STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006282	A. BUILDING: _____ B. WING _____	08/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

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S 000	Initial Comments Annual Licensure survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1010 h) 300.1210 d) 2) Licensure 1 of 3 Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to notify the physician of a change in condition for one of two residents (R3) reviewed for hospitalizations on the sample of nine. Findings include: R3's nurse's note dated 5/23/2018 at 2:33 PM documents, "Faxed out to MD (medical doctor) requesting U/A (urinalysis). Resident (R3) has decreased urine output and foul odor and colored	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

urine."

R3's nurse's note dated 5/23/2018 at 9:21 PM documents, "No response from MD concerning fax sent, (R3) had 200 cc (cubic centimeters) output this pm (afternoon) intake 500 cc shower given pericare (perineal care) and barrier cream applied."

R3's nurse's note dated 5/24/2018 at 1:19 PM documents, "(R3) noted to be holding (R3's) stomach."

R3's nurse's note dated 5/26/2018 at 11:45 PM documents, "Assessment of (R3) completed upon arrival of night nurse as requested by prior nurse. Noted (R3) to be pale, skin warm to touch, oral cavity dry and resident breathing by mouth. Noted urine dark tea color with foul odor. Noted B/P (blood pressure) continued to decline. MD notified and order given to send to ER (emergency room). (Ambulance service) called for transport, arrived and IV (intravenous line) started. Resident transported to (hospital)."

R3's nurse's note dated 5/27/2018 at 2:56 AM documents, "Nurse called hospital for follow report, notified R3 was admitted for acute cystitis with hematuria."

R3's medical record did not document that R3's physician was called after the physician did not respond to the fax sent by the facility on 5/23/18.

On 8/1/18 at 8:50 AM, V2 Director of Nursing confirmed that R3's medical record did not document that the physician was called on 5/23/18 or 5/24/18 after the physician did not respond to the facility fax on 5/23/18. V2 stated the facility did not notify the physician again until

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S9999	Continued From page 2	S9999		

5/26/18 when R3 was admitted to the hospital.

The facility's change in resident's condition policy dated 10/2003 documents, "1. Nursing will notify the resident's physician or nurse practitioner when: b. there is a significant change in the resident's physical, mental or emotional status that affects their overall wellbeing."

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:

2) All treatments and procedures shall be administered as ordered by the physician.

These requirements are not met as evidenced by:

Based on interview and record review the facility failed to follow a physician order for one of nine residents (R2) reviewed for physician orders on the sample of nine.

Findings include:

R2's nurse's note dated 7/22/2018 at 12:48 PM documents. "PICC (Peripherally inserted central catheter) line out. IV (Intravenous line) started in (left) hand."

R2's nurse's note dated 7/24/2018 at 10:38 PM documents, "(R2) had PICC (Peripherally inserted central catheter) placed this AM (morning) to right antecubital area. Sterile dressing intact. PICC flushed with 10 cc (cubic centimeters) of NS (normal saline) before and after antibiotic per

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S9999	Continued From page 3	S9999		

aseptic with ease. No erythema or edema noted. (R2) tolerated well. Will continue to monitor."

R2's physician orders dated 7/24/18 document an order for R2's PICC (Peripherally inserted central catheter) site to assess for phlebitis and measure arm every day. This order includes a flowsheet for documentation of the date, time, the site, assessment for phlebitis, the dressing and caps change, arm circumference, the centimeter of the catheter line, and the initials of the person doing the assessment. R2's medical record does not document that R2's PICC line site was monitored for phlebitis after 7/24/18 or that R2's arm circumference was measured. R2's medical record also did not include a flowsheet initiated for R2.

On 7/31/18 at 1:37 PM, V2 Director of Nursing confirmed that R2's PICC line site was not assessed for phlebitis after 7/24/18 and that R2's arm circumference was not measured every day per physician order. V2 confirmed the flowsheet was not initiated per physician order.

(B)

Licensure 2 of 3

300.1210d)6)

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:

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GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

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S9999	Continued From page 4	S9999		

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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to prevent an entrapment risk when using bedrails for one resident (R5) of 9 residents reviewed for safety in a sample of 9 residents.

Findings include:

The facility's policy "Side Rail Safety" dated 11/17/17 states "The facility will ensure correct use of bed rails as well as search for appropriate alternatives prior to bed rail implementation in an effort to assist the resident in obtaining/maintaining his/her highest possible physical and psychosocial well being. Facility will ensure through evaluation and care plan process that bed rail implementation (including grab bars and assist bars) is appropriate to help treat the resident's medical condition."

