STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006076	A. BUILDING: _____ B. WING _____	02/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENESIS SENIOR LIVING, ALEDO	309 N W 9TH AVENUE ALEDO, IL 61231

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S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Facility non-compliance resulted in three deficient practices: A. Based on observation, record review and interview, the facility failed to investigate, monitor, and implement interventions to prevent further injuries (skin tears/skin impairments) for one of eight residents (R9) reviewed for falls in the sample of 13. This failure resulted in R9 subsequently sustaining multiple skin tears/skin impairments and cellulitis of the left lower extremity. B. Based on interview, observation and record review, the facility failed to maintain a functioning bed alarm to prevent further falls for one of eight residents (R7) reviewed for falls in the sample of	S9999		

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S9999	Continued From page 2 13. C. Based on interview, observation and record review, the facility failed to provide supervision while using a mechanical lift for one of eight residents (R4) reviewed for falls in the sample of 13. Findings Include: A. The facility's Skin Impairment policy, dated 8/20/2014, documents, "Practice/Procedure: B.) All skin tears, bruises, hematomas, lacerations, blisters, and abrasions will be assessed using the skin injury form with input from the direct care nurse responsible for that resident. Immediate interventions will be put into place.... Follow up will be documented at least weekly in the resident's record." On 2/17/16 at 9:00 a.m., R9 had two open areas to the anterior portion of the left lower leg measuring: 1 CM x 0.5 CM (Centimeters) with a small amount of bloody drainage and red tissue surrounding the area; and a 0.5 CM x 0.5 CM scabbed area with surrounding red tissue. R9 also had an open area to the posterior calf of the left leg measuring 5 CM x 3 CM, with a moderate amount of bloody drainage. Its wound bed being very red with a small amount of yellow tissue present, with a reddened surrounding area. E14 (Registered Nurse) verified the surrounding skin for all of these open areas was warm to the touch. R9's Skin Injury Report Form, dated 12/28/2015, documents that R9 sustained a bruise and blood blister to the posterior left lower extremity. The bruise around the blood blister measures 5.8 CM x 7 CM and the blister measures 5 CM x 4 CM.	S9999		

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The Skin injury report also documents it is unknown if the injury was sustained during transfer, dressing, fall, bath,mechanical lift lift or ambulation, other contributing factors, and R9 stated, "Must be that d--- wheelchair."

R9's Progress Notes, dated 12/3/2015, documents that R9 sustained a skin tear to R9's right lower extremity.

R9's Progress Notes, dated 12/14/2015, documents that R9 has a 1 CM x 1 CM skin tear on the left lower extremity, superior to the wound on the left lower extremity.

R9's Progress Notes, dated 12/21/2015, documents that R9 sustained a new open area on an old wound (not identified in the record), and steri strips were applied.

R9's Progress Notes, dated 12/28/2015, documents that R9 sustained a discoloration on the left lower extremity measuring 5.8 CM x 7 CM , with a blood blister in the center that measures 5 CM x 4 CM.

On 2/17/2016 at approximately 1:00 p.m., R9 stated, "These open areas started out as skin tears caused by hitting the back of my wheelchair pedals. I have asked repeated times for the wheelchair pedals and frame to be padded for protection. The (facility) still has not padded pedals or frame."

R9's Minimum Data Set, dated 1/21/16, documents that R9's BIMS score, (Brief Interview for Mental Status) is 15/15, indicating that R9 is not cognitively impaired.

On 2/17/16 at 1:00 p.m., there were no padded

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S9999	Continued From page 4 areas present on R9's wheelchair frame or foot pedals. R9's Care plan, dated 5/15/2015, documents, "R9 has an actual skin impairment to skin integrity related to fragile skin LLE (left lower extremity) with open areas anterior and posterior. Intervention: 1.) Follow facility protocols for treatment of open areas. 2.) Monitor/document location, size and treatment of skin wound. Report abnormalities, failure to heal, sign and symptoms of infection, maceration to MD (Doctor). R9's Physician Order Sheet, dated 2/1/2016 thru 2/29/2016, documents that on 2/12/2016 a new treatment was started to R9's left lower extremity to apply a medicated ointment to R9's open areas to R9's left lower extremity and wrap with gauze twice a day. R9 also had an order to start Keflex (antibiotic) 250 MG (Milligrams) by mouth every eight hours for seven days, for diagnosis of Cellulitis to the left lower extremity. On 2/17/2016 at 11:00 a.m., E14 (Wound Nurse) stated, "There are no interventions put into place for the bruise/blister to the posterior left lower leg. that was sustained on 12/28/2015. I do think that (R9) hit left leg on wheelchair pedals and sustained the injuries." On 2/18/2016 at 8:50 a.m., E14 verified, there is no Skin Injury reports for R9's open areas to the anterior portion of the left lower leg, and interventions were not put in place for each skin tear/ impairment. E14 also verified there is no weekly monitoring of each open area sustained to the left lower leg. On 2/18/2016 at 8:45 a.m., E2/DON (Director of	S9999		

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Nurses) stated, " I have no idea how (R9) sustained the open areas to the anterior and posterior left lower leg. There is no documentation to support that the skin tears/ skin impairments on left lower legs were investigated."

On 2/18/2016 at 10:10 a.m., Z1 (R9's Advance Practice Nurse) stated, " I examined resident (R9) on 2/12/2016 , because she came to me about her wounds on the left lower extremity. I noticed (R9) had an increase in redness and edema, so I started (R9) on an oral antibiotic and a medicated ointment to be applied to the wounds on the left lower extremity due to cellulitis...The areas could be caused by (R9) bumping (R9's) legs on (R9's) wheelchair pedals."

