	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	G		
		145721	B. WING _		08/1	7/2012
NAME OF F	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
VILLA HI	EALTH CARE EAST			00 MARIAN PARKWAY PO BOX 109 SHERMAN, IL 62684		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 332	Continued From pa	ge 12	F 332			
F9999	FINAL OBSERVAT	IONS	F9999			
	LICENSURE VIOL	ATIONS				
	300.1210a) 300.1210b) 300.1210d)3) 300.1210d)4)A) 300.3240a)					
	Section 300.1210 C Nursing and Person	General Requirements for nal Care				
	with the participation resident's guardian applicable, must decomprehensive car includes measurab meet the resident's and psychosocial noresident's comprehallow the resident to practicable level of provide for dischargerestrictive setting by needs. The assess the active participation resident's guardian	Resident Care Plan. A facility, in of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care ment shall be developed with tion of the resident and the or representative, as in 3-202.2a of the Act)				
	and services to atta practicable physica well-being of the re each resident's con	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing				

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F9999	care and personal or resident to meet the care needs of the red) Pursuant to subscare shall include, a and shall be practice seven-day-a-week leads of the red) Objective observes resident's condition emotional changes, determining care refurther medical evamade by nursing staresident's medical red) Personal care shall seven-day-a-week leads of the limited to, the A) Each resident shattention, including hygiene, in addition physician.  Section 300.3240 A a) An owner, licensagent of a facility shresident. (A, B) (Section 1) Care and the resident of the care and th	care shall be provided to each e total nursing and personal esident.  section (a), general nursing at a minimum, the following sed on a 24-hour, basis:  rations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.  The provided on a 24-hour, basis. This shall include, but the following:  The proper daily personal skin, nails, hair, and oral to treatment ordered by the	F99	999			
	Based on interview, review, the facility fa	, observation and record ailed to adequately					

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F9999	assess/treat oral particles are sidents (R12) on This failure resulted affected R12's ability overall discomfort.  Findings include:  1. On 8/14/12 at 9 be laying in bed. He has overbed table at 10:30 am when it was a stated "I'm no good is paying any attents sores in his mouth from wanting to eat swollen and he had lower lip that strung stated he had told to anything for me."  Nurses notes dated document "res (res "sores" in mouth @needed) Lidocaine 1230, the nurses no attempted to asses "tweaking" staff nor nurses notes include evaluation of any of mouth.  Review of the Medifor August 2012 do Fentanyl patch ever	ain and coordinate services nd the facility for 1 of 2 Hospice in a sample of 18. d in ongoing oral pain which ty to eat and drink and cause  1:30am, R12 was observed to is breakfast tray was sitting on nd remained untouched until as removed from his bedside. gain noted laying in bed and l. My mouth hurts and nobody ion to me." R2 stated he has that are painful and keeps him and drink. His lower lip was I dried crusty mucous on his to his upper teeth. R12 he nurse but "no body does to this X (time) c PRN (as et PRN Norco given." At otes documents that the nurse is R12's pain but resident was see et (and) smiling. The led no assessment and/or ral lesions and/or sores in R12 cation Administration Record cuments R12 receives a ry 72 hours, Norco 7.5/500mg orders for Viscous Lidocaine	F9999			

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F9999	TID (three times da every four hours as and Tylenol 325mg rated 0-5. The MA Lidocaine on 8/3, 8/ Norco or Tylenol was between 8/1/12 and According to a dent and updated 8/2/12 for complaints of or weeks." The exam direct my attention and was averse to his mouth." The exam area approximative irregular borders, gitender." The exam area of erosive oral documents that the this area has come re-appeared in differ the last year despited. Hospice records pro 7/31/12 included accumented "Pt (panurse gave pt oral I documented "Pain Lidocaine applied dipain management." 8/14/12 includes docurrently managed prn pain medication	ily) PRN and Norco 7.5-500 needed for severe pain 6-10 2 tabs every 4 hours for pain R shows R14 receiving the 4, 8/14, 8/15/12 twice. No as documented as being given 8/15/12.  Ital assessment dated 7/18/12 all pain for a "number of documents "he wanted to to one area of his mouth only being touched in the area of am revealed R12's "left buccal eleft corner of the mouth" had rely 2cm in diameter with rayish in color, lobed, and very iner documented very likely an lichen planus. The exam hospice nurse "relates that and gone, appeared and rent parts of his mouth over evarious treatments.".  Inoted on 8/15/12 dated diditional notes that attent) c.o discomfort. NH idocaine." On 8/8/12, Z1 noted upon touching area. irectly to ulcer. Effective with Chopice Notes dated occumentation "No pain is with routine/scheduled and/or ins." There was no arding oral lesions/sores in the	F99	99			

