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	IL6004030	A. BUILDING: _____ B. WING _____	05/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK COUNTY SHELTERED CARE	97 MAIN STREET, PO BOX 157 AUGUSTA, IL 62311

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S 000	Initial Comments Annual Licensure	S 000		
S9999	Final Observations Statement of Licensure Violations Section 330.785 Contacting Local Law Enforcement c) The facility shall develop and implement a policy concerning local law enforcement notification, including: 1) Ensuring the safety of residents in situations requiring local law enforcement notification; 2) Contacting local law enforcement in situations involving physical abuse of a resident by another resident; 3) Contacting police, fire, ambulance and rescue services in accordance with recommended procedure; d) Facility staff shall be trained in implementing the policy developed pursuant to subsection (c). The requirement was not met as evidenced by: Based on interview and record review, the facility failed to develop a safety plan for one of four residents (R6), reviewed for safety risk in a sample of five. This has the potential to affect all 32 residents residing in the facility. Findings Include: R6's hospital discharge dated 3-21-15 states R1 is fearfull of Z1 (R6's family member) and is actively trying to obtain an order of protection.	S9999		

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On 05/05/15 at 1:30 P.M., R6 stated R6 has been attending "multiple court dates" attempting to obtain a restraining order against Z1 (R6's family member). R6 states, "I'm very scared (Z1) will find me and that would not be good. (Z1) doesn't know where I am for now."
On 05/05/15 at 9:08 A.M., E1 (Administrator) stated E1 has accompanied R6 to court dates to obtain a restraining order against Z1. E1 stated, " 'R6' is very scared of 'Z1'." E1 stated the safety plan "just in case 'Z1' shows up "is to" lock 'R6' in the pharmacy (medication room) and call the police."
On 05/05/15 at 10:22 A.M., E6 (Social Service Designee/Business office) stated, "I have no idea what 'Z1' looks like."
On 05/05/15 at 10:30 A.M., E1 (Administrator) confirmed that E1 and R6 "were probably the only people who actually know what 'Z1' looks like."
On 05/05/15 at 10:30 A.M., when asked if there was a plan in place for staff and other residents if Z1 came to facility, E1 (Administrator) stated, "I guess not."
The resident census provided by E1 (Administrator) on 05/05/15 listed resident census as 32.

Section 330.1125 Life-Sustaining Treatments
a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit any life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:

1) Implementation of Living Wills or Powers of Attorney for Health Care in accordance with the Living Will Act (Ill. Rev. Stat. 1991, ch. 110½, pars. 701 et seq.) [755 ILCS 35] and the Powers

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S9999	Continued From page 2 of Attorney for Health Care Law (Ill. Rev. Stat. 1991, ch. 110½, pars. 804-1 et seq.) [755 ILCS 45]; c) Within 30 days of admission for new residents, and within one year of the effective date of this Section for all residents who were admitted prior to the effective date of this Section, residents, agents, or surrogates shall be given written information describing the facility's policies required by this Section and shall be given the opportunity to: 1) execute a Living Will or Power of Attorney for Health Care in accordance with State law, if they have not already done so; and/or 2) decline consent to any or all of the life-sustaining treatments available at the facility. The requirement was not met as evidenced by: Based on interview and record review, the facility failed to give information on advanced directives and a living will to one of five residents (R6) reviewed for resident rights in a sample of five. Findings Include: The current electronic chart for R6 dated 05/05/15 listed R6 as a "FULL CODE." On 05/05/15 at 1:30 P.M., R6 stated, "I want to be a DNR (Do not Rescuitate), but no one has talked to me about that or assigning a different power of attorney." R6 stated, "I'm scared that (Z1 - R6's family member) will get to make any decisions for me if I am not able and I definitely do not want that." On 05/06/15 at 9:08 A.M., E1 (Administrator) stated that E1 "Could not speak to why 'R6' had not been given any information about advanced directives." On 05/06/15 at 10:22 A.M., E6 (Social Service Designee) stated, " 'E1' (Administrator) and 'E2'	S9999		

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S9999	Continued From page 3 (Director of Nursing) usually take care of all that (advanced directives) I talk to residents if they come to me and want to discuss anything." Section 330.1160 Vaccinations a) A facility shall annually administer or arrange for a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act) b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act) c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the	S9999		

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vaccination is medically contraindicated. (Section 2-213 of the Act)
d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)

This REQUIREMENT was not met as evidenced by:

Based on record review and interview, the facility failed to offer pneumonia vaccine to two of five residents (R4 and R7) reviewed for immunization status in the sample of five and failed to offer influenza vaccine to one of one residents (R14) in the supplemental sample admitted during flu season.

Findings include:

On 5/06/15 at 11:00 a.m., R7's computerized face sheet documents R7 is 74 years old and was admitted to the facility on 6/22/98. R7's clinical record did not include information regarding R7 being offered a pneumonia vaccination.

On 5/06/15 at 11:00 am, R4's computerized face sheet documents R4 is 69 years old and was admitted to the facility on 10-13-10. R4's clinical record did not include information regarding R4 being offered a pneumonia vaccination.

