011 at 08:30AM R6 was in his room with approximately 1,440cc of liquid (serving pitcher/drinking glass); 11:30AM 480cc fluids served with the noon meal; 1:30 PM The pitcher/drinking glass refilled with water and ice with approximately 1,440cc of fluids. The approximate total liquids served during these observations on 9/13/2011 were 3360cc.</p> <p>E14 (CNA/Certified Nursing Assistant) stated on 09/15/2011 at 12:55PM, "I keep the glasses and pitchers full of drinks for (R6). (R6) can have as much to drink as he wants. He's not on any restrictions."</p> <p>The Fall Investigations Worksheet dated 08/23/2011 documents R6 being sent to local hospital after a fall. R6 stayed at the hospital from 08/2311 until 08/26/2011 with a diagnosis of Subdural Hematoma/Fall and then returned to the facility. The local hospital discharge orders state</p>	F 309			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 18 diet as "Regular."</p> <p>The Admission of Resident by Licensed Nursing Staff Policy which is not dated under #14 states "Notify the primary physician to verify the copied orders".</p> <p>Upon readmission to the facility on 08/26/2011, the admitting nurse transcribed the order as "General" without consideration for R6's cardiac status/past diet restrictions.</p> <p>E13 (LPN/Licensed Practical Nurse) stated on 09/15/2011 at 01:30PM, "It just got missed (the 1800cc fluid restriction) when he was re-admitted. Someone should have caught it before now. I'll be calling the Doctor to correct that."</p> <p>E3 (Director of Nursing) on 09/15/2011 at 02:30PM confirmed that the order for fluid restriction should have been re-instated upon (R6's) readmission based on his cardiac status.</p> <p>2. Resident facesheet for R2 states that R2 was admitted to the facility on 7-27-11 with the following diagnoses: Osteoarthritis, depression, COPD (Chronic Obstructive Pulmonary Disease), Diabetes, Bipolar Disorder, GERD (Gastroenteral Reflux Disease), Chronic Back Pain. The POS (Physicians Order Sheet) for R2 dated 09/01/11 documents the following orders for pain: Percocet 7.5/750mg (milligrams) every 4-6 hours prn (as needed); Flexeril 10mg BID (twice daily); Vicodin 500/5mg two tablets TID (three times daily); Relafen 750mg Bid; and Oxycodone/Acetaminophen 5/500mg every 4 to 6 hours prn. The same POS for R2 documents the following for pain: "Assess for pain every shift 0-5</p>	F 309			

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

PRINTED: 02/22/2012
FORM APPROVED
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F 309	Continued From page 19 scale. If resident rates pain greater than '0' document on flow sheet what you did to treat pain." Facility policy titled "Pain Management" states: "Effectiveness of routine pain medication is documented in a daily/weekly summary, in the nursing notes or on a Pain Assessment Flow sheet." Controlled Drug Receipt/Record/Disposition form for R2 indicates four doses of Oxycodone-acetaminophen 5-500 was administered for the month of July 2011. Controlled Drug Receipt/Record/Disposition form for R2 indicates 62 doses of Oxycodone-acetaminophen 5-500 were administered for the month of August 2011. The MAR (Medication Administration Record) for R2 for those dates do not document a pain scale of 0-5 as ordered. R2's clinical record did not show effectiveness of pain medication summarized in the nursing notes or on a Pain Assessment Flow Sheet since the date of admission. On 9-15-11 at 12:15 PM E3 (Director of Nursing) verified that there was no summary in the chart summarizing the effectiveness of pain medication.	F 309			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 312		10/12/11	

