

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

PRINTED: 05/20/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145728	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2008
NAME OF PROVIDER OR SUPPLIER MARYVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2133 VADALABENE DRIVE MARYVILLE, IL 62062		
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F 000	INITIAL COMMENTS Complaint Investigation 0842290/IL35178 - F314, F323 0842287/IL35173 - F246, F249, F250, F323 0842325/IL35219 - F246, F309, F314	F 000			
F 246 SS=E	No extended survey was conducted 483.15(e)(1) ACCOMMODATION OF NEEDS 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. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility staff failed to answer call lights timely for 1 confidential interview and 3 of 13 sampled residents (R10, R11 and R12) and the facility staff failed to provide consistent hand washing for residents before and after a meal based on a dining observation and confidential interview. Findings include: 1. During an interview with R10 on 5/14/08, it was stated that there is a continual problem with staff not answering call lights in a timely manner. R10 stated that it is worse on the evening and night shift. R10 said that she waited 45 minutes for someone to answer her call light this morning, on 5/14/08.	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	Continued From page 1 2. During an interview with R11, R12 and confidential interview, all on 5-14-08, it was stated that the staff did not answer call lights in a timely manner and provide at least one resident with hand and/or face washing after meals. 3. During observation of the noon meal, on 5-14-08, staff did not consistently offer residents hand washing after their noon meal. Residents were observed eating food items with their fingers without staff offering hand washing before the residents were removed from the dining area.	F 246			
F 249 SS=B	483.15(f)(2) ACTIVITY DIRECTOR QUALIFICATIONS The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by: Based on interview, the facility's Activity Director had not completed a training course approved by the State. Findings include:	F 249			

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F 249	Continued From page 2	F 249			
F 250 SS=D	<p>During interview with E1, Administrator, E1 stated, on 5-16-08, that the Activity Director had not completed a training course approved by the State.</p> <p>483.15(g)(1) SOCIAL SERVICES</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide psychosocial programing for 1 of 13 sampled residents (R13).</p> <p>Findings include:</p> <p>R13's Minimum Data Set (MDS), dated 5-2-08, documented that R13 was an alert and oriented resident who was admitted to the facility on 4-28-08 with diagnoses, in part, of Cancer. R13's MDS documented that R13 needed limited or extensive assistance with activities of daily living. R13's Social Assessment, dated 4-29-08, documented that R13 was an alert and sociable resident. R13 was not documented as being provided Behavioral Programming and/or Psychosocial Programming.</p> <p>During interview with R13, on 5-15-08, R13 tearfully stated someone at the facility had spoken to her every day for the first 3-4 days she was first admitted to the facility but noone had spoken to her since then other staff who provided care. R13 repeatedly stated that she wanted to</p>	F 250			

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F 250	Continued From page 3 go home and that she was all alone in her room. R13 was in an isolation room that was near the nursing station. During observations of R13's room staff were not observed entering her room other than to provide care. Staff were not observed providing activity materials or programming. R13 indicated, during the interview, that R13 would like to be offered programming.	F 250			
F 309 SS=D	483.25 QUALITY OF CARE 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Facility failed to monitor and document blood sugar levels for one resident on the sample, R3. Findings include: R3 was originally admitted to the Facility on 4/4/08, with diagnoses, in part, of Multiple Myeloma, Bilateral Humerus Fractures, End Stage Renal Disease and Diabetes Mellitus. Facility record review shows that R3 had a physicians order for Accuchecks before and after meals, and at bedtime. R3 also had physician orders for Humulin R (insulin regular) solution, 500 units per milliliter, sliding scale and Novolog (insulin aspart) solution, 100 units per milliliter, amount 5 units subcutaneous, before meals.	F 309			