R5's Physician's Order Sheet (POS) for July 2018 documents the following diagnoses: Nontraumatic Intracranial Bleed, Chronic Respiratory Failure with Tracheostomy, Hemiparesis, Hemiplegia, and Dysphagia with Gastrostomy feeding.
R5's Minimum Data Set (MDS) dated 6/7/18 documents R5 with "Functional Limitation in Range of Motion" bilaterally to upper and lower extremities. R5's Care Plan last updated 7/30/18 does not include the use of side rails.

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	IL6006282	A. BUILDING: _____ B. WING _____	08/01/2018

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GENERATIONS AT MCKINLEY PLACE	2530 NORTH MONROE STREET DECATUR, IL 62526

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S9999	Continued From page 5	S9999		

On 7/31/18 at 10:00AM, R5 was in bed with the head of the bed elevated to approximately 40 degrees. Metal side rails were up for the upper half of the bed. A low air loss mattress was in place to the bed. There was a visible gap of approximately 6 inches between the right upper edge mattress and the side rail.

On 7/31/18 at 10:00AM V6, Certified Nurses Aide (CNA) stated (R5)"can barely hold on to the rail and isn't able to reposition in bed without at least 2 staff to help." V7, Certified Nurses Aide (CNA) stated (R5) "can't even hold on to the rail very well."

R5's "Side Rail Form" dated 4/17/18 documents "side rails not indicated at this time." The facility's "Side Rail Assessment " by V12, Licensed Practical Nurse (LPN) dated 7/26/18 documents "two half rails" were initiated as of this assessment. The instructions on this form state "The use of bedrails is prohibited unless they are indicated to treat a resident's medical symptoms."

On 7/31/18 at 3:23PM when asked what medical symptoms were identified for R5 indicating the use of side rails V12 stated "The family wanted (R5) to have the side rails." V12 confirmed given the width of the low air loss mattress and the gap between the mattress and the rail a risk for entrapment does exist. V12 also confirmed that R5's lack of mobility and need for tracheostomy for breathing increase this risk.

(C)

Licensure 3of 3

300.2210b)1)2)

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S9999	Continued From page 6	S9999		

300.2210 Maintenance

b) Each facility shall:

1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards.
2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.

These requirements were not met as evidence by:

Based on observation, interview, and record review, the facility failed to ensure that the Dietary Department ceiling was free of cracks, loose and sagging ceiling sections to prevent potential overhead contamination. The facility failed to ensure that the hot water sanitizing dish washing machine functioned as designed to effectively sanitize dietary department equipment. This has the potential to affect all 138 residents.

The findings include:

During observations of the Dietary Department on 7-30-18 at 9:45 A.M., a section of the ceiling between the front of the ventilation hood and the bank of fluorescent tube lighting above and in front of the steamtable was damaged. A ten foot by two foot section had loosened, sagged, and

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S9999	Continued From page 7	S9999		

pulled away. There was also a gap in the ceiling along the edge of the hood.

V4, Dietary Manager stated on 7-30-18 at 9:45 A.M. that water had damaged the ceiling. The damaged ceiling section was not contained to prevent ceiling material from falling during food preparation and serving.

On 7-30-18 at 2:00 P.M., the hot water sanitizing dishmachine was in operation. A 160 degree Fahrenheit (F) thermal label was placed on the food contact surface of a plate and placed on a rack of other plates. The rack of plates were ran through a dish washing cycle in the dishmachine. The thermal label did not react to indicate effective sanitization. If the dishmachine reached the proper sanitizing temperatures, the thermal label would turn black.

According to the placard on the dishmachine, the wash temperature is specified to register at 150 degrees F. and final rinse temperature is specified to register at 180 degrees F. According to the machine's temperature guages the dishmachine recorded 147 degrees F for the wash water temperature and the final rinse water temperature recorded 178 degrees F.

V13, dietary aide and V14 dietary aide stated on 7-30-18 at 2:05 P.M. that they did not check the recorded temperatures on the dishmachine to assure effective sanitization before or during the operation of the dishmachine.

According to the facility's "Facility Data Sheet" dated 7-31-18, 138 residents reside at the facility

(AW)