

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/16/2015
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NAME OF PROVIDER OR SUPPLIER WATSEKA REHAB & HLTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA, IL 60970
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(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) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)7) 300.3240a)</p> <p>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.</p> <p>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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 01/30/15
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*Attachment A
Statement of Licensure Violations*

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S9999	<p>Continued From page 1</p> <p>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>7) Coordinating the care and services provided to residents in the nursing facility.</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 requirements are not met as evidenced by:</p> <p>Based on observation, interviews and record review, the facility failed to provide adequate supervision and monitoring of cigarette smoking for one (R2) of 11 residents reviewed for smoking practices while using oxygen and failed to follow their smoking policy regarding supervising smoking for 7 of 7 residents (R 1, 2, 3, 4, 5, 10 and 11) in the sample of 11. This failure resulted in second degree facial burns from R2's use of tobacco through inhalation, while having been administered medical oxygen therapy by nasal cannula, resulting in the oxygen tubing igniting and catching fire. As a result, R2 was hospitalized with second degree burns to the face.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>The Smoking Policy which is not dated states "It is the policy of (the facility) smoking is only permitted outside the facility according to the following guidelines. There will be no smoking inside the facility by either residents on (sic) staff. Guidelines: 1. Smoking will be permitted by residents and staff in an approved outside location, 2. Residents must always be accompanied by a staff member to smoke and may not keep his/her own smoking materials. 3. Outside area must be at least 15' from any entrance. 4. Metal ashtrays shall be provided in smoking area..."</p> <p>R2's Nurse's Notes dated 01/04/2015 at 04:30 PM documents, "Resident brought to the nurses station. Res. (resident) had face charred from being outside smoking with O2 (oxygen) on her face. Hair slightly singed on/above L (left) ear. 0 (no) blisters observed at this time. Black char to upper lip, nares, L (left) side of face & temple. Cool cloth applied. Ambulance summoned. Report phoned to ...ER (emergency room) (local hospital)."</p> <p>On 01/13/2015 at 10:55 AM, E4, Licensed Practical Nurse stated "I (E4) was working that night. It was around 04:30 PM. The girls pushed her (R2) up to the desk right after it happened. She (R2) told me (E4) she (R2) was putting the cigarette out when it (fire) started. She (R2) admitted having the oxygen on. I (E4) sent her (R2) out as soon as I could."</p> <p>R2's local hospital notes dated 01/04/2015 at 1709 (05:09 PM) document "Triage Note/History: Pt (patient) to ER for facial burn. States was smoking with oxygen on and burnt rt (right) and lt (left) side of face. No difficulty breathing, pulse ox (oxygen concentration) 98% on room air."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 01/12/2015 at 10:05 AM, (during the hospitalization from injuries sustained during a fall on 01/10/2015), R2 stated, "I (R2) was coming from the dining room. It was around 04:30 PM. I (R2) was the third or fourth one out to smoke. I (R2) don't remember who pushed me (R2) out but I (R2) went out right in front of my room mate. There were no staff outside as we (residents) smoked our cigarettes. I (R2) used to light my own cigarettes and did that day as well. As I (R2) took the last drag of the cigarette and pulled it away from my face, the tubing and everything went up in a blaze. I (R2) tried to pull the oxygen tubing off my face but it took two tries to get it off. My room mate started to scream for help and then she (room mate) rubbed some snow on my skin to help cool it down.."</p> <p>On 1/12/15 at 10:05 AM, while R2 was in the local hospital, R2's facial burn wounds were pinkish-yellow in color, well approximated, with no drainage or odor.</p> <p>On 01/12/2015 at 01:30 PM, R1 stated "I (R1) was sitting right next to her (R2) when this all happened. I (R1) can't tell you who was responsible for taking her (R2) outside and leaving the oxygen on her (R2)...I don't remember who helped her (R2) out. I (R1) did tell her (R2) "You've got your your oxygen on, don't light that cigarette! She (R2) lit it anyway, then burst into flames. I (R1) don't know...maybe she (R2) didn't hear me. I (R1) screamed for help, then grabbed handfuls of snow to try to help her (R2)...try to stop the burning."</p> <p>On 01/12/2015 at 02:46 PM E5, Laundry Aide stated "I (E5) was coming down the hallway pushing (R1) out to smoke. I (E5) held the door</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>open for E6, Certified Nursing Assistant (CNA), who was pushing (E2) outside to smoke. We (E5 and E6) pushed them out and came back in together."</p> <p>Multiple attempts were made to contact E6, CNA, without success.</p> <p>The facility's investigation dated 01/05/2015 conducted for R2's burns sustained while smoking on the patio records E6's statement. This hand written/signed statement is dated 01/04/2015 at 04:30 PM and records "I (E6) had gone into (R1 & R2's) room because their call light was on. (R1) wanted to get up so she (R1) could go outside. After I (E6) got (R1) up, (R2) wanted ice in her (R2's) cup. I (E6) got her (R2) ice and gave her (R2) the cup. I (E6) then went down to (another resident's) room because the bathroom light was on. Until I (E6) had gone on my lunch break at 04:30 PM, I (E6) had not seen (R2) until she (R2) was at the nurses station."</p> <p>On 01/12/2015, E6's personnel file showed no disqualifying events or past disciplinary actions for similar infractions.</p> <p>E6's personnel file included a Notice of Termination dated 01/06/2015 at 01:30 PM. It listed under the Reasoning section: "Employee verbally gave DON (Director of Nursing) notice that she (E6) is quitting effective 01/06/2015 at 01:30 PM." It listed under the "Notes" section: "Employee is terminated 01/06/2015 at 01:30 PM."</p> <p>On 01/13/2015 at 01:05 PM, E17, Medical Director stated, "These residents have minds of their own doing things that they shouldn't. We (Staff) advise them not to smoke...but they</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>(residents) still do. Unfortunately that day, smoking with the oxygen on happened and the resident was burned. It was an isolated incident and we're not sure how it (the oxygen on the patio) got by the staff. Safe guards are in place now. She (R2) was attended to by the Wound Doctor from the emergency room and is being monitored closely."</p> <p>The wound assessment dated 01/06/2015 documents "Facial burns second degree. Color/consistency: pink/yellow Adherent. Wound edges: Attached, well defined. Exposed bone: No. Exposed Tendon: No. Exposed Muscle: No. Exudate: Serous. Amount: Moderate. Odor: absent.</p> <p>On January 11, 12 and 13, 2015 between 09:00 AM and 04:00 PM, Residents 1, 2, 3, 4, 5, 10 and 11 stated that before the incident on January 4th, they could smoke at their lesuire. All cigarettes, lighters, loose tobacco and rolling papers were kept in their rooms and when they wanted they would go out for a smoke or two. These residents all agreed that staff would not be present.</p> <p>On 01/11/2015 at 10:30 AM E1, Administrator stated "Our staff know to be outside, monitoring and keeping the residents safe during smoke break. No staff were out on the patio with them when this happened."</p> <p>(A)</p>	S9999		
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300.610a)
300.1210b)
300.1210d)6)
300.1220b)?)
300.3240a)

