

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/12/2018
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NAME OF PROVIDER OR SUPPLIER SWANSEA REHAB HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1405 NORTH SECOND STREET SWANSEA, IL 62226
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S 000	Initial Comments Complaint Investigation 1845397/IL105056 F607, F609, F677, F686, F689, F690, F697, F755, F759, F825, F842 cited. Complaint Investigation 1845490/IL 105156 F550, F558, F677, F686, F690, F697, F725, F755, F759 and 300.1230 cited. Complaint Investigation 1845565/IL105245 F550, F558, F636, F655, F656, F657, F660, F677, F690, F697, F755, F759 cited. Complaint Investigation 1845767/ IL105471 F550, F558, F656, F660, F677, F690, F725 and 300.1230 cited.	S 000		
S9999	Final Observations Licensure Violations: 300.610a 300.1210a)b)3)4)5)d6 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable</p> <p>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. Restorative measures shall include, at a minimum, the following procedures</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of function</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>: b) The DON shall supervise and oversee the nursing services of the facility, including</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>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:</p> <p>Based on observation, interview and record review, the facility failed to provide a call light that a resident can operate and maintain the call light within accessible reach for the resident for 2 of 16 residents (R2, R11) reviewed for accommodation of needs in the sample of 22. This failure resulted in R2 being fearful of injury from falling out of her wheelchair and not being able to use call light to call for help. In addition, the facility failed to provide an adequate individualized discharge care plan, failed to provide adequate effort to assist residents with sending referrals to other appropriate post-acute care options for 1 of 3 residents (R4) reviewed for discharge planning in the sample of 22. which resulted in R4 having difficulty sleeping, depressed mood, bouts of tearfulness and wanting to get out of the facility Also, the facility failed to provide effective pain management, and failed to ensure pain medication is available for 3 of 8 residents (R1, R2 and R4) reviewed for pain management in the</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>sample of 22. This resulted in R4 having difficulty sleeping, depressed mood, bouts of tearfulness and wanting to get out of the facility</p> <p>Finding include:</p> <p>1. R2's Physician Order Sheet (POS), dated August 2018, documents R2 was admitted on 7/27/2018 with diagnoses of C1-C4 (Cervical 1 - Cervical 4) post fusion and cervical myelopathy secondary to motor vehicle accident.</p> <p>R2's Minimum Data Set (MDS), dated 8/3/2018, documents R2 is totally dependant on 2 staff members for bed mobility, transfer and has a Brief Interview of Mental Status of 15 which indicates R2 is cognitively intact.</p> <p>R2's Care Plan dated 8/16/2018 documents, in part, "Resident has risk factors that require monitoring and intervention to reduce potential fro self injury.</p> <p>(G) (Goal) Resident will follow safety suggestions and limitations with supervision and verbal reminders for better control of risk factors thru the next 90 days. (A) (Approach) , dated 8/20/2018, Facility to provide a more accessible call light device designed for Quadriplegic."</p> <p>On 8/28/2018 at 9:50 AM R2 was observed laying in bed. R2's circular push pad call light had fallen off of her shoulder. R2 was unable to utilize call light to call for help.</p> <p>On 8/30/2018 at 10:45 AM, R2 was observed sitting in her wheelchair in her room. R2's call light was laying on her bed approximately 6 feet away.</p> <p>On 9/5/2018 at 1:13 PM, R2 was observed sitting</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>in her wheelchair in her room. R2's call light was laying on her bed approximately 6 feet away.</p> <p>On 8/28/2018 at 2:10 PM, V6, Social Service Director, stated, "We are looking into a puffer call light for (R2)."</p> <p>On 8/30/2018 at 10:45 AM, R2 stated once she got to the bed using her wheelchair she would not be able to use her arms or hands to turn call light on because she can't move her arms or hands.</p> <p>On 9/5/2018 at 2:25 PM, R4 was heard screaming for help. R4 stated, "I was sleeping and (R2's) yelling woke me up, so I started screaming for the Certified Nurses Aides (CNA's) to come and help her."</p> <p>On 9/6/2018 at 9:30 AM, R2 stated, "I almost ended up falling out of my chair. I didn't have my call light. I yelled "Hey" 2 times. (R4) heard me and yelled for help. I was frantic I wasn't sure if I could get their attention. The door was shut. I was scared and I was shaking. My positioning in the wheelchair was wrong and the seatbelt wasn't tight."