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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDIN	IG		
		146103	B. WING _		03/08	8/2012
NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER			6	REET ADDRESS, CITY, STATE, ZIP CODE 04 OAKWOOD DRIVE STRONGHURST, IL 61480		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 520	and Condition of Reresidents (16%) red medications. Accorp.m., the facility's precommendations medications on an monthly medication facility wide tracking trends. The facility's Residereport documents tresidents (8%) have developed in the faa.m., E7 stated that individual resident track facility trends On 03/07/12 at 1:0 Nurse) stated that system or log to an patterns of infection informatio infection control collassurance committed.	ding to the Resident's Census esidents form six of 36 ceive antipsychotic ding to E7 on 03/07/12 at 1:20 harmacist consultant provides regarding psychoactive individual basis during her reviews, but there is no g of psychoactive medications ent Census and Condition hat three of the facility's 36 e pressure ulcers that have cility. On 03/08/12 at 10:50 t the facility staff evaluates pressure ulcers, but does not regarding pressure ulcers. 10 p.m., E7 (Infectionist he does not have a tracking alyze and identify trends and is. E7 stated the resident is not reviewed with an immittee or with a quality	F 520			
F9999	FINAL OBSERVAT		F9999			
	LICENSURE VIOL	ATION				
	300.610a) 300.1210d)5) 300.3240a)					
	Section 300.610 Re	esident Care Policies				

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		146103	B. WI	NG _		03/08	3/2012
NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER			· ·	6	REET ADDRESS, CITY, STATE, ZIP CODE 504 OAKWOOD DRIVE STRONGHURST, IL 61480		,,
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F9999	a) The facility shall procedures, govern the facility which sh Resident Care Polic least the administrathe medical advisor representatives of rithe facility. These pwith the Act and all These written polici operating the facility least annually by thwritten, signed and meeting. Section 300.1210 (Nursing and Persond) Pursuant to subscare shall include, a and shall be practic seven-day-a-week of the facility with the facility shall be seven-day-a-week of the facility with the facility with the facility with the facility with the facility shall be seven-day-a-week of the facility with the facility with the facility with the facility shall be seven-day-a-week of the facility with the facility shall be seven-day-a-week of the facility with the	have written policies and ing all services provided by all be formulated by a cy Committee consisting of at attor, the advisory physician or any committee and nursing and other services in colicies shall be in compliance rules promulgated thereunder. es shall be followed in any and shall be reviewed at its committee, as evidenced by dated minutes of such a section (a), general nursing at a minimum, the following at a rashes or other skin a practiced on a 24-hour, coasis: In to prevent and treat at rashes or other skin a practiced on a 24-hour, coasis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure lable. A resident having all receive treatment and the healing, prevent infection, essure sores from developing.	F99	999			

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NAME OF PROVIDER OR SUPPLIER HENDERSON COUNTY RET CENTER				(REET ADDRESS, CITY, STATE, ZIP CODE 604 OAKWOOD DRIVE STRONGHURST, IL 61480		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa the following:	ge 17	F99	999			
	interview, the facility provide incontinence residents (R4, R5) is	on, record review, and y failed to reposition and e care for two of three reviewed for pressure sores in R4 developed multiple stage i.					
	wheelchair in the m activities. R4 had a	45 a.m., R4 was sitting in her ain dining room during lap restraint in place. After the eeled to the assistive dining a.m					
	assistive dining roo Nursing Assistant) vinto the dining room served at 11:30 a.m checked for incontiin the dining room. E3 to check R4. E3 sta with a mechanical libetween 6:30 - 7:00	m while E3(CNA/Certified was bringing in other residents in to eat lunch that was being in. E3 stated that R4 was not been before bringing R4 to its stated she did not have time ated that R4 was transferred aft from bed to wheelchair in a.m. and had not been in wheelchair since that time.					
	the dining room to I transferred R4 from with a mechanical li incontinent of bowe area on the upper le	/5/12, E3 (CNA) took R4 from R4's room. E3 and E4(CNA) R4's wheelchair to R4's bed ift. R4 was found to be I and bladder. R4 had an open eft buttocks and a large purple eft buttocks with a light red					

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F9999	center. E5 (License the areas on 03/05/area on the upper, I (centimeter) x 1 cm buttocks purple are stated that the the owere new areas and new orders. A physical documents for nursithe two, new presson. Nursing notes dated has a history of prenursing notes, docucentimeter red/purpand on 01/16/12, a found on the left buttom back in Januanother one. Z1 stakeeping her clean at R4's care plan date to turn and reposition as necessary, keep body daily. This care transferred with ass mechanical lift. R4's 10/22/12 document sores, is non-ambut two staff for transfe Living.	ded Practical Nurse) measured (12 at 11:45 a.m The open left buttocks measured 1 cm x 1 cm, and the lower left a measured 4 cm x 4 cm. E5 open area and the purple area d called R4's physician for sician order dated 3/5/12 ling staff to apply a dressing to lure areas. d 01/13/12, document that R4 ssure sores. On 01/13/12 liment that R4 developed a ole area on the left buttocks, 2 centimeter open area was	F99	999			
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F9999	reposition every two area is noted then to shortened to one horecliner chairs, or wo change of postioning such as standing of 2. According to the note dated 2/1/12, If Alzheimer's Demer anxiety. The Minime documents that R5 developing pressur is incontinent of both Pressure Ulcer Pott 2/22/12 documents should be considere assessment. The physician orde R5 has an open are Silvadene and mep needed until resolve. The care plan dated has potential for po fragile skin left inne approaches are: inner buttock-telfact daily and as needed two times a week d not updated with ar pressure from R5's On 3/5/12 at 9:00Al asleep in the recline this position until lu a straight chair arou R5 was assisted be where she stayed up	ho hours, and if a reddened he turning schedule should be our. Residents in chairs, wheelchairs are to have a ag every two hours or more, rambulating. I current physician progress R5 has diagnoses of the and Depression with the bum Data Set dated 2/18/12 is at moderate risk for e sores. It documents that R5 wel and bladder at times. The cential Assessment dated that R5 scores a 10 which ed low risk according to this ar dated 3/1/12 documents that the a on the left buttock- apply flex foam every day and as	F9	999				

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F9999	R5's left and right be discoloration on both by 10cm. R5 reclinand again after lunch R5 reclined in the refrom morning till lunafternoon. On 3/7/12 at 11:00 likes to recline in the E4 stated that R5 would while. E4 stated that R5 to a different pointo the recliner after thought that R5 would she asked R5 to. On 3/7/12 at 12:30 asleep on her right	dered to R5's left buttock. uttock had dark brown th sides approximately 10cm ed in the recliner until noon th, all afternoon. On 3/7/12, ecliner in her room asleep ach and after lunch all AM, E4 (CNA) stated that R5 e recliner and sleep all day. vill go to activities once in a at no one has told her to assist sition, just to place her back er meals. E4 stated that she uld probably lie in the bed if O PM, R5 was laying in bed side. E4 stated that R5 was bed to rest to relieve the	F99	3999			