

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS PRESBYTERIAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 WEST LAWRENCE SPRINGFIELD, IL 62704</b>
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Z 000	COMMENTS  Annual Licensure	Z 000		
Z9999	FINDINGS  Statement of Licensure Violations  Section 300.1210 General Requirements for Nursing and Personal Care 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. (Section 3-202.2a of the Act) 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.  This standard is not met as evidenced by:  Based on record review and interview the facility	Z9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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Z9999	<p>Continued From page 1</p> <p>failed to update and implement a comprehensive Care Plan for 1 of 5 residents (R4) reviewed for care planing in the sample of 5.</p> <p>Findings include:</p> <p>R4's chart documents R4 had been a resident in the Shelter Care area of the facility. On 12/31/14 at 8:30 PM, Nurses Notes documented, R4 returned to the facility from the local Hospital Emergency Room, with diagnosis of Urinary Tract Infection (UTI) and Hip Pain. When R4 returned to the facility, she was transferred to the Intermediate Care Facility (ICF), area of the facility instead of her room in the Shelter Care area.</p> <p>On 1/1/15 at 7:30 AM, Nurses Notes documented R4, "Is unable to bear weight without assist of two." On 1/1/15 (6:00 AM to 2:30 PM), Nurses Notes documented, "Has rested in bed most of the shift. Up for breakfast and lunch with poor appetite. Appears weak, requests two assist at times to transfer." On 1/3/15 at 8:08 AM, Nurses Notes documented, "Resident found lying on floor next to wheel chair, up with 2 assist to bed." On 1/3/15 at 9:15 AM, Nurses Notes documented, "Resident found on floor with wheelchair back tipped over on her feet in middle of room, up with 2 assist into wheelchair." On 1/4/15 at 12:30 PM, Nurses Notes documented, "Slept most of AM in chair recliner. Poor appetite for breakfast. Ate a few bites of everything and 2 dishes of ice cream for lunch." On 1/4/15 at 7:00 PM, Nurses Notes documented, "Ate no supper, up in wheelchair at this time."</p> <p>On 1/27/15, no Care Plan for R4 was found in the binder section for residents in the ICF section of the facility. R4 was transferred to ICF on</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>12/31/14. R4's Care Plan was found in the Shelter Care area. R4's Care Plan was last updated on 12/19/14 by E2 Director of Nursing (DON). R4's Care Plan documented, under Mobility, Locomotion, Dexterity (Paralysis, ROM, Weightbearing), that R4 is "Independent, uses handrails at times due to unsteady gait." Under eating habits "Good". -Problem, - Potential for injury due to unsteady gait. - Approach- 1. Use handrails in hallway or cane. 2. Adequate lighting at all times. 3. Keep room free of clutter. -Problem- Ambulation. -Approach- 1. Observe for stability. 2. Monitor use of cane.</p> <p>On 1/5/15, R4's physicians order sheet documented new orders were received for R4 to have Health Shakes as needed, due to decreased appetite. Physical Therapy (PT) to see due to illness for strength. R4's Care Plan documents, Regular diet, was not updated to include Health shakes as needed. Care plan was not updated to include PT. The Care Plan was not updated with interventions for frequent falls.</p> <p>The facility's Policy for Director Of Nursing, -Main Areas of Responsibility-, dated 12/5/03, documented, B. Resident Care: #3. Planning an up-to-date resident care plan for each resident based on individual needs, physicians orders and personal care needs. Personnel, representative of other services such as activities, dietary, and such, modalities as are ordered by the physician, shall be reflected in 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.</p> <p>On 1/27/15 at 3:40 PM, E3 Licensed Practical Nurse (LPN), Assistant Director of Nursing, was asked who updates the residents care plans, E3</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>said she and the Director of Nursing (DON), update the residents care plans. E3 was also asked why R4's care plan had not been updated since resident was transferred to ICF from Shelter Care on 12/31/14. E3 said "I just have not had a chance to update her care plan."</p> <p>On 1/29/15 at 11:35 AM, E2 (DON), was asked who is in charge of updating and implementing the residents Care Plans, E2 said "I am and E3, ADON also updates and implements the Care Plans." When asked how often the Care Plans are updated E2 said, "I try to update the Shelter Care every couple of months. The ICF resident care plans every month and when something changes with a resident." When asked if she was aware R4's care plan had not been updated since 12/19/15 and R4 transferred to ICF from Shelter Care on 12/31/14, with changes to her care, E2 said, "Yes, I usually try to wait a while before I change the Care Plan and see if anything changes before I update the Care Plan. I realize it should have been updated by now."</p> <p style="text-align: center;">(B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to identify, evaluate and</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>monitor entrapment hazards for 1 of 1 (R4) residents reviewed for siderail entrapment hazards in the sample of 5, and 2 residents (R7, R8) in the supplemental sample.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The U.S. Food and Drug Administration (FDA) publication "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment - Guidance for Industry and FDA Staff" issued March 10, 2006 documents: "To reduce the risk of Head entrapment, opening in the bed system should not allow the widest part of a small head (head breadth measured across the face from ear to ear) to be trapped. The publication documents 7 potentially hazardous "Zones" in the bedrail system. The problematic Zone for this observation is "Zone 1 - Entrapment within the rail" which recommends a measurement of less than 4 and 3/4 inches because of the risk of head entrapment within this Zone.