

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001739	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/16/2017
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1507 7TH STREET LINCOLN, IL 62656
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S 000	Initial Comments Statement of Licensure Violations	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/03/17

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S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide appropriate care and services for two of two residents (R22, R27) reviewed with indwelling urinary catheters, on the sample of 23. The facility failed to keep the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>urinary drainage bag below the level of the bladder for R27 and failed to anchor (secure) the indwelling urinary catheter to prevent excessive tension on the catheter for R22 and R27. The failure to anchor R22's indwelling urinary catheter resulted in R22 receiving a urethral tear.</p> <p>Findings include:</p> <p>1. The MDS (Minimum Data Set) dated 2/8/17 documents that R22 has a indwelling urinary catheter in place. The Care Plan dated 2/22/17 does not have an intervention addressing the need to anchor R22's indwelling urinary catheter. On On 3/15/17 at 4:45pm E2, DON (Director of Nursing) stated the facility's indwelling catheter policy doesn't address the need to anchor the catheter.</p> <p>On 3/14/17 at 1:50pm E20 and E21, CNA's (Certified Nurse Aide) provided catheter care to R22. R22's urinary catheter was attached to a regular urinary drainage bag, R22's catheter was not anchored/secured to R22's leg. On 3/14/17 at 1:50pm E21 verified that R22's catheter was not anchored to R22's leg. E21 stated they don't use anchors for catheters and she has not seen R22's catheter anchored.</p> <p>On 3/15/17 at 9:20am E19 and E18 CNA's (Certified Nurse Aide) transferred R22 to the commode using the stand up mechanical lift. When R22's pants were pulled down a urinary drainage bag was attached to R22's leg. R22's indwelling urinary catheter was not anchored/secured to R22's leg. When R22 was finished on the commode, E18 and E19 transferred him to bed using the lift. A small amount of bright red blood was on the side of the commode bucket. Bright red blood was dripping</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>from R22's urinary meatus. There was a tear located on the posterior glans penis directly below the insertion site of the catheter, which was dripping bright red blood. E18 provided care to R22's catheter and cleaned the site of the tear. Bright red blood continued to drip from the site of the tear, even though the site had been cleaned.</p> <p>On 3/15/17 at 10:00am E18 stated she worked Monday 3/13/17 and R22's penis did not have a tear and was not bleeding. When asked if they use anchors to secure the catheter to R22's leg, E18 stated, If they are admitted with an anchor they are used, but if not admitted with one, then anchors are not used. E18 stated she wasn't aware of anchors being available to be used.</p> <p>On 3/15/17 at 10:00am E19 stated most catheter's are just "hanging down." E19 stated she wasn't aware if anchors were available for use.</p> <p>On 3/15/17 at 10:05am E4, LPN (Licensed Practical Nurse) looked at R22's penis and stated it looks like a "tear." E4 stated that indwelling urinary catheters are to be anchored.</p> <p>On 3/15/17 at 10:08am E10, RN (Registered Nurse) looked at R22's penis and stated it looks like a "tear" from not being anchored.</p> <p>On 3/15/17 at 2:30pm E2, DON stated that indwelling urinary catheters need to be anchored.</p> <p>The electronic Progress Note dated 3/15/17 at 3:15pm documents that Z4, Physician evaluated the tear to the tip of R22's penis. The note documents that Z4 states to "apply (triple antibiotic ointment) daily until healed and to ensure that catheter anchor is in place.."</p>	S9999		
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S9999	Continued From page 4 On 3/16/17 at 11:25am Z4 stated R22 has a "urethral tear, it was from the catheter, hard to say how it happened. It probably was likely it (tear) was due to (catheter) not being anchored." 2. On 3/15/17 at 10:15a.m. R27 was laying in bed while E26 (Certified Nurse Aide/CNA) and E27 (CNA) were providing R27 with perineal and indwelling urinary catheter care. R27's catheter bag was full of urine and the catheter tubing had urine visible flowing toward the drainage bag. R27's catheter tubing was hanging freely without being secured to R27's leg. E26 and E27 verified R27's catheter tubing was not secured and stated that the facility does not routinely secure catheter tubing to residents legs. E27 proceeded to lift R27's unsecured urinary catheter bag and tubing above the level of R27's bladder causing urine to flow back through the tubing toward R27's bladder. On 3/15/17 at 10:30a.m. E27 verified lifting R26's catheter bag and tubing above R27's bladder allowing urine to flow back towards R27's bladder. E27 stated that, "I thought that was wrong as soon as I did it." On 3/15/17 at 4:45p.m. E2 (Director of Nurses) stated that staff should not lift the catheter bag and tubing above the level of the bladder during cares stating, "I always tell them (CNAs) to slide the bag over, and to empty it first." (B)	S9999			

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S9999	<p>Continued From page 5</p> <p>Section 300.1230j)5k) Direct Care Staffing</p> <p>j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f).</p> <p>5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act)</p> <p>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)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have the minimum requirement of Registered Nurse hours for five of 15 days reviewed. This failure had the potential to affect all 111 residents in the facility.</p> <p>Findings include:</p> <p>A facility payroll log dated 2/26/17 documents the facility had 20 skilled care residents and 87 intermediate care residents on that date. Based on the calculation of 3.8 times the number of skilled care residents plus 2.5 times the number of intermediate care residents, the facility</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>required a minimum of 293.50 direct care staff hours on that date. Of those 293.50 direct care staff hours, 10% or 29.35 hours were required to be Registered Nurses. The facility payroll log documents the facility had 16 hours of Registered Nurses on that date.</p> <p>A facility payroll log dated 3/4/17 and 3/5/17 documents the facility had 23 skilled care residents and 91 intermediate care residents on those dates. Based on the calculation of 3.8 times the number of skilled care residents plus 2.5 times the number of intermediate care residents, the facility required a minimum of 314.90 direct care staff hours on that date. Of those 314.90 direct care staff hours, 10% or 31.49 hours were required to be Registered Nurses. The facility payroll log documents the facility had 16 hours of Registered Nurses on 3/4/17, and 21 hours of Registered Nurses on 3/5/17.</p> <p>A facility payroll log dated 3/8/17 documents the facility had 23 skilled care residents and 90 intermediate care residents on that date. Based on the calculation of 3.8 times the number of skilled care residents plus 2.5 times the number of intermediate care residents, the facility required a minimum of 312.40 direct care staff hours on that date. Of those 312.40 direct care staff hours, 10% or 31.24 hours were required to be Registered Nurses. The facility payroll log documents the facility had 24 hours of Registered Nurses on that date.</p> <p>A facility payroll log dated 3/12/17 documents the facility had 21 skilled care residents and 91 intermediate care residents on that date. Based on the calculation of 3.8 times the number of skilled care residents plus 2.5 times the number</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>of intermediate care residents, the facility required a minimum of 307.30 direct care staff hours on that date. Of those 307.30 direct care staff hours, 10% or 30.73 hours were required to be Registered Nurses. The facility payroll log documents the facility had only 24 hours of Registered Nurses on that date.</p> <p>On 3/14/17 at 1:04p.m. E2 (Director of Nurses) verified the facility did not meet the required minimum Registered Nurses staff hours on 2/26/17, 3/4/17, 3/5/17, 3/8/17, and 3/12/17.</p> <p>The Centers for Medicare and Medicaid Services Resident Census and Conditions of Resident form 672 dated 3/13/17 and signed by E24 (Minimum Data Set Assessment Coordinator) documents that at the time of the survey 111 residents resided in the facility.</p> <p>(AW)</p>	S9999		