B. The facility's Fall Prevention policy (Revised 4/1/14) documents the following: "Interventions will be implemented to minimize the risk of resident falls...a 'blue falling star' will be placed on the doorframe alerting staff of a recent fall."

R7's fall care plan, dated 12/16/15, documents that R7 is at risk for falls and includes the following fall intervention: "Replace bed alarm if indicated."

The facility's undated fall log documents R7 fell at the facility on the following dates: 5/26/15, 12/7/15 and 2/16/16.

R7's Post Fall Assessment Form dated 12/7/15 documents that R7 was found on the floor on a safety mat in R7's room. This same form documents that R7 had a bed alarm in place, and the alarm was not sounding at the time of R7's fall.

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S9999	Continued From page 6 R7's Post Fall Assessment Form dated 2/16/16 documents that R7 had an unwitnessed fall and was found on the floor in R7's room. This same form documents that R7's bed alarm was not sounding at the time of R7's fall. On 2/17/16 at 9:00 a.m., a picture of a blue star was posted on R7's doorframe, indicating R7 had recently fallen. On 2/17/16 at 10:40 a.m., E2, Director of Nursing, stated, "(R7's) bed alarm wasn't sounding when (R7) fell on 12/7/15 and 2/16/16. E2 then stated, "They (bed alarm wires) become loose sometimes and can be very touchy." On this same date at 12:30 p.m., E2 stated that the facility does not have a policy in place regarding the use of bed alarms. E2 stated that facility staff checks residents' bed alarms weekly, but cannot provide any documentation, "We (facility staff) don't log the checks. It just seemed like another piece of paper." C. The facility's sit-to-stand mechanical lift's Operating and Product Care Instructions manual (undated) documents the following: "(Sit-to-stand mechanical lift) shall always be handled by a trained caregiver, continuously attending to the resident..." R4's Minimum Data Set dated 1/14/16 documents that R4 has severely impaired cognitive skills for daily decision making. This same form also documents that R4 is not steady, and can only stabilize with staff assistance while moving on and off the toilet. R4's Fall Risk Assessment dated 1/19/16 documents a score of "8," indicating R4 is at	S9999		

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S9999	Continued From page 7 moderate risk for falls. On 2/17/16 at 12:30 p.m., R4 was sitting on the toilet in the facility's 400 hall common bathroom and was yelling out incomprehensible sounds. A sit-to-stand mechanical lift was positioned in front of R4, and the sling apparatus remained in place around R4's waist and hooked securely to the mechanical lift bar. R4's feet remained in position on the mechanical lift stand platform. R4 was sitting alone with no facility staff present. On 2/17/16 at 12:33 p.m., E12 verified that R4 was sitting alone secured in a sit-to-stand mechanical lift in the facility's 400 hall common bathroom. On 2/18/16 at 9:40 a.m., E10, Certified Nursing Assistant, was standing in the facility's north nurse's station and stated, "(R4) is on the toilet and (R4) is going to be transferred in just a minute when (R4) is finished." Approximately two minutes later, E10 and E6, Licensed Practical Nurse, approached the facility's 400 hall common bathroom, and pulled back the privacy curtain. R4 was sitting alone on the toilet with a sit-to-stand mechanical lift positioned in front of R4, and the sling apparatus remained in place around R4's waist and hooked securely to the mechanical lift bar. R4's feet remained in position on the mechanical lift stand platform. On 2/17/16 at 12:30 p.m., E2, Director of Nursing, stated the facility does not have a policy in place regarding the use of mechanical lifts. E2 then stated that two staff members must be present when a resident is being transferred with a sit-to-stand mechanical lift. E2 also stated if a resident is transferred onto a commode with a sit-to-stand mechanical lift and remains secured	S9999		

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S9999	Continued From page 8 in mechanical lift while sitting on the commode, then one staff member should remain with the resident to supervise while the resident uses the restroom. (B) Section 300.1230 Direct Care Staffing k) Effective September 12, 2012, a minimum of 25% 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 nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) This Regulation is not met as evidenced by: Based on record review and interview the facility failed to have the minimum direct care staffing ratio of Registered Nurses for two sampled dates. This has the potential to affect all 52 residents who reside in the facility. Findings include: The facility's Nursing Care Assignments policy, dated 8/1/15, documents, "Intermediate care: Each resident shall be provided at least 2.5 hours per patient day of nursing/personal care, of which	S9999		

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at least 25% must be licensed nurse time, and at least 10% of nursing and personal care time provided by Registered nurses (RN)."

The facility's Detailed Census Report, dated 2/16/16, documents that the facility had an average census of 52 intermediate care residents during the time period of 2/3/16 to 2/16/16. According to the Detailed Census Report, the facility's minimum direct care staff hours is 130 hours, and the minimum number of RN hours is 10% of the direct care staff hours or 13 hours.

The facility's Nurses Schedule, dated 2/2016, documents that on 2/7/16 no RN was scheduled to work, and on 2/13/16 E15 (RN) worked for four hours.

On 2/16/15 at 11:45 a.m., E4 (Scheduler) stated, "On 2/7/16, there was no RN coverage in the building...On 2/13/16, (E15) was four hours of RN coverage. We did not have any other RN coverage...I don't know how many RN hours are needed in the day."

On 2/17/16 at 2:05 p.m., E1 (Administrator) stated, "I am aware that we are under the required RN hours."

The Center for Medicare and Medicaid Services form 672- Resident Census and Condition of Residents form dated 2/16/16 and signed by E2, Director of Nursing, indicates that 52 residents currently reside in the facility.

(AW)