</p> <p>On 9/6/2018 at 1:00 PM, V1, Administrator, stated, "(R2's) call light should be attached to her clothes. Staff should place the call light on her." On 9/12/2018 at 9:12AM, V1 stated, " the facility does not have a specific call light policy."</p> <p>2. R11's MDS dated 7/12/18 documents R11 requires extensive assist with activities of daily living including transfers, and toilet use.</p> <p>On 8/30/18 at 11:34 AM, R11 sat in her wheelchair in her room grimacing and moaning, saying she wanted to lie down. R11 stated she</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>has been waiting for staff since after breakfast to come and help her lie down because her lower abdomen hurts. R11 stated she could not reach for her call light. R11's call light was on the floor under her bed which was against the wall. There was no way R11 could have reached for the call light. Both of R11's hands were contracted.</p> <p>On 9/05/18 at 12:04 PM, V30, R11's Power of Attorney for Health Care/daughter, stated R11's fingers in both hands are badly contracted that she is unable to press the call light.</p> <p>R4's Face Sheet, undated, documents R4 was admitted on 8/3/18.</p> <p>R4's clinical record does not have any evidence a comprehensive care plan was established and documented to address R4's care needs including R4's desire to be discharged to another facility as soon as possible.</p> <p>R4's Physician Order Sheet dated 8/8/18 documents, "Resident maybe discharged to another facility on the same medication."</p> <p>On 8/22/18 at 8:50 AM, R4 was crying during interview. R4 stated, "I've got to get out of here." R4 stated that V6, Social Services Director told her she had been denied the referrals that V6, Social Services Director (SSD), sent to 3 facilities, but won't tell her the reason for the denial.</p> <p>On 8/28/18 at 10:00 AM, R4 stated, she and V6 talked Friday (8/24/18) and R4 stated she reiterated she wants to leave the facility. R4 stated, "I can't do this. I gotta get out of here." R4 stated the evening and night shift is awful she</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>was left on the bed pan for 39-40 minutes the previous night and she phoned her grandmother who called V1, Administrator, about it. R4 stated she was using a regular bedpan for weeks and it was painful to be on it. R4 stated she finally got the fracture bed pan Friday. R4 stated she has a whistle she blows to when staff doesn't answer the call light.</p> <p>On 8/30/18 at 3:09 PM, V6 stated he faxed 3 referrals to other facilities and followed up with the facilities by phone. V6 stated there is no exchange of emails or faxed communication. V6 stated the facilities just tell him by phone that R4 was denied acceptance.</p> <p>On 9/5/18 at 9:10 AM, R4 stated she has not talked to V6 this last week. R4 stated V6 gave her a list of nursing homes in the area. R4 stated she felt so miserable she gave up and threw away the list that V6 gave her. R4 stated V6 told her he has faxed 3 referrals and all 3 declined to accept her. R4 stated V6 never told her the reason for the decline. R4 started sobbing and stated she feels the facility is trying to keep her here. R4 stated V6 told her he only sends one referral at a time and wait for a response before sending the next one. R4 stated she has not slept well, she felt bitter and depressed, she cries every time she feels she will never get out of this place. R4 denied receiving information about the other facilities V6 sent referrals to. R4 stated V6 just gave her a list containing names and addresses of nursing homes in the neighboring area and nothing else, no information to provide her an informed choice of nursing homes. R4 stated she was aware that as many as 6 referrals can be sent out by the facility at a time.</p> <p>On 8/30/18 at 2:46 PM, V6 presented faxed</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>copies of R4's referrals he sent to 3 facilities in the neighboring towns. The dates of the referrals were 8/3/18 (marked "NO"), 8/17/18 (marked "NO") and 8/27/18. V6 stated the ones marked "No" were denied and the one dated 8/27/18 V6 is waiting for response from the facility.</p> <p>On 9/6/18 at 10:15 AM, V1, Administrator, stated when a resident wants to be transferred to another facility, he gets in touch with SSD, they are given a list of the nursing homes, ask them where they would like to go, always seek their input, initiate calls, send other information on the resident, notify resident if they are accepted or not. V1 stated the facility initially started at the next town market and expanded to other towns. V1 stated he does not know what else the facility could have done; V6 tells V1 he updates R4 as soon as he knows something. V1 stated he does not really see any issues with how the facility is handling R4's discharge planning.