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

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F 312	<p>Continued From page 20</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide incontinence care following facility policy for one of five residents (R11) reviewed for incontinence in the sample of 18.</p> <p>Findings include:</p> <p>Facility policy for perineal care notes that perineal care should be provided after each incontinent episode. The same policy documents to wash perineal area washing from front to back and rinse well.</p> <p>On 9/13/11 at 1:15 P.M. E8 (CNA/Certified Nurse's Aide) provided incontinence care to R11. R11 was incontinent of urine and loose stool. E8 used a wash cloth to clean between R11's legs and then used the same wash cloth to clean R11's abdomen and armpits cross contaminating those areas with urine and feces. E8 then rolled R11 onto his side and used the same wash cloth to clean R11's buttocks and back. E8 did not wash his hands or change his gloves prior to then putting a clean shirt and clean incontinent brief on R11.</p> <p>On 9/13/11 at 1:35 P.M. E8 stated that this is how he always performs incontinent care.</p> <p>On 9/14/11 at 8:45 A.M. R11 was transferred to the toilet and was incontinent of urine. R11 proceeded to have a bowel movement on the toilet. E4 (CNA) then wiped R11's buttocks with toilet paper. E4 changed R11's incontinent brief</p>	F 312			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 312	Continued From page 21 and pulled up R11's pants, but E4 did not clean R11's perineal area at all.	F 312			
F 314 SS=D	<p>On 9/14/11 at 8:55 A.M. E4 stated that she had forgotten to do perineal care and that E4 would do it in a couple hours when staff got R11 back up.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility fail to relieve pressure over bony prominence for one of two residents (R11) identified with pressure sores in the sample of 18 and failed to apply a dressing to a pressure sore as ordered by the physician for one of two residents (R5) identified with pressure sores in the sample of 18.</p> <p>Findings include:</p> <p>1. R11's Minimum Data Set dated 8/03/11 notes R11 to need extensive assistance with body positioning and transferring between surfaces. R11's Braden Scale dated 8/03/11 notes R11 to</p>	F 314		10/12/11	

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

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OMB NO. 0938-0391

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F 314	Continued From page 22 be at moderate risk for acquiring pressure sores. On 9/13/11 R11 sat in his wheelchair from 9:30 A.M. until 1:15 P.M (3 hours and 45 minutes). R11 was not repositioned during this time period. R11's last annual Minimum Data Set dated 11/03/10 notes that R11 triggers for pressure sores and that the facility would address pressure sores on R11's care plan. R11's current care plan dated 8/03/11 does not address pressure sores as an area of risk. 2. R5's current Physician's Order Sheet dated 9/11 states: "Cleanse coccyx wound with N.S. (Normal Saline), apply SSD (Silver Sulfadiazine) cream, cover with a 4 x 4 dressing and tape daily." On 9/13/11 at 10:30 A.M. R5 was in bed receiving incontinent care. R5's coccyx area did not have a dressing on it. E14 (Certified Nurse's Aide) pointed to a reddened area on the coccyx and stated that is where R5 is getting treatments done. On 9/13/11 at 1:20 P.M. E10 (Licensed Practical Nurse) stated that third shift does R5's treatment to his coccyx and that the area should have had a dressing on it.	F 314			
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.	F 323		10/12/11	

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

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FORM APPROVED
OMB NO. 0938-0391

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F 323	<p>Continued From page 23</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a body alarm in place as ordered by the physician for one of one residents (R11) using a body alarm in the sample of 18.</p> <p>Findings include:</p> <p>R11's current Physician's Order Sheet dated 9/11 states: "Body alarm for resident safety." The MDS (Minimum Data Set) for R11 dated 08/03/11 states that R11's balance is not steady during transfers and that R11 is only able to stabilize with "human assistance." The same MDS for R11 documents that R11 has had a fall since admission to the facility.</p> <p>The care plan for R11 dated 08/03/11 states that R11 has chronic cognitive deficits manifested by a decline in intellectual functioning and that R11 is at risk for falls related to poor decision making ability. The care plan states R11 is to use a body alarm and a wheelchair alarm.</p> <p>On 9/13/11 from 9:30 A.M. until 1:15 P.M. R11 was in his wheelchair and did not have a body alarm on. At 1:20 P.M. R11 was in bed, both siderails down and no body alarm on.</p> <p>On 9/14/11 at 8:45 A.M. R11 was transferred to bed. No body alarm was placed on R11. At 11:00 A.M. R11 was in bed with no body alarm on. At</p>	F 323			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2011
NAME OF PROVIDER OR SUPPLIER EAST MOLINE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 430 SOUTH 30TH AVENUE EAST MOLINE, IL 61244		
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F 323	Continued From page 24 12:00 P.M. R11 was sitting in his wheelchair in the dining room with no body alarm on. On 9/15/11 at 12:15 P.M. R11 was in his wheelchair in the dining room with no body alarm on. On 9/14/11 at 10:45 A.M. E10 (Licensed Practical Nurse) stated that she does not ever remember R11 using a body alarm.	F 323			
F 325 SS=G	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review. the facility failed to identify significant weight loss and implement interventions required by facility policies related to weight loss for two of three residents (R9 and R17) identified with weight loss in a sample of 18 residents As a result of the facility's failure, R9 continued to lose weight to the point that he lost 17.7% of his body weight in 6 months.	F 325		10/12/11	

