

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>145728</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/30/2008</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARYVILLE MANOR</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2133 VADALABENE DRIVE</b><br><b>MARYVILLE, IL 62062</b>             |   |
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| F 000  | INITIAL COMMENTS   | F 000   |   |   |
| F 246<br>SS=E  | <p>Complaint investigations:<br/>0841988/ IL34824 - F309, F246, F314<br/>0842037/ IL34881 - No Deficiency<br/>0842060/ IL34904 - F309, F246, F314</p> <p>Not an extended survey.</p> <p>483.15(e)(1) ACCOMMODATION OF NEEDS</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interview and record review, the Facility fails to answer resident call lights for 5 of 5 resident's interviewed on the sample.</p> <p>Findings include:</p> <p>1. During interviews with R1, on 4/29/08, at the hospital, R1 stated that she never could get anyone to answer her call light at the Facility. R1 said "I just couldn't get them to come - sometimes I would have to wait hours - especially at night". My south-end became really gaulded because I'd push the call light to go to the bathroom (at the Facility) and no one would come. I'd end up going on myself - that's why I got so irritated between my legs. I'm really raw and it hurts".<br/>R1's Facility MDS, dated 4/1/08, shows that</p> | F 246   |   |   |

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 246  | <p>Continued From page 1</p> <p>she has no short or long term memory problems; is independent in cognitive skills for daily decision making; and is totally dependent on the assistance of two people for toileting. R1's Facility plan of care does not address toileting or her reddened perianal area.</p> <p>2. During interviews with E2, on 4/29/08, it was stated that it usually takes 30-45 minutes for staff to answer a call-light on the evening and night shift of personnel. R2 said that he had experienced "a bad night" last night. R2 said that during the night, he awakened "ringing wet with sweat". R2 said that when this occurs, experience tells him that his blood sugar level is low. R2 stated that he pushed his call light and no one came for a very long time, at least on-half hour. R2 said that when the nurse finally did come, she handed him a glass of orange juice, left his room and never came back again. R2 said that no one checked on him or checked his blood sugar level. R2 said that he was very concerned about his welfare if he continues to reside at the Facility.</p> <p>R2 was originally admitted to the Facility on 3/24/08 after experiencing a fall at home. R2 has diagnoses, in part, of End Stage Renal Disease and Diabetes type II. Facility Minimum Data Set (MDS), dated 3/28/08, shows that he has no short or long term memory problems; is independent in cognitive skills for daily decision making; is non-ambulatory; and requires assistance in activities of daily living.</p> <p>3. R3 was identified by the Facility as being interviewable. R3 is physically dependent on staff for all activities of daily living. During an interview with E3 on 4/29/08, it was stated that "you have to wait a long time for them to answer</p> | F 246   |   |                      |   |

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| F 246  | Continued From page 2<br>the call light - people end up pooping and peeing in their pants". R3 said that residents wait an average of 20-30 minutes to get their call lights answered and that's too long if you need to go to the bathroom. R3 also said that sometimes staff will answer your call and say that they'll be back in a few minutes. R3 said that the problem is worst on the evening shift.<br><br>4. During an interview with R4, on 4/29/08, it was stated that resident's sometimes wait 30-45 minutes to get help - especially during the evening and night shifts of personnel.<br><br>5. During an interview with R5, an interviewable resident, it was stated that staff take a long time to come after you push your call light. R5 said that sometimes she has "accidents" in her pants because she has to wait so long. "Then, they have to clean you up. What else can you do? It makes me feel terrible - it's so embarrassing for me". | F 246   |   |                      |   |
| F 309<br>SS=D  | 483.25 QUALITY OF CARE<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the Facility failed to monitor and document blood sugar levels for one resident on the sample, R2; and failed to assess and document the reddened  | F 309   |   |                      |   |

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| F 309  | <p>Continued From page 3</p> <p>perianal area for one resident on the sample, R1.</p> <p>Findings include:</p> <p>1. During an interview with R2 on 4/29/08, R2 said that he had experienced "a bad night" last night. R2 said that during the night, he awakened "ringing wet with sweat". R2 said that when this occurs, experience tells him that his blood sugar level is low. R2 stated that he pushed his call light and no one came for a very long time, at least on-half hour. R2 said that when the nurse finally did come, she handed him a glass of orange juice, left his room and never came back again. R2 said that no one checked on him or checked his blood sugar level. R2 said that he was very concerned about his welfare if he continues to reside at the Facility.</p> <p>R2's Facility physician's order shows an order for sliding scale Novolin before meals and at bedtime. Facility "Medication Flowsheet" shows that the sign-off area for 4/29/08, 6:00 AM, is blank. The results of R2's blood sugar levels, the number of units of insulin given and the site on the body where it is given is to be recorded on this form. There is no notation in R2's clinical record concerning the episode of sweating and low blood sugar. E2, Director of Nurses, confirmed that there is nothing in R2's Facility record that shows if his blood sugar was tested and insulin given on 4/29/08 at 6:00 AM, or a notation concerning the episode of low blood sugar which he experienced during the night of 4/28-4/29/08.</p> <p>Facility plan of care, dated 3/25/08, shows a "Problem" for R2 of "Resident is at risk for unstable blood sugars due to diabetes mellitus". The "Goal" for this "Problem" is "Resident will have blood sugars within normal limits for</p> | F 309   |   |                      |   |