</p> <p>On 9/12/18 at 9:01 AM, R4 stated that V6 has not updated her with any new referrals. R4 stated she has not seen V6 came to his room to give her updates of her discharge plans.</p> <p>The facility Policy on Discharge Planning dated 11/1/17 documents, "It is the policy of this facility to assist each individual resident to make decisions in advance of discharge about the rehabilitative, psychosocial and health care goals of the resident. Whether resident or facility initiated, it is the intent of the facility to ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution, provider, home caregiver or resident themselves to ensure continuity of care and services is maintained by developing</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>and implementing a discharge plan in advance of the actual resident discharge. 1: The Social Service Director shall serve as Discharge Chairperson or Discharge Coordinator and will be responsible for providing multi-disciplinary participation in discharge." The policy further documents, "4. As soon as practical, and within 96 hours of noting/reporting by resident , resident responsible party, or facility staff that a resident has a discharge goal or has a discharge pending, the Discharge Chairperson/Coordinator will set a discharge conference date convenient to all with resident/interested parties and IDT (Interdisciplinary Team) to develop the Post Discharge Plan of Care. 5. A Post Discharge Plan of Care and a Discharge Plan of Care shall be developed for each resident anticipating discharge which should reflect input from the resident/resident responsible party and all disciplines as practical. This Plan should be initiated no later than 14 days upon resident reporting discharge goals and are to be reviewed at a minimum quarterly unless there is a change in the resident's condition or treatment is revised. Documentation of the plan shall be recorded on the Post Discharge Plan of Care. 6. A Discharge Care Plan shall be developed for each resident which should reflect input from the resident or resident representative and all disciplines as practical. This plan should be initiated no later than 14 days of admission and are to be reviewed at minimum quarterly unless there is a change in the resident's condition or treatment is revised. Documentation of the resident's discharge potential as determined by the Discharge Evaluation should be addressed in the discharge care plan."</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>1. R4's Minimum Data Set (MDS) dated 8/10/18 documents R4 has a BIMS (Brief Interview for Mental Status) score of 15 (no cognitive impairment) and is receiving pain medication as needed, receives no scheduled pain medication, has reported frequent pain with the worst pain at 8 (0 to 10 scale, with zero being no pain and 10 as the worst pain you can imagine).</p> <p>R4's Base Line Care Plan dated 8/7/18 documents, "Assess Pain."</p> <p>R4's Hospital Discharge Medication List dated 8/3/18, documents (in part), Oxycodone Immediate Release 5 milligrams (mg) Take 1 tablet by mouth every 4 hours as needed.</p> <p>R4's Admission Physician Order Sheet dated 8/3/18 documents, "Oxycodone IR (Immediate Release) 5 milligram (mg) tab. Take 1 tablet by mouth every 4 hours as needed.</p> <p>R4's Medication Administration Record (MAR) dated 8/2018 documents R4 received the first dose of Oxycodone on 8/6/18 at 9:00 AM.</p> <p>The facility could not find the Controlled Substance Record for any Oxycodone supply prior to 8/10/18.</p> <p>R4's Controlled Substance Record dated 8/10/18 documents, "Oxycodone IR (Immediate Release) 5 mg every 4 hours as needed, 30 tablets, last dose was given to R4 on 8/21/18 at 4:00 PM. The next Oxycodone IR Controlled Substance Record dated 8/22/18 for 30 tablets documents the first dose from this delivery was given to R4 on 8/22/18 at 8:00 PM. R4 did not have supply available for 28 hours.</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>On 8/24/18 at 5:15 AM, V7, Registered Nurse (RN), stated R4 ran out of Oxycodone when V7 worked Tuesday (8/21/18). V7 stated she did not know how long R4 was out of it.</p> <p>On 9/4/18 at 8:59 AM, R4 stated she was asking for Oxycodone when she was admitted but they did not have any supply for 3 days and the nurses were giving her Tylenol which did not help at all. R4 stated she could not sleep at night, couldn't move, it was painful. R4 stated she could ask for Oxycodone every 4 hours as needed while in the hospital and she knew she had the same ordered medication for pain when she got to the facility.