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 325	<p>Continued From page 25</p> <p>Findings include:</p> <p>1. The POS (Physicians Order Sheet) for R9 dated 09/01/11 documents the following diagnoses: "Diabetes Mellitus, Dementia, GERD (Gastroesophageal Reflux Disease, and Iron Deficiency Anemia." "Nurses Summary" for R9 dated time period from 03/08/11 through 04/08/11 documents that average percentage of food consumed by R9 is "25%" (percent) and that R9's acceptance of diet is "poor."</p> <p>Facility's "Weight Loss Monitoring" policy, dated 8-18-09, states: "2. Residents with weight loss plus or minus 5 pounds will be re-weighed for accuracy. 3. Residents with significant weight loss (greater than 5% month, 7.5% in 3 months and 10% in 6 months) will be weighted weekly until weight is stable...5. RD (Registered Dietician) is notified of all weight losses for intervention."</p> <p>Facility's "Weight Monitoring Policy and Procedure" (undated) states: "5. Follow through with Dietary recommendations and physician's order. Weigh one week from re-weigh and again the following week....7. Percentage of each meal consumed will be done at the end of each meal by nursing staff. If a resident consumes less than 25% for three consecutive days, physician must be notified."</p> <p>Facility's "Monthly Weights" log documents that R9 had the following weights for 2011: March-158lbs (pounds), April-158 lbs, May-156 lbs, June-138 lbs July-137 lbs, August-130 lbs, and September-130 lbs. These weights indicate a 12% loss in 3 months (March to June) and a</p>	F 325			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 325	<p>Continued From page 26 17.7% loss in 6 months (March to September).</p> <p>"Initial/Quarterly/Annual Nutritional Assessment/Data Collection" for R9, dated 12-20-10, documents that R9 is 68 inches tall. But the areas for ideal body weight and usual body weight are blank.</p> <p>"Dietary Recommendations/Follow Up" for R9, dated 3-7-11, indicates that R9 had already had a 7.6% weight loss in the previous 180 days and recommends 60 ml (millimeters) of (high-calorie dietary supplement).</p> <p>Physician's orders document that the supplement was ordered with each medication pass in March 2011 and that Megace 40 mg po BID (orally, twice a day) was ordered as an appetite stimulant on 6-21-11.</p> <p>Meal intake record for R9 is blank for eight meals in the month of April 2011, 13 meals in May 2011, six meals in June 2011, 22 meals in July 2011, 35 meals in August 2011, and eight meals in the first 13 days of September 2011.</p> <p>MDS (Minimum Data Set) Assessments for R9, dated 6-21-11 and 8-7-11, are coded "0" in Section K0300, indicating "no or unknown" to whether or not R9 has had a loss of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>R9's care plan with a revision date of 6-21-11 includes no identified problem areas or interventions related to significant weight loss.</p> <p>2. Facility's "Monthly Weights" log, documents</p>	F 325			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 325	<p>Continued From page 27</p> <p>that R17 had the following weights for 2011: March-133 lbs, April-126 lbs, May-125 lbs, June-133 lbs July-140 lbs, August-144 lbs, and September-142 lbs. These weights indicate a 5.2% loss in 1 month (March to April).</p> <p>"Dietary Recommendations/Follow Up" for R17, dated 3-7-11, indicates that R17 was below his ideal body weight at that time and recommended that a double entree be given to R17 at each meal.</p> <p>Physician's Telephone Order for R17, dated 3-8-11, states "Add double entree each meal TID (3x/day)."</p> <p>Quarterly Nutritional Progress Notes for R17, dated 6-20-11, states that R17 is on a "NAS (no added salt) Regular" diet. There is no mention of double portion entrees.</p> <p>Facsimile Cover Page with logo of facility's contracted pharmacy, dated 9-13-11, states, "Due to pharmacy error we entered the order for double entree each meal tid on (R9) instead of (R17) in March 2011. Sorry for the inconvenience."</p> <p>Physicians Order Sheets for R17 do not include an order for "double entree each meal TID" until 6-1-11. R17's current Physicians Orders, dated 9-1-11 to 9-30-11, include the same order.</p> <p>On 9-14-11 at 2 PM, R17 stated that he received the double entrees for a while, but that he has not received them for "quite a while." R17 was unable to give a specific length of time.</p>	F 325			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 325	Continued From page 28 On 9-15-11 at 11:59 PM, R17 was served a single entree meal. At that time, E18/Dietary Aide confirmed that the meal served to R17 did not include a double entree, and E18 asked R17, "Are you supposed to get double entrees?" R17's care plan, with a revision date of 3-25-11, includes no identified problem areas or interventions related to significant weight loss. On 9-15-11 at 12:25 PM, E3/Assistant Administrator confirmed that no reweigh or weekly weights had ever been done on R9 or R17 and that no dietician consultation had been done on R9 since 3-7-11. On 9-15-11 at 2:05 PM, E6/ Care Plan Coordinator confirmed that neither R9's care plan nor R17's care plan includes any problems or interventions related to weight loss.	F 325			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by:	F 328		10/12/11	