</li> <li>On 01/28/2015 at 1:00 PM, 3 residents (R4, R7 and R8) were noted to be residing in beds with "Zone 1 - Entrapment within the rail" measurement deficiencies exceeding the 4 and 3/4 inch limit.</li> </ol> <p>R4's siderail had a potential entrapment area measuring 10 inches by 10 inches. R7 and R8 had siderails having potential entrapment areas measuring 7 inches by 7 and 1/2 inches.</p> <ol style="list-style-type: none"> <li>R4's clinical record was reviewed and it contained no behavioral issues related to unsafe use of her siderail. Similarly, R7 and R8 had their records reviewed with no behavioral issues related to siderail use noted.</li> </ol>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>The Facility's incident documentation for 6 months was reviewed and no incidents had any relation to these potentially hazardous siderails.</p> <p>4. On 01/28/2015 at 4:00 PM, E1, Administrator, stated that he was not aware of the new guidelines for siderails but understood the potential unsafe nature of the measurements when the safety hazard was described to him.</p> <p style="text-align: center;">(B)</p> <p>Section 330.1110 Medical Care Policies f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition.</p> <p>Section 330.1940 Diet Orders d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.</p> <p>Section 330.1720 Content of Medical Records 3) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs. B) Significant observations or developments regarding resident responses to activity programs, social services, dietary services and work programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact. This standard is not met as evidenced by: Based on observation, interview and record review the facility failed to monitor dietary intake or notify the Physician of decreased food intake and weight loss for 1 of 2 residents (R5) reviewed</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>for weight loss in the sample of 5. Findings include: Review of the Facility's Significant Weight Change Report documents that R5 had a 10.7% weight loss over 6 months and 6.25% loss over three months. R5's weight was 112 lbs in July of 2014 and 100 lbs in January 2015. The facility Care Plan which was last updated on 12/15/14 documents that R5 has diagnoses which include Macular Degeneration and Glaucoma. It also documents R5 has poor vision even with her glasses on. The Care Plan does not document any problems with weight loss or poor appetite. Dietary Progress notes dated 10/15/14 and written by E6 the Dietary Manager documents "a weight of 105 which is 5lbs below her ideal body weight, and states, will continue to monitor." A note written by Z1, dietician consultant, and dated 12/12/14, documents "RD follow up for weight change. Weight down 10 pounds in 90 days. RD to discuss weight loss with dietary manager to write plan to boost calories with favorite food item." There is no note in the medical record documenting this communication took place. The next note dated 1/9/15 documents, " resident is having problems seeing and lifting bowls to feed herself. We started giving her a plate with food on it (instead of the usual family style meals provided here) Tried to get her to eat more, she said ok; checked on her again, did not eat anymore. Will keep encouraging her to eat more." No other interventions are documented in the medical record.</p> <p>The Illinois Presbyterian Home Medical Care Policy, which is undated, documents under, area f) "The Facility shall notify the Physician of any accident, injury, or unusual change in the residents condition."</p> <p>The Illinois Presbyterian Home Resident Record</p>	Z9999		
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Z9999	<p>Continued From page 7</p> <p>Requirements, which is also undated; documents under area k) "The residents record shall include the physicians diet order and observations of the residents response to the diet."</p> <p>On 1/26/15 at the noon meal R5 ate less than 30% of her meal, and drank only 4 oz. of water. R5 repeatedly attempted to pick up food on her fork, was unable to get her food on the utensil and put the empty fork in her mouth. On 1/27/15 at the noon meal R5 ate less than 20%. On both days her table mate, R6 stated, you have to eat you will end up in the hospital. R5 stated, " I can't see anything." R6 then offered to feed R5, which she refused, stating , " I don't want anymore" and left the table.</p> <p>On 1/27/15 at 9 AM, E5 Dietary Assistant and Cook, stated "we are making up her plates because her vision is so poor and she has trouble taking the food out of the bowls. If the residents aren't eating we tell the nurses and they keep track, I'm not sure if they write it down anywhere, we don't. The nurses call the doctor we don't do any of that." This was confirmed by E6, Dietary Manager on 1/28/15 at 2:15 PM. E6 also stated, "I did talk with (Z1), a while ago, she told me to encourage (R5) to eat more, find out what her favorite foods are and maybe try some health shakes. (E3) got the order for those today. I don't think she has any favorite foods."</p> <p>On 1/27/15, at 9:15 AM, E3 Licensed Practical Nurse/Assistant Director of Nurses, (LPN/ADON) stated, we weigh people monthly, we haven't been checking her weight any more often than that. We know she hasn't been eating. Usually the kitchen people will tell us if someone isn't eating, they keep track of what people eat, and tell the nurses. We have tried a couple of health</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>shakes to see if she liked them but I haven't gotten around to calling the doctor for an order to give them regularly. We don't track resident meal intakes except in the infirmary.</p> <p>On 1/28/15 at 9:30 AM, E3 stated, " the old dietician isn't here anymore, we had another person since her, and now we have (Z1). I don't know if (Z1) and (E6) ever talked because (E6) isn't always here and they kept missing each other. When asked if any Physician notifications or Dietary interventions were documented in the medical record, E3 stated; " We tried a couple of health shakes, and made up her plates. The doctor knows about her weight but I know it isn't written down anywhere, and if it isn't written it isn't done."</p> <p>(B)</p>	Z9999		