</p> <p>On 9/5/18 at 9:10 AM, R4 stated she pushed her call light that morning at 7 to ask for pain medication and waited 30 minutes for staff to come and she had to tell whoever answered the call light to ask the nurse when she had her last dose of Oxycodone. R4 stated eventually she got a pain pill close to 8 AM. R4 stated it was horrible every night after 10 pm. The staff doesn't come down this way and she was at the end of the hall. R4 stated she had her call light on and drifted back to sleep for at least 2 1/2 hours and woke up and the call light was still on. R4 stated she used her teacher to turn it off. R4 stated she wanted a pain pill, some ice and a sleeping gown to put on because she was sleeping in her street clothes. R4 stated being diabetic she would be thirsty but had to limit her fluids to avoid having to use the bed pan at night and go through being left on it for so long or be wet for hours. R4 was crying with tears running down her face midway through the interview. R4 stated she is feeling bitter and depressed. R4 stated she only had as needed pain medication every 4 hours and since she had to wait for staff to answer her call lights, the waiting time for the oxycodone gets longer.</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>R4 stated she tries to ask for pain medication when her pain level is below 5 but by the time the pain medication is brought to her pain has increased to an 8-8.5. R4 stated she wished she could tell the doctor to give her oxycodone routinely.</p> <p>On 9/6/18 at 1:00 PM, V1 stated medications can be E-run (Emergency-run) to order before running out. The nurse needs to notify the pharmacy and should notify V14 (Physician) if needing preauthorization, if payment issues to notify V1.</p> <p>The Facility Policy on Pain Prevention and Treatment revised 12/7/2017 documents, "Policy: It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems , maximize ADL (activities of daily living) functioning and enhance quality of life. Procedure: 1. Each resident will be assessed for pain using the Pain Assessment Form including an appropriate Pain Rating Scale upon admission. The MDS Coordinator will complete the Pain Assessment Form at least quarterly and with any significant change in condition. 2. Assessment of pain will be completed with changes in the resident's condition, self-reporting of pain or evidence of behavioral cues indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. This will include, but is not limited to date, rating, treatment intervention and resident response. 3 The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain (arthritis, wounds, fractures, etc.). 4. Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>documented in the resident's care plan.</p> <p>2. R2's Physician Order Set (POS) dated, August 2018, documents R2 was admitted on 7/27/2018 with diagnoses of C1-C4 (Cervical 1 - Cervical 4) post fusion and Cervical Myelopathy secondary to motor vehicle accident. This POS also documents, in part, "Ibuprofen 600 mg (milligram) tablet. Take 1 tablet by mouth 3 times daily as needed."</p> <p>R2's Minimum Data Set (MDS), dated 7/20/2018, documents R1 has a Brief Interview of Mental Status (BIMS) of 15 which indicates R1 is cognitively intact.</p> <p>R2's Care Plan, dated 8/16/2018, documents, in part, (P) (problem) Alteration in Comfort/Pain (G) (goal) Will verbalize comfort with current pain regime x 90 days. (A) (Approach) Administer pain medication as ordered.</p> <p>On 8/24/2018 at 4:32 AM, R2 told, V28 Certified Nurse Aide (CNA), that she would like her Ibuprofen for pain. R2 stated the pain was in her legs.</p> <p>On 8/24/2018 at 6:04 AM, V28, stated, "I don't believe I did let V7, Registered Nurse (RN), know that (R2) wanted Ibuprofen."</p> <p>On 8/24/2018 at 6:40 AM, V7 stated, " I was unaware of (R2) asking for Ibuprofen."</p> <p>On 8/24/2018 at 6:45 AM, V7 administered the Ibuprofen to R2.</p> <p>3. R1's Admission Face Sheet dated 8/1/2018; documents R1 was admitted on 7/13/2018 with diagnosis of Langerhans cell Histiocytosis, Diabetes Mellitus and Pain of metastatic</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>malignancy.</p> <p>R1's Minimum Data Set (MDS), dated 7/20/2018, documents R1 has a Brief Interview of Mental Status (BIMS) of 15 which indicates R1 is cognitively intact.</p> <p>R1's POS dated 7/28/2018, documents, in part, "Hydrocodone-acetamin 5-325 mg. Take 1 tablet by mouth every four hours as needed for pain."</p> <p>R1's "Controlled Substances Proof of Use", Amount Rec. (received) 30, Date Rec 8/8/2018 documents, in part "Hydrocodone-Acetamin 5-325 mg. Take 1 tablet by mouth every four hours as needed for pain. Date 8/21/ (2018), Time 8:00 AM, QTY (quantity) 1, rem (remaining) 0."</p> <p>R1's "Controlled Substances Proof of Use" Amount Rec. no documentation noted, Date Rec. no documentation noted, documents, in part, "Hydrocodone-Acetamin 5-325 mg. Take 1 tablet by mouth every four hours as needed for pain. Date 8/22/(2018), Time 8:00 PM, QTY(quantity) 1, rem (remaining) 29."</p> <p>On 8/22/2018 at 9:11 AM, R1 stated that he is having a difficult day. R1 said he was diagnoses with brain tumor. R1 stated that he received his last pain medication Norco at 9:30 AM yesterday. R1 stated that the pain is around his head throbbing and is intense.