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 328	Continued From page 29 Based on observation, interview, and record review, the facility failed to administer oxygen at the correct flow rate and keep oxygen tank filled for one of two residents (R11) reviewed for oxygen usage in the sample of 18. Findings include: R11's current physicians order sheet dated 9/11 notes oxygen flow rate is to be at two liters a minute. On 9/13/11 at 11:30 A.M. R11 portable oxygen was noted to be empty. R11 sat with the empty oxygen tank from 11:30 A.M. until 12:50 P.M. when the tank was filled. Oxygen flow rate at this time was noted to be three liters a minute. On 9/14/11 at 8:50 A.M. E5 (Certified Nurse's Aide) disconnected R11 from the portable oxygen tank and E4 (Certified Nurse's Aide) hooked R11 up to the oxygen concentrator. E4 then set the oxygen flow rate which was noted to be at three and a half liters a minute. On 9/14/11 at 2:30 P.M. E7 (Assistant Director of Nursing) stated at no time should a Certified Nurse's Aide administer oxygen.	F 328			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose	F 329		10/12/11	

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F 329	<p>Continued From page 30 should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to document clinical justification for the use of polypharmacy for two of eight residents (R2 and R4) receiving psychoactive medications on the sample of eighteen and failed to monitor for efficacy and adverse effects for one of eight residents (R9) receiving psychoactive medications in the sample of eighteen.</p> <p>Findings include:</p> <p>1. Physician telephone orders for R2 dated 7-27-11, states: "Seroquel 75 mg (milligrams) PO (by mouth) Q (every) HS (bedtime) PRN (as needed) if using CPAP (Continuous Pressure Airway Pressure)</p>	F 329			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 329	<p>Continued From page 31</p> <p>MAR (Medication Administration Record) for August 2011 indicates R2 received Seroquel 75 mg every night.</p> <p>POS (Physician Order Sheet) dated 8-23-11 for R2 states: "Geodon 20 mg Q six hours PRN (as needed) for agitation or anger."</p> <p>Doctor's Progress Notes dated 8-23-11 for R2 does not include documented clinical rationale for the concurrent use of two second generation antipsychotic medications.</p> <p>On 9-13-11 at 1:10 PM E3/DON (Director of Nursing) verified that there was no documented clinical rationale for the concurrent use of two antipsychotics.</p> <p>2. POS (Physician Order Sheet) dated 9-8-11 for R4 states: "Alprazolam 0.25 mg (milligram) PO (by mouth) Q (every) six hours PRN (as needed) -anxiety."</p> <p>POS dated 9-8-11 for R4 states: "Lorazepam one mg PO/IM intramuscular) Q two-six hours PRN."</p> <p>Clinical record for R4 has no documentation of clinical rationale for the concurrent use of two benzodiazepines.</p> <p>On 9/15/11 at 9:45 AM E12/Wound Nurse verified that there was no documented clinical rationale for the concurrent use of benzodiazepines.</p> <p>3. Physician's Order Sheets document that R9 was started on Lexapro 5mg (milligrams) on 6-6-11.</p>	F 329			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 329	Continued From page 32 Verbal consent for the medication was obtained on 8-1-11. Quarterly Psychoactive Medication assessment for R9 (documented on Nurse's Notes form), dated 7-29-11, states in entirety: "Res(ident) was restarted on Lexapro on 6-8-11. Res was becoming more withdrawn and wasn't eating well. Will monitor for effectiveness." There is no documentation of monitoring for adverse effects of the medications nor mention of efficacy of the medication up to that point, even though the resident had been on the medication for approximately 6 weeks. R9's care plan, dated 6-21-11, states: "Dx (diagnosis) depression., Hx (history)of. No medication at this time. On 9-15-11at 10:50 AM, E12/Wound Nurse, who is also responsible for monitoring of psychiatric medications, stated, "That's all I have as far as my assessment." E12 was referring to the Quarterly assessment referenced above. E12 also confirmed that R9's care plan did not reflect current interventions in place (Lexapro).	F 329			
F 406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a	F 406		10/12/11	

