STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006852	A. BUILDING: _____ B. WING _____	04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBA CARE CENTER OF COLFAX	402 SOUTH HARRISON COLFAX, IL 61728

(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
S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.670c) 300.670k)1), 300.670k)2) and 300.670k)3) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620d), to the local health authority and local emergency management agency having jurisdiction. Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local management agency having jurisdiction. The facility shall inform the local authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed. These requirements were not met as evidence by the following: Based on record review and interview, the facility failed to conduct fire drills on each shift quarterly, and failed to conduct two disaster drills on each shift annually. The facility failed to provide copies	S9999	Attachment A Statement of Licensure Violations	

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of the facility's disaster plan, emergency water plan, and the source of emergency power to the local health authority and local emergency agency. This failure has the potential to affect all 42 residents.

The findings include:

The facility's fire drill records did not have evidence that fire drills were conducted for the third shift (10 pm to 6am) for the third quarter 2014, the first shift (6am - 2pm) and second shift (2pm to 10pm) for the fourth quarter 2014, and the second shift (2pm to 10pm) and third shift (10pm - 6am) for first quarter 2015. E1, Administrator, stated on 4/28/15 at 1:10pm that she did not find fire drill documentation for the five missing shifts during the three applicable quarters.

The facility did not conduct any disaster drills in the last year. On 4/28/15 at 1:10pm, E1 confirmed that no disaster drills were held in the last year.

On 4/28/15 at 1:10pm, E1 stated that she has no knowledge or evidence that the facility's disaster plan, emergency water plan, or the emergency power plan were provided to the local health and emergency management agencies. The facility did not provide evidence that the plans had been reviewed by the local authorities.

According to the facility's 4/28/15 "Resident List Report," 42 residents reside at the facility.

(B)

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S9999	Continued From page 2 300.1010 h) Medical Care Policies 300.1210 b)3)5) General Requirements for Nursing and Personal Care 300.1220 b)2)3) Supervision of Nursing Services 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. General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. The DON shall oversee the nursing services of the facility including: Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Planning an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders,	S9999		

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and personal care and nursing needs. Personnel representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician shall be involved in the preparation of 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. The plan shall be reviewed at least every three months.

These requirements are not met as evidenced by:

Based on record review and interview, the facility failed to assess, care plan, and document wound condition of wounds for one of one residents reviewed for wound care (R4) on the sample of five. The facility also failed to notify the physician of a change in condition of the surgical wound for R4.

Finding include:
1. On 4/27/15, at 10 AM, E2 (Director of Nursing/DON) reported that R4 had an abdominal surgical wound that dehisced. According to admission records and Z1's (Physician) progress notes dated 2/26/15, R4 was admitted to the facility on 2/23/15, following hospitalization for abdominal surgery and bowel resection. The Physicians Orders Sheet (POS) dated 2/2015 includes no treatment order for the surgical wound. The care plan dated 3/5/15 does not identify the surgical wound as a care area or list any interventions or observations for the wound.

Z1's progress note from 2/26/15 states the surgical site was "healing well". The progress note by the surgeon dated 3/6/15 stated "incision ok".

The Nurses Notes dated 2/28/15 state that the

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incision "looks clean, no sign of infection". Nurses notes from 2/29/15 to 3/9/15 include no documentation regarding the surgical wound. On 3/9/15, E2 documents, ". . .no warmth to the incision site, slightly reddened, denies pain. Advised by writer that shirt and jacket may be too warm, suggested gown." No documentation indicates that the Physician was notified at this time. No documentation indicates anything regarding the wound or that the wound was assessed again on 3/10 and 3/11/15.

ZI's progress note dated 3/11/15 states "Pt. seen due to {Z2 family} concerns his abdominal incision is looking red and is warm to the touch . . . maybe had a small fever last night . . . vertical incision appears normal above umbilicus, below umbilicus is erythematous, warm, tender and firm." Z1 ordered an antibiotic at that time for infected surgical wound.

On 3/12/15 at 9:30 AM, the nurses notes state, ". . . observed lg. (large) thick purulent drainage at incision site, open area noted approximately 3.5 {centimeters long by 1.0 wide by unknown depth}. Notified {Z1} and received order to send to ER for evaluation and treat."

On 4/27/15, at 3:00 PM, E2 stated staff did not do any treatment with the wound on admission, and the nurses look at it and document only if anything is wrong. E2 confirmed that there was no documented daily assessment of the wound and nothing documented from 3/9 to 3/11/15. On 4/28/15, at 9:25 AM, E2 stated a nurse called Z1 on 3/9/15 to report the wound assessment, and Z1 said she would be in to see it on 3/11/15.

On 4/28/15, at 9:50 AM, Z1 confirmed that Z2 called Z1's office to report that R4's wound "did

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not look good." Z1 stated she did not receive a call from the facility prior to receiving a call from Z2. Z1 stated that Z1's office called E8 (Licensed Practical Nurse) and E2 whom both stated R4's wound did not look infected, slightly warm to touch, no drainage. Z1 stated that she saw R4's wound on 3/11/15, thought it looked infected and gave an order for antibiotics.

Z1 stated at that time that expectations for wound care is to follow treatment orders, assess and document assessments daily Z1 stated the facility called her on 3/12/15, to say the wound was draining and Z1 then gave the order to send R4 to the emergency room for evaluation and treatment.

The facility policy for Notification of Resident Change in Condition dated 1/9/1998, states "the licensed nurse will immediately notify the attending physician when....there is a significant change in the resident's physical, mental, or psychosocial status."

(B)

300.1230 k) Direct Care Staffing
Effective September 12, 2012, a minimum of 24% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nursing and licensed practical nurses may be used to satisfy the remaining 75% of the nursing and personal care time requirements.