</p> <p>On 8/23/2018 at 11:40 AM, R1 stated, "On 8/22/2018 I was out of my pain medication (Hydrocodone-Acetamin) I was out for 36 hours. I have brain tumors and lung cancer. My pain was an 8 it about did me in. I have headaches because of the brain tumors. I asked for pain</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>medication 8/22/2018 at night and the nurse told me we were out."</p> <p>On 8/22/2018 at 9:35 AM, V3, Licensed Practical Nurse (LPN), stated, "He (R1) ran out of Norco last night. It should be here today sometime. Not sure what happened."</p> <p>On 8/22/2018 at 9:35 AM, V3 stated that (R1's) medications are not in yet. V3 stated that she has to send authorization over to (V14 Physician) to get approval prior to receipt from pharmacy.</p> <p>On 9/6/2018 at 1:00 PM, V1, Administrator, stated, "Medications can be stat run from the pharmacy if the resident is out. The nurse needs to notify pharmacy of needing the medication. If the medication needs a preauthorization they should notify the doctor. If it is a payment issue pharmacy should notify me."</p> <p>On 9/6/2018 at 12:35 PM, V14, Physician, stated, "The nurses should be ordering pain medications/ medications a day before they run out. It is inexcusable to let a patient be in pain because they have run out of medication. The facility should police when the residents are running out of drugs."</p> <p>(B)</p> <p>Administrative Code Part 300 Skilled Nursing and Intermediate Care Facilities Code Section 300.1230 Direct Care Staffing. 300.1230)(1)2)3)4)5)6)</p> <p>To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used:</p>	S9999		
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S9999	<p>Continued From page 16</p> <ol style="list-style-type: none"> The facility shall determine the number of residents needing skilled or intermediate care. The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category. Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility. Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. Additional Direct Care Hours Equal to at Least 75% of the Minimum Required The remaining 75% of the minimum required direct care hours may be fulfilled by other staff identified in subsection (f) as long as it can be documented that they provide direct care and as long as nursing care is provided in accordance with the Nurse Practice Act. The amount of time determined in subsections (l)(4) and (5) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually 7.5 or 8 hours) will give the number of persons needed to staff each shift. Calculations shall not include time for scheduled breaks or scheduled in-service training. The number of residents used to calculate staff ratio shall be based on the facility's 	S9999		

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S9999	<p>Continued From page 17</p> <p>midnight census.</p> <p>This Regulation is not MET as Evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide adequate direct care staffing based on minimum state licensure requirements for day, evening and night shifts. This has the potential to affect all 58 residents in the facility.</p> <p>Findings include:</p> <p>1. An undated but signed Sheet by V1, Administrator, documents there was an average of 56 residents with 3 residents needing skilled care and 53 residents needing intermediate care based on a 2-week daily census of skilled and intermediate care needs using the facility ratio of 40% for day shift, 40% for evening shift and 20% for night shift. State licensure regulation minimum required hours and staff were calculated as follows:</p> <ul style="list-style-type: none"> - Day shift: 14.39 hours or 1.8 licensed nurse; 5.76 hours or 0.72 RN; 43.17 hours or 5.4 additional direct care staff. - Evening shift: 14.39 hours or 1.8 licensed nurse; 5.76 hours or 0.72 RN; 43.17 hours or 5.4 additional direct care staff. - Night shift: 7.2 hours or 0.9 licensed nurse; 2.88 hours or 0.36 RN; 21.59 hours or 2.7 additional direct care staff. <p>On 9/6/18 at 2:31 PM, a review of the Nursing Working Schedule and Hours Worked Report for the period from 8/12/18 through 9/2/18 was done with V1, Administrator. The following dates with less than minimum required staffing were noted:</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>8/16/18 - Night shift additional direct care staff: 7.75 hours or 0.96 (needs 1.74 staff)</p> <p>8/18/18 - Evening shift additional direct care staff: 31.75 or 3.96 (needs 1.44 staff)</p> <p>8/19/18 - Evening shift additional direct care staff: 28.5 hours or 3.56 (needs 1.84 staff)</p> <p>8/23/18 - Night shift additional direct care staff: 16.5 hours or 2.06 (needs 0.64 staff)</p> <p>9/01/18 - Evening shift additional direct care staff: 35 hours or 4.375 (needs 1.025 staff) - Night shift additional direct care staff: 16.5 hours or 2.06 (needs 0.64 staff)</p> <p>9/02/18 - Evening shift additional direct care staff: 37.06 hours or 4.6 (needs 0.76 staff) - Night shift additional direct care staff: 15.5 hours or 1.93 (needs 0.71 staff)</p> <p>On 8/24/18 at 4:10 AM, during an offhour visit, there were only 3 nursing staff: V28 and V29, both Certified Nursing Aides (CNAs) and V7, Registered Nurse working for the whole facility.