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 406	Continued From page 33 provider of specialized rehabilitative services. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide substance use/abuse management for one of eighteen residents (R2) in the sample of 18. Findings include: R2's PAS (Pre-admission screen)/MH (Mental health) Level II Notice of Determination dated 2/28/11 states the following special service should be provided: substance use/abuse management. R2's care plan and social service notes do not address substance use/abuse management. On 9/15/11 at 11:10 AM E6/MDS (Minimum Data Set) Coordinator states E6 would not be the one to address R2's substance abuse/abuse management. On 9/15/11 at 11:12 AM E17/SSD (Social Service Director) stated E17 did not know that R2 had a drug problem.	F 406			
F 441 SS=E	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.	F 441		10/12/11	

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 34</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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 transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility staff failed to change gloves during personal care for one of five residents (R11) receiving incontinent care in a sample of 18; failed to wear gloves during blood glucose</p>	F 441			

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 35</p> <p>monitoring and to disinfect the blood glucose monitor for one of one residents (R16) in a sample of 18 and two residents (R18 and R19) in the supplemental sample; and failed to perform timely tuberculosis testing on one of 18 residents (R2) in a sample of 18.</p> <p>Findings include:</p> <p>1. The MDS (Minimum Data Set) for R11 dated 08/03/11 documents that R11 is frequently incontinent. The POS (Physicians Order Sheet) documents that R11 receives oxygen at 2 liters by nasal cannula.</p> <p>On 09/14/11 at 8:45AM R11 was sitting in wheelchair in the dining room. E4 (CNA/Certified Nurse Aide) and E5 (CNA) transferred R11 to the toilet stool in R11's room. Both E4 (CNA) and E5 (CNA) had gloves on during the transfer. After transferring R11 to the stool, E4 (CNA) removed R11's incontinent brief which was wet from urine. E4 (CNA) then adjusted the nasal cannula on R11's face using the same gloved hand.</p> <p>On 09/14/11 at 9:35PM E4 (CNA) stated, "Oh, I just forgot about having gloves on. I shouldn't have touched his oxygen tubing."</p> <p>2. On 09/13/11 between 11:15AM and 11:30AM E9 (RN/Registered Nurse) performed blood glucose monitoring on R16, R18, and R19 without using gloves.</p> <p>On 09/13/11 at 12:30PM E9 (RN) stated, "That's our normal protocol for doing (blood glucose monitoring).</p>	F 441			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 441	Continued From page 36 3. On 09/13/11 between the hours of 11:15AM and 11:30AM, E9 (RN) went from R16 to R18, and then to R19 successively performing blood glucose monitoring without cleansing the blood glucose monitor between each resident. Manufacturer's guidelines for the facility blood glucose monitor page 50 documents the following: "To disinfect the meter use a 1:10 dilution of household bleach." On 09/13/11 at 12:30PM, E9 (RN) "We only clean the meter once a shift." On 09/14/11 at 2:50PM E2 (Assistant Administrator) stated, "That (blood glucose monitor) is to be cleaned after every use." 4. Facesheet for R2 states R2 was admitted to the facility on 7-27-11. On 9/13/11 at 1:30 PM E3 (DON/Director of Nursing) stated TB (tuberculosis) step one testing is done upon admission and step two is completed one week later. MAR (Medication Administration Record) for R2 documents the TB step one was completed on 8-17-11 (twenty-one days after admission). On 9-15-11 at 9:45 AM E3 (DON) verified that R2's TB step one was not completed until 8-17-11.	F 441			
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional,	F 465		10/12/11	