This requirement is not met as evidenced by:

Based on record review and interview, the facility

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failed to have sufficient licensed and direct care staff for seven of 14 days reviewed. This has the potential to affect all 42 residents in the facility.

Findings include:

The facility provided a staffing/census spreadsheet for the dates of 4/14 - 4/27/2014, including hours for RNs (Registered Nurses), LPNs (Licensed Practical Nurses), CNAs (Certified Nurse Aides) , Social Services, Therapy and DON (Director of Nursing).

The total minimum hours of care required calculates to 112 hours, with 28 hours required by licensed nurses and 84 hours for additional direct care staff.

The spreadsheet indicates insufficient hours by licensed nurses (combined RNs and LPNs) for the following dates:
4/19/15 - 24 hours
4/25/15 - 24 hours
4/26/15 - 24 hours.

The spreadsheet indicates insufficient hours for additional direct care staff for the following dates:
4/16/15 - 82.4 hours
4/17/15 - 79.4 hours
4/18/15 - 63.4 hours
4/19/15 - 53.9 hours
4/24/15 - 78.4 hours
4/25/15 - 58.4 hours
4/26/15 - 58.4 hours.

Hours were confirmed by the Employee Schedule for April 2015 for Nurses and CNAs. On 4/26/15 at 4:30pm, E1 (Administrator) and E2 (DON) confirmed that information on the spreadsheet and schedule is accurate.

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According to the facility "Resident List Report" dated 4-27-15, 42 residents reside at the facility.
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(AW)

300.2100 Food Handling Sanitation
Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).

This requirement was met as evidenced by the following:

Based on observation, record review, and interview, the facility failed to ensure that food was stored, prepared and served in a way to prevent potential contamination. This has the potential to effect all 42 residents.

The findings include:

1. On 4-27-15 at 10:00 A.M., the hood above the range was not clean. The hood ventilation filters, electric conduits, light housings and light covers, and the fire extinguisher pipes were covered with accumulated grease, caked on dust and loose dust. Uncovered pots of beef, noodles, and zucchini were cooking on the range. E3, Dietary Manager acknowledged that the ventilation hood was not clean and free of potential overhead contamination. E3 told E4, Cook to cover the pots of food on the range.

2. On 4-27-15 at 10:00 A.M., the two table food mixers had dried food residue on armature and other food contact areas. E3 acknowledged the condition of the mixers.

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3. On 4-27-15 at 10:00 A.M., the three steam table wet wells were encrusted with a heavy accumulation of brown mineral deposits. E3 stated on 4-27-15 at 11:15 A.M. that the deposits cannot be removed and E3 will order new steam table wells.

4. On 4-27-15 at 10:00 A.M., the east upright freezer interior and exterior of the doors are separated , preventing the doors from closing completely. Ice formation was collected on the food packages and the floor of the freezer.

According to the facility's "Resident List Report" dated 4-27-15, 42 residents reside at the facility.

(B)

300.2210 b) 2)
Each facility shall 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.
This requirement is not met as evidence by following:
Based on observations and interview, the facility failed to inspect fire extinguishers on a monthly basis. This finding has the potential to affect all 42 residents.
The findings include:
On 4/27/15 at 2:20pm, during the environmental tour, seven of seven fire extinguishers' inspection tags reflected the last inspection was conducted on 2/15/2015. On 4/27/15 at 2:20pm, E5, maintenance staff, confirmed the observation and indicated he will inspect all fire extinguishers before leaving for the day.

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S9999	Continued From page 9 According to the facility's 4/28/15 "Resident List Report" 42 residents reside at the facility. (B) --- --- 300.3100 d) 1) 300.2210 b) 2) Each facility shall 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. All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These requirements are not met as evidence by following: Based on observation, interview, and record review, the facility failed to maintain a functioning alarm on all exterior doors. This finding has the potential to affect 3 residents (R6, R7, and R8). The findings include: On 4/27/15 at 2:20pm, during the environmental tour, the "West" exit door did not trigger the alarm when opened. E5, maintenance staff, attempt to set off the alarm three additional times without success. On 4/28/15 at 1:40pm, the exit door alarm remained disarmed. E2, DON, confirmed the "West" door is not monitored around the clock. On 4/28/15 at 1:15pm, E2 reported R7 and R8 have a tendency to wander. On 4/28/15 at 9:00am , E6, LPN, confirmed R6 is a "wanderer." According to the "Door Alarm" weekly	S9999		

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S9999	Continued From page 10 checklist, 12/1/14 is the last date the door alarms were tested. (B) --- 300.3130 c) 3) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times. This requirement is not met as evidence by following: Based on observation, interview, and record review, the facility failed to maintain hot water temperatures above 100 degrees Fahrenheit. This finding has the potential to affect all residents. The findings include: On 4/27/15 at 2:20pm, during the environmental tour, the "West" corridor common bath/shower room water temperature measured at 99 degrees Fahrenheit at the bath tub, shower, and sink. E5, maintenance staff, confirmed the temperature reading on the thermometer at 99 degrees Fahrenheit. On 4/28/15 at 10:15am, the "East" corridor common bath/shower room water temperature measured at 90 degrees Fahrenheit at the sink and shower. The "West" corridor common bath/shower room water temperature measured at 98 degrees Fahrenheit at the both tub and shower. E7, head housekeeper, confirmed the temperature readings of 90 and 98 degrees Fahrenheit, respectively, on the thermometer. According to the "Water Temp Checks Per Week (assorted rooms)" log, the last day water temperatures were checked was on 1/19/15. According to the facility's 4/28/15 "Resident List Report" 42 residents reside at the facility. (AW)	S9999		

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