</p> <p>2. R4's MDS (Minimum Data Set) dated 8/10/18 documents R4's BIMS (Brief Interview for Mental Status) score is 15 (no cognitive impairment), requires extensive assist with bed mobility, dressing, toilet use, bathing and is continent of bowel and bladder.</p> <p>On 8/22/18 at 8:50 AM, in a hoarse voice R4 stated she came to the facility end of July 2018 after being in a car accident which broke her leg, hip and pelvis, and she is nonweight bearing on both legs. R4 stated she puts on the call light and no one comes so she screams out for assistance.</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>R4 stated she can't get up to toilet so she uses the bedpan. R4 stated staff have left her on the bedpan for up to 47 minutes. R4 stated this was extremely painful due to her broken hip and pelvis.</p> <p>On 8/23/18 at 12:01 PM, R4 stated she had been trying to limit her fluids so she doesn't have to go on the bed pan at night. R4 stated she kept the bed pan under the bed. R4 stated she was given a regular bed pan to use and it was very painful. R4 stated she has told staff it was not the right bedpan for her broken hip. R4 stated she has a whistle and she uses it when staff don't answer the call light.</p> <p>On 8/28/18 at 10:00AM, R4 stated the evening and night shift is awful she was left on the bed pan for 39-40 minutes the previous night and she phoned her grandmother and V1, Administrator, about it. R4 stated there was nobody at the nurses' station to answer her call.</p> <p>3. On 8/28/18 at 9:30 AM, R7 stated he needed his adult briefs changed, he stated he is wet. R7 stated he told V25, Certified Nursing Aide (CNA) and usually the staff wait until the bed was made before changing him and the bed was stripped at this time. R7 has a very strong odor of urine. R7 remained wet until 9:50 AM when V25 took him to the shower room to change.</p> <p>4. R9's MDS dated 7/25/18 documents R9 requires limited assist with transfers, dressing, personal hygiene and toileting and has a BIMS (Brief Interview for Mental Status) score of 15 (no cognitive impairment).</p> <p>On 8/30/18 at 2:30 PM, R9 sat in her motorized wheelchair by the 100 Hall Nurses Station. R9</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>stated she has to wait 30 minutes for staff to answer the call light and it happens almost everytime in all shifts but worse on the 3rd shift mainly because there is shortage of staff. R9 stated she always use her call light to ask for help.</p> <p>5. On 9/5/18 at 1:55 PM, R20 stated the night shift staff never answer call lights because they are so short, there is only 2 aides in the whole building at night.</p> <p>6. On 9/5/18 at 2:01 PM, R3 stated staffing in the facility is short on evenings and nights. Aides are spread thinly and are running around and always in a rush and as a result not able to answer call lights.</p> <p>7. R11's MDS dated 7/12/18 documents R11 requires extensive assist with activities of daily living including transfers, and toilet use.</p> <p>On 8/30/18 at 11:34 AM, R11 sat in her wheelchair in her room grimacing and moaning, saying she wanted to lie down. R11 stated she has been waiting for staff since after breakfast to come and help her lie down because her lower abdomen hurts. R11 stated she could not reach for her call light. R11's call light was on the floor under her bed which was against the wall. There was no way R11 could have reached for the call light. Both R11's hands were contracted.</p> <p>On 8/30/18 at 12:04 PM, V30, R11's Power of Attorney for Health Care/daughter, stated she comes to the facility to feed R11 lunch, otherwise staff will rush feeding R11 to assist other residents. V30 stated she feels there is shortage of staff, and everytime she comes which is almost everyday, a different agency nurse is taking care</p>	S9999		
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S9999	<p>Continued From page 21 of R11 and does not know what is going on.</p> <p>On 9/12/18 at 10:31 AM, V1 stated the facility does not have a policy addressing staffing but follows state regulations. V1 stated he already hired 4 additional Certified Nursing Aides (CNAs) for evening and night shift so there should not be any problems with direct care staffing.</p> <p>An undated but signed Sheet by V1, Administrator, documents the midnight census on 8/22/18 was 56 residents.</p> <p>(B)</p>	S9999		
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