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

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F 465	<p>Continued From page 37 sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to remove potentially hazardous material during facility remodeling. This deficient practice has the potential to affect all 78 residents in the facility.</p> <p>Findings include:</p> <p>During environmental tour on 9/14/11 at 1:30 P.M. with E21 (Maintenance Supervisor), six half walls in the dining room were noted to have 10 to 20 metal screws in each half wall. The screws were approximately 4 inches off the ground and stuck out approximately one and a half inches. The heads of the screws were round with flat edges exposed. The brick half walls are located in an area surrounding the dining room. The exposed metal screws were facing the corridor which also surrounds the dining room where residents were seen actively walking and propelling wheelchairs.</p> <p>On 9/14/11 at 1:30 P.M. E21 confirmed that the screws were left in by the contractors doing the remodeling and that they could be potentially hazardous.</p> <p>The Department of Health and Human Services Centers For Medicare and Medicaid Services 672 Census and Condition of Residents form dated 9/14/11 completed by E6 (Minimum Data Set Coordinator) documents the facility census at 78.</p>	F 465			

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F 510 SS=D	<p>483.75(k)(2)(i) RADIOLOGY/DIAGNOSTIC SVCS ONLY WHEN ORDERED</p> <p>The facility must provide or obtain radiology and other diagnostic services only when ordered by the attending physician.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to complete two diagnostic tests as ordered by the physician for one of 18 sampled residents (R2).</p> <p>Findings include:</p> <p>R2's POS (Physician Order Sheet) dated 7-29-11 states "Refer to doctor for EMG (electromyelogram)."</p> <p>On 9-13-11 at 1:12 PM E15/Appointment Coordinator verified that R2's EMG appointment had not yet been scheduled.</p> <p>R2's POS dated 8-23-11 states "Order Geodon 20 mg Q (every) six hours PRN as needed) for agitation or anger. EKG (electrocardiogram) for OTR (heart condition)."</p> <p>On 9-13-11 at 1:10 PM E 3/DON (Director of Nursing) verified that OTR was related to heart symptoms and the EKG had not been completed.</p>	F 510		10/12/11	
F 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional</p>	F 514		10/12/11	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 514	<p>Continued From page 39</p> <p>standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to accurately complete the Uniform Do Not Resuscitate Advance Directive for one of 18 sampled residents (R2) in the sample of 18.</p> <p>Findings include:</p> <p>Facility Admission Packet received from E1 (Administrator) on 09/12/11 documents the facility will provide residents with the "Illinois Department of Public Health (IDPH) Uniform Do-Not-Resuscitate (DNR) Advance Directive" form for residents to complete. The same packet documents the following: "Pre-arrest means breathing is labored or stopped, but the heart is still beating."</p> <p>R2's Uniform Do Not Resuscitate Advance Directive, signed and dated by R2 and Z2 (R2's attending physician), has no selection indicated under the section titled "Pre-Arrest Emergency." There are no directions if CPR (Cardiopulmonary Resuscitation) should be attempted in a pre-arrest emergency situation.</p>	F 514			

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F 514	Continued From page 40	F 514			
F9999	<p>On 9-15-11 at 10:10 AM E16/Admission Coordinator stated, "I don't understand that part. I will need to get a nurse to explain it to me."</p> <p>FINAL OBSERVATIONS</p> <p>Licensure Violations 300.1210b) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met as evidenced by the following:</p> <p>Based on observation, interview, and record review. the facility failed to identify significant weight loss and implement interventions required by facility policies related to weight loss for two of three residents (R9 and R17) identified with weight loss in a sample of 18 residents As a result of the facility's failure, R9 continued to lose weight to the point that he lost 17.7% of his body weight in 6 months.</p>	F9999			

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F9999	Continued From page 41 Findings include: 1. The POS (Physicians Order Sheet) for R9 dated 09/01/11 documents the following diagnoses: "Diabetes Mellitus, Dementia, GERD (Gastroesophageal Reflux Disease, and Iron Deficiency Anemia." "Nurses Summary" for R9 dated time period from 03/08/11 through 04/08/11 documents that average percentage of food consumed by R9 is "25%" (percent) and that R9's acceptance of diet is "poor." Facility's "Weight Loss Monitoring" policy, dated 8-18-09, states: "2. Residents with weight loss plus or minus 5 pounds will be re-weighed for accuracy. 3. Residents with significant weight loss (greater than 5% month, 7.5% in 3 months and 10% in 6 months) will be weighted weekly until weight is stable...5. RD (Registered Dietician) is notified of all weight losses for intervention." Facility's "Weight Monitoring Policy and Procedure" (undated) states: "5. Follow through with Dietary recommendations and physician's order. Weigh one week from re-weigh and again the following week....7. Percentage of each meal consumed will be done at the end of each meal by nursing staff. If a resident consumes less than 25% for three consecutive days, physician must be notified." Facility's "Monthly Weights" log documents that R9 had the following weights for 2011: March-158lbs (pounds), April-158 lbs, May-156 lbs, June-138 lbs July-137 lbs, August-130 lbs, and September-130 lbs. These weights indicate	F9999			