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F 309	Continued From page 4 During a review of Facility Medication Flowsheets, it is noted that there are blanks on the flowsheet for the Humulin R on 4/9/08, 8:00 AM and 4/11/08, 8:00 AM. There are blanks for the Novolog on 4/7/8, 8:00 AM and 4/11/08, 11:30 AM. There is no documentation in the R3's Facility clinical record if R3's blood sugar was tested at those times and wether insulin was given. During an interview with, Director of Nurses, on 5/14/08, it was stated that blood sugar levels along with the nurses initials should be recorded on the Medication Flowsheet. E2 states that she assumes that R3 was out of the Facility at the times that there are blanks on the flowsheet. E2 confirmed that there is no documentation regarding why R3's blood sugar levels was not measured. R3 was sent to the hospital by the Facility on 4/12/08 for uncontrolled diabetes.	F 309			
F 314 SS=D	483.25(c) PRESSURE SORES 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Facility failed to provide ongoing assessment and tracking of pressure sores for 1 resident on the sample, R3.	F 314			

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F 314	Continued From page 5 Findings include: R3 was originally admitted to the Facility on 4/4/08, with diagnoses, in part, of Multiple Myeloma, Bilateral Humerus Fractures, End Stage Renal Disease and Diabetes Mellitus. R3 left the Facility on 4/12/08, to go to the hospital. R3's initial Facility Physical Assessments, dated 4/4/08, shows that R3 had the following pressure sores: Stage 3, measuring 3.0 x 1.6 centimeters to the left posterior upper thigh, with 100% granulation tissue; left posterior calf , unstageable due to 100% necrotic eschar; and, small scattered purple areas to left heel -unmeasurable. There is no description of any of the pressure areas. There is no reason given why the small scattered purples areas to the left heel are unmeasurable. R3 also had a physicians order dated 4/9/08, for "Xenaderm to buttocks and perianal area. Apply twice a day and as needed until healed". There is no further documentation in R3's clinical record regarding the appearance or size of these areas. There is no mention of R3's buttocks and perianal area in the Facility clinical record and why treatment was required. R3's name does not appear on the weekly pressure sore log the entire time he was at the Facility. During an interview with E2, on 5/14/08, it was stated that if R3 had been out of the Facility the day or time when the treatment nurse took measurements, R3 would not appear on the pressure sore log. E2 said that the treatment nurse would not assess R3 at a later time, if he was gone from the Facility for dialysis or to an appointment.	F 314			
F 323 SS=E	483.25(h) ACCIDENTS AND SUPERVISION	F 323			

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F 323	<p>Continued From page 6</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based record review, observation and interview, the facility staff failed to provide toileting and bathing supervision, care planned placement of a personal alarm, positioning device(s), consistent gait belt usage during resident transfer(s), safe assisted resident ambulation, contributing and/or causative factors after a resident's fall and an updated side rail assessment for 6 of 13 sampled residents (R1, R2, R3, R5, R6 and R11).</p> <p>Findings include:</p> <p>1. R1's Minimum Data Set (MDS), dated 1-25-08, documented that R1 was an alert resident who required limited assistance of one person physical assist with bed mobility and extensive assist of one person physical assist with transfers, impaired balance while standing and sitting and functional limitation in range of motion of arm and leg. R1's Care Plan, goal target dated 6-5-08, documented that R1 was at risk for falls with at least one goal to provide assistive device(s) as needed.</p> <p>During observation of R1, on 5-14-08, R1 was observed, in R1's bed side chair, excessively leaning to the right nearly hitting her face on a raised bed side rail. Staff were informed and a</p>	F 323			

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F 323	<p>Continued From page 7</p> <p>positioning device was provided to prevent R1 from hitting her face on the raised bed side rail.</p> <p>During a confidential interview, it was stated that R1 was observed excess leaning to the right for at least 2 or more days without supportive device for R1's excessive leaning. R1's wheel chair was observed with a supportive positioning device but R1's bed side chair was observed without a supportive postioning device.</p> <p>E2, Director of Nursing (DON), stated, on 5-15-06, that R1 had been assessed for a supportive positioning device for her leaning and that a supportive device would be used.</p> <p>2. R2's MDS, dated, 3-27-08, documented that R2's cognition was moderately impaired with short and long term memory problems, limited assist of one person physical assist with bed mobility, transfer and toileting, impaired standing balance, functional limitation in range of motion for arm and leg and staff assist with bathing R2's Care Plan, goal dated 5-1-08, documented that R2 was at risk for injury from falling with at least one care plan approach to accompany R2 at all times while in bathroom and that R2 was a one assist with showers</p> <p>On three separate documented events, incidents, R2 was left alone without staff supervision during toileting and/or showering: on 4-14-08 in the shower room, on 4-3-08 in R2's bathroom and 4-9-08 in R2's bathroom which resulted in three separate falls one which which R2 complained of right knee pain on 4-29-08.</p> <p>3. R3 was originally admitted to the Facility on 4/4/08, with diagnoses, in part, of Multiple Myeloma, Bilateral Humerus Fractures, End Stage Renal Disease and Diabetes Mellitus. Review of Facility "Safety Event" shows that R3</p>	F 323			