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| F 309  | <p>Continued From page 4</p> <p>resident". The "Approach" for this "Goal", in part, is "monitor for signs/symptoms of hypo/hyperglycemia, report to MD as necessary. Monitor blood sugar levels as ordered by MD". The Facility failed to follow R2's Facility plan of care for his blood sugar.</p> <p>R2 was originally admitted to the Facility on 3/24/08 after experiencing a fall at home. R2 has diagnoses, in part, of End Stage Renal Disease and Diabetes type II. Facility Minimum Data Set (MDS), dated 3/28/08, shows that he has no short or long term memory problems; is independent in cognitive skills for daily decision making; is non-ambulatory; and requires assistance in activities of daily living.</p> <p>2. R1 was originally admitted to the Facility from the hospital on 3/7/08, with diagnoses, in part, of Type II Diabetes, Decubitus ulcer on her left heel and hip and recent severe MRSA Pneumonia. Physician order sheet shows that R1 was admitted to the Facility with a 16 french Foley catheter. R1 also had a physician's order for "Baza Antifungal Cream", topically, twice a day as needed. The order does not state to what area of R1's body it is to be applied.</p> <p>Facility nurses notes shows that R1's catheter was removed on 4/12/08. Facility "Medicare Charting" shows that a "treatment to skin folds and reddened peri area" was done for R1. This was written again on 4/15/08, 4/16/08, 4/18/08, 4/20/08, 4/21/08, 4/22/08 and 4/23/08. This form does not state how many times a day the treatment was done, what type of treatment was done and the appearance of the area. During a review of R1's Facility clinical record, no assessment for R1's reddened perianal are is noted. This was confirmed by E2. There is no documentation regarding the size of the area, the</p> | F 309   |   |                      |   |

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| F 309  | Continued From page 5<br>color of the area (besides red) and wether it was improving or not with treatment. The twice daily sign-off blocks on R2's Facility "Treatment Flowsheet", dated 3/7-4/6/08, is completely blank in the area for "Baza Antifungal Cream". The Facility did not have a sign-off sheet for R2's Baza Cream for 4/6-4/23/08.<br>During an interview with R1 at the hospital, on 4/29/08, it was stated that "my south-end became really gaulded because I'd push the call light to go to the bathroom (at the Facility) and no one would come. I'd end up going on myself - that's why I got so irritated between my legs. I'm really raw and it hurts".<br>R1's Facility MDS, dated 4/1/08, shows that she has no short or long term memory problems; is independent in cognitive skills for daily decision making; and is totally dependent on the assistance of two people for toileting. R1's Facility plan of care does not address toileting or her reddened perianal area. | F 309   |   |                      |   |
| F 314<br>SS=D  | 483.25(c) PRESSURE SORES<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the Facility failed to adequately assess and track a pressure sore for 1 resident on the sample, R1.  | F 314   |   |                      |   |

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| F 314  | Continued From page 6<br><br>1. R1 was originally admitted to the Facility from the hospital on 3/7/08, with diagnoses, in part, of Type II Diabetes, Decubitus ulcer on her left heel and hip and recent severe MRSA Pneumonia. Facility "Weekly Infection Control Report" shows that R1 was admitted to the Facility from the hospital with a Stage 4 pressure sore to her left heel which measured 2 centimeters in diameter. There is no description concerning the appearance of the pressure sore in R1's clinical record or in any Facility tracking. R1's record review shows and E2, Director of Nursing, confirms that there is no assessment for R1's left heel pressure sore.<br><br>During an interview on 4/29/08, E2 stated that all Facility wounds are tracked on the "Weekly Infection Control Report". A review of Facility "Weekly Infection Control Report's, from 3/21/08 to 4/18/08, shows that the Facility was classifying R1's left heel pressure sore as "Unstageable" after the initial Stage 4 classification when she was admitted. These reports show that R1's left heel pressure sore measured 2 centimeters by 2 centimeters on 3/28/08; 2.1 centimeters by 1 centimeter on 3/20/08; and, 2.5 centimeters by 1.7 centimeters with 0.7 centimeter depth on 4/18/08. This report does not describe the appearance of R1's pressure sore nor, is it described anywhere else in R1's Facility clinical record.<br><br>During the same interview with E2 on 4/29/08, it could not be explained why R1's left heel pressure sore was initially classified as a Stage 4 then, classified as Unstageable. E2 stated that perhaps there was eschar on the wound and that's why it was called unstageable, however, this is not documented.<br><br>Facility "Protocol for Pressure Ulcer | F 314   |   |                      |   |

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| F 314  | Continued From page 7<br>Prevention and Treatment" states that "7. When a resident is admitted to the facility or develops a pressure ulcer in the facility, the following will occur: A. Assess the pressure ulcer for location, size (measure length, width, and depth), tunneling, drainage, color, odor and necrotic tissue". The Facility failed to follow its own policy regarding R1's pressure ulcer. | F 314   |   |                      |   |