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F9999	<p>Continued From page 42</p> <p>a 12% loss in 3 months (March to June) and a 17.7% loss in 6 months (March to September).</p> <p>"Initial/Quarterly/Annual Nutritional Assessment/Data Collection" for R9, dated 12-20-10, documents that R9 is 68 inches tall. But the areas for ideal body weight and usual body weight are blank.</p> <p>"Dietary Recommendations/Follow Up" for R9, dated 3-7-11, indicates that R9 had already had a 7.6% weight loss in the previous 180 days and recommends 60 ml (millimeters) of (high-calorie dietary supplement).</p> <p>Physician's orders document that the supplement was ordered with each medication pass in March 2011 and that Megace 40 mg po BID (orally, twice a day) was ordered as an appetite stimulant on 6-21-11.</p> <p>Meal intake record for R9 is blank for eight meals in the month of April 2011, 13 meals in May 2011, six meals in June 2011, 22 meals in July 2011, 35 meals in August 2011, and eight meals in the first 13 days of September 2011.</p> <p>MDS (Minimum Data Set) Assessments for R9, dated 6-21-11 and 8-7-11, are coded "0" in Section K0300, indicating "no or unknown" to whether or not R9 has had a loss of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>R9's care plan with a revision date of 6-21-11 includes no identified problem areas or interventions related to significant weight loss.</p>	F9999			

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F9999	<p>Continued From page 43</p> <p>2. Facility's "Monthly Weights" log, documents that R17 had the following weights for 2011: March-133 lbs, April-126 lbs, May-125 lbs, June-133 lbs July-140 lbs, August-144 lbs, and September-142 lbs. These weights indicate a 5.2% loss in 1 month (March to April).</p> <p>"Dietary Recommendations/Follow Up" for R17, dated 3-7-11, indicates that R17 was below his ideal body weight at that time and recommended that a double entree be given to R17 at each meal.</p> <p>Physician's Telephone Order for R17, dated 3-8-11, states "Add double entree each meal TID (3x/day)."</p> <p>Quarterly Nutritional Progress Notes for R17, dated 6-20-11, states that R17 is on a "NAS (no added salt) Regular" diet. There is no mention of double portion entrees.</p> <p>Facsimile Cover Page with logo of facility's contracted pharmacy, dated 9-13-11, states, "Due to pharmacy error we entered the order for double entree each meal tid on (R9) instead of (R17) in March 2011. Sorry for the inconvenience."</p> <p>Physicians Order Sheets for R17 do not include an order for "double entree each meal TID" until 6-1-11. R17's current Physicians Orders, dated 9-1-11 to 9-30-11, include the same order.</p> <p>On 9-14-11 at 2 PM, R17 stated that he received the double entrees for a while, but that he has not received them for "quite a while." R17 was unable to give a specific length of time.</p>	F9999			

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F9999	<p>Continued From page 44</p> <p>On 9-15-11 at 11:59 PM, R17 was served a single entree meal. At that time, E18/Dietary Aide confirmed that the meal served to R17 did not include a double entree, and E18 asked R17, "Are you supposed to get double entrees?"</p> <p>R17's care plan, with a revision date of 3-25-11, includes no identified problem areas or interventions related to significant weight loss.</p> <p>On 9-15-11 at 12:25 PM, E3/Assistant Administrator confirmed that no reweigh or weekly weights had ever been done on R9 or R17 and that no dietician consultation had been done on R9 since 3-7-11.</p> <p>On 9-15-11 at 2:05 PM, E6/ Care Plan Coordinator confirmed that neither R9's care plan nor R17's care plan includes any problems or interventions related to weight loss.</p> <p style="text-align: center;">B</p>	F9999			