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F9999	On 8/15/12 at 8:10 again noted on his It remained there upegone. At 10:54adrink much becaus At 11:30am, E10, Lstated she worked was familiar with his breakfast tray. She late and will get upbreakfast and lay bR12 had mouth sor had off and on for yreceives the lidocai was unable to described and a pain an "8" on a 1-10 with returned and applied with a q tip. His los swollen and his tee He jerked when she lip and moaned. He placed it again. He extending from his his gun line which halong with smaller of the inner lift lip. E1 nurse was here ever she was unable to prom Hospice service and/or pain assess	am, R12's breakfast tray as overbed table beside his bed. ntil 10:30 when it was noted to am, R12 stated he doesn't	F99	999			

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F9999	she keeps all her redoes not leave any that R12 had mouth describe what, is an although she stated Z1 stated she appli agreed that she did that the facility nurs the Norco routinely mouth pain but cou medications were groutinely. Z1 offere review and provided above. Z1 stated s acknowledged that plan provided to the no weight loss from Review of the MAR routine Norco and Non 7/19/12 and that showed R12 receiv recieved the Tylend twice between 7/19 pain assessment for pain R12 complained physician being call obtained.  The Minimum Data identifies R12 to ham emory deficits an one staff for all activexcept bathing which assist. According to mouth discomfort of the state of th	om, Z1, Hospice Nurse, stated ecords in her computer and with the facility. Z1 agreed in pain but also was unable to my lesions, he had at the time I he receives lidocaine daily. The estimate Lidocaine daily but in the document it and added es did. Z1 stated she ordered twice daily on 7/26/12 due to lidn't state whether PRN iven prior to ordering it do print out her notes to did daily notes referenced the did attend care plans but there was no Hospice care efacility. Z1 stated R12 had	F9999			

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F9999	R12 identified even routine pain medical Lidocaine routinely 8/15/12 does not rethe oral lesions R12 does document und that R12 is on Hospeasily, can often be out of the chair and for comfort cares. On comfort cares, or include monitoring no plan evident to be free and none that effort between Hospeds. This was concare Plan Coordinate current weight for A acccording to the maccording document weight for A acccording document subsequent notes a 3/13/12 and 5/24/12 On 8/16/12 at 1:30 providing document stated she doesn't facility nurse does.  On 8/17/12 at 2:30 Coordinator confirm dated 8/14/12 failed lesions and pain approvided to, and even provided to, and even patient (including expected).	though he is on multiple ations and is receiving the PRN. The care plan dated affect any pain management or 2 complained of although it der confusion and dementia pice for Failure to thrive, tires a resistive to eating and getting a is being followed by Hospice one of the interventions for pain and comfort. There is seep his mouth clean and pain is evident of a coordinated pice and the facility to meet his confirmed in interview with E13, after on 8/16/12 at 1:30pm. His august is 116 pounds nonthly weight record. The in dated 12/11/11 and by the dietary manager dated 2 fail to reflect oral pain.  Tom, Z1 stated she will be attain from here on and then apply the Lidocaine but the com, E14 the MDS/Care Plan and that the most recent MDS at to identify R12's mouth	F99	999			

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F9999	services in accorda shall be readily acc documents that the of the plan of care of requires Hospice re	nce with this agreement and essible. The contract Hospice shall furnish a copy of a Hospice patient who espite services and will es necessary to coordinate	F99	199		