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F 323	<p>Continued From page 8</p> <p>fell from his low bed on 4/12/08 at 12:15 AM. was sent to the hospital on 4/12/08 for uncontrolled diabetes. The Facility investigation into R3's fall does not assess for contributing factors nor are there any corrective actions given to prevent further falls.</p> <p>E2, Director of Nurses, confirmed that the Facility did not assess for causative factors and take subsequent corrective actions based on those factors when R3 fell from his bed.</p> <p>4. R5's MDS, dated 5-1-08, documented that R5 was alert, extensive assistance of one person physical assist with bed mobility, transfer and toileting, extensive assistance of one person physical assist with room ambulation, impaired standing and sitting balance and functional, limitation in range of motion for arm, hand, leg and other. R5's Care Plan, goal target date 8-7-08, documented that R5 was at risk for injury from falling.</p> <p>During observation of R5's transfer from bed to bathroom, on 5-14-08 at 11:10am., E4, Certified Nursing Assistant (CNA), assisted R5 up from R5's bed and placed R5's walker in front of R5. R5 complained of bilateral hand pain and showed her hands both of which appeared to have numerous bruising of various stages. E4 did not use a gait belt and held on to R5's pants as R5 unsteadily ambulated to the bathroom. At times, E4 provide R5 with body support by lifting up on R5's pants causing material to tighten around R5's perineal and buttock areas.</p> <p>E4 assisted R5 on the toilet, propped the bathroom door open with R5's walker then left R5 alone on the toilet, unsupervised while E4 washed her hand, left the room and returned. R5 stood up, unassisted and grabbed her walker out of the door way and attempted ambulation. E4</p>	F 323			

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F 323	<p>Continued From page 9</p> <p>assisted R5 back on the toilet and again propped the bathroom door open with R5's walker and left R5 unattended and out of E4's vision until E4 returned later and provided R5 with ambulation assistance without the use of a assistive ambulation device.</p> <p>5. R5's event documentation for 5-14-08, documented that R5 had received a right forearm skin tear when R5 tried to let her bed rail down and caught her arm in the rail. Review of R5's record did not document that the facility had done an updated side rail assessment after R5 attempted to let down her side rail.</p> <p>E2, DON, stated, on 5-16-08 at 10:30a.m., that an updated side rail assessment had not been done and provided an updated side rail assessment dated 5-16-08.</p> <p>6. R6's MDS, dated 4-23-08, documented that R6's diagnoses were, in part, Fractured Neck of Femur, Osteoporosis and Muscle Weakness, cognition modified independent with short and long term memory problems, extensive assistance of one person physical assist with bed mobility and limited assistance of one person, physical assist with transfer and ambulation, impaired standing balance and functional limitation in range of motion for leg. R6's Care Plan, goal target date 6-19-08, documented R6 was at risk for falls with at least one care plan approach to utilize alarm while in chair. An alarm on R6's bed was not documented.</p> <p>On 5-14-08 at 11:20a.m., R6 was observed in bed with his personal alarm attached to his wheel chair and not on his bed. On 5-15-08 at 9:30a.m., R6 was observed in bed with his personal alarm attached to his bed and not his wheel chair.</p>	F 323			

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F 323	Continued From page 10 E2, DON, stated, on 5-16-08, that R6's care plan would be reviewed and updated for the correct use of R6's personal alarm. 7. During interviews with R7, R11 and confidential interview, it was stated that staff do not always use gait belts when needed to assist residents with transfers.	F 323			