On 5/06/15 at 3:30 p.m., R14's computerized face sheet documents R14 is 34 years old and was admitted to the facility on 1/23/15. R14's clinical record did not include information regarding R14 being offered an influenza vaccination.

An undated policy titled Procedure for Influenza

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and/or Pneumonia Vaccine states, "The DON (Director of Nursing) will ask each resident, Advocate, or Guardian, if the resident wants an influenza vaccine. Pneumonia vaccines are to be ordered by each residents' primary physician on an as needed basis. This will be done when vaccine becomes available each year. The DON is also responsible for ordering the vaccines, solution, and/or syringes. The DON will maintain record of all vaccines given to each resident."

On 5/06/15 at 1:00 p.m., E2 (DON - Director of Nursing) reported all immunizations are documented in the electronic record in the miscellaneous section. E2 (DON) stated, "They get influenza every year around November/December. But they don't get pneumonia vaccine or influenza offered unless their doctor orders it." E2 (DON) reported residents admitted during flu season are not offered influenza vaccine. Regarding pneumonia vaccine being offered for new admissions or resident over 65, E2 (DON) stated, "Not unless the doctor orders it."

Section 330.1530 Labeling and Storage of Medications

a) All medications shall be stored in a locked area at all times. Areas shall be well lighted and of sufficient size to permit storage without crowding. This area may be a drawer, cabinet, closet, or room. In those facilities where a licensed nurse dispenses medication to residents, medications may be stored in a locked mobile medication cart, which is made immobile when not in use by the nurse to dispense medication.

b) The key to the medicine area shall be the

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responsibility of, and in the possession of, the staff persons responsible for overseeing the self-administration of medications by residents.

c) Medications for external use shall be kept in a separate location in the medicine area or in a separate locked area.

The requirement was not met as evidenced by:
Based on observation, interview and record review, the facility failed to store all medications in a locked area at all times. This has the potential to affect all 32 residents of the facility.
Findings Include:
On 05/05/15 at 10:15 A.M., in the pharmacy (medication room), controlled pain medication and psychoative medication including Lyrica, Clozapene, Clonazepam, Vicodin, Norco, and Valium were noted to be in a white bin on the counter top.
On 05/05/15 at 10:15 A.M., E2 (Director of Nursing) stated that the medications were " PRN (as needed) medications and not usually kept in the cart with other medications, usually stored in unlocked cabinet in pharmacy (medication room). "
On 05/05/15 at 10:15 A.M., multiple psychoactive medications, including Valium, Vicodin, Vistiral, Seroquel, and Clonazepam were noted in a white bin on the floor of the pharmacy (medication room).
On 05/05/15 at 10:15 A.M., E2 (Director of Nursing) stated, "Those are overflow medications, the pharmacy fills all orders for a month at a time, so when we run out in the cart, we pull from that bin to replenish our cart."
On 05/05/15 at 10:15 A.M., E5 (housekeeping) indicated that E5 has a key to pharmacy (medication room) to "have access to clean it."
On 05/05/15 at 10:15 A.M., E2 (Director of

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Nursing) stated "Maintence, nurse aides, and laundry all have keys to the pharmacy (medication room). This is where the aides do their charting."
On 05/05/15 at 3:00 P.M., E1 (Administrator) confirmed the presence of medications in bins on counters and floor. E1 stated "housekeeping, laundry, maintenance, aides and E1 all have keys to the pharmacy (medication room)."
On 05/05/15 at 10:15 A.M., E2 (Director of Nursing) stated, "We do not count any narcotics."
The undated policy " Medication Storage in the Facility " states "C: A controlled medication accountability record is prepared by the pharmacy for all Schedule II,III,IV and V medications." The same policy states "D: at each shift change, a physical inventory of all controlled medications, including the emergency supply is conducted by two licensed nurses and is documented on the controlled medication accountability record."
The resident census provided by E1 (Administrator) on 05/05/15 listed resident census as 32.

Section 330.2000 Food Handling Sanitation
Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).

The requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure safe food storage and sanitary food preparation. This has the potential to affect all 32 resident residing at the facility.

Findings include:

On 5/05/15 at 9:45 a.m., and on 5/06/15 at 10:50

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a.m., a freezer in the dry goods storage area contained packages of vegetables on the top shelves and packages chicken on the bottom storage shelf. The bottom on the freezer was covered with 1.5 to 2 inches of accumulated ice mixed with meat drippings from the chicken. On 5/05/15 and 5/06/15, the freezer thermometer registered negative ten degrees Fahrenheit.

On 5/06/15 at 10:50 a.m., regarding the ice and frozen meat drippings in the bottom of the freezer, E3 (Dietary Manager) stated, "It does this. I have to clean it out once a week. I just haven't gotten to it. I'm suppose to be getting another freezer soon."

On 5/05/15 at 9:40 a.m., E4 (Dietary) was preparing sliced cucumbers on a work surface directly across from a window air conditioning unit. The vent cover on the air condition was sticky to touch and was covered with dust.

On 5/06/15 at 10:55 a.m., regarding the sticky build up and dust on the air conditioner vent cover, E3 (Dietary Manager) stated, "We clean that once a week because of that."

The resident census provided by E1 (Administrator) on 05/05/15 listed resident census as 32.

(B)