F 224 483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION

A facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property

1. Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice.
 - A. The facility was in-serviced on safe smoking precautions by the Director of Nursing and Administrator on 1/5/2015. (Attachment A)
 - B. The facility was in-serviced on residents not smoking with oxygen tanks on by the Director of Nursing on 1/4/2015. (Attachment B)
 - C. Smoking assessments and care plans were updated on all residents that smoke.
 - D. All smoking materials were removed from the residents and are to be kept in the nurse's station medication room and dispersed by a nurse.
 - E. Residents were educated on safe smoking precautions.
 - F. All residents' rooms were searched and smoking materials were removed.
 - G. The code to the patio door was changed.
 - H. Smoking aprons were ordered on 1/6/2015.
2. 7 of 7 residents' has the potential to be affected by the alleged deficient practice. However, due to the implementation of 1A-H the alleged deficient practice will not recur.
3. The following systematic measures have been implemented to ensure the alleged deficient practice does not recur:
 - A. Scheduled smoking times were assigned.
 - B. All smoking materials are to be kept at the nurse station.
 - C. Only a nurse or IDT member is allowed to let residents out on the patio.
 - D. IDT to conduct random rounds to ensure residents and staff are following the assigned smoking times and safe smoking practices.
 - E. Administrator or designee will educate new staff members and new residents on the assigned smoking schedule.
 - F. Administrator or designee will in-service staff on safe smoking practices monthly for six months.
 - G. Administrator or designee will conduct chart audits quarterly to ensure smoking assessments are completed for one year.
4. The following Quality Assurance programs have been implemented to ensure continued compliance:
 - A. Administrator or designee will report findings of the audits at the Quarterly Quality Assurance Meetings for two meetings or six months.

5. Completion Date: 01/17/2015

Karlie Brown 1/30/15
Karlie Brown, AIT Date

accepted

This is Plan of Correction is being submitted pursuant to the applicable Federal and State regulations. Nothing contained herein shall be construed as an admission that the Facility Violated any Federal or State regulation or failed to follow any applicable standard of care.

Attachment B
D. ...