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	IL6009559	A. BUILDING _____ B. WING _____	03/16/2017

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EFFINGHAM REHAB & HEALTH CARE CTR	1610 NORTH LAKEWOOD DRIVE EFFINGHAM, IL 62401

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This requirement is not met as evidenced by: Based on record review and interview, the facility failed to submit requests for criminal history background checks within the first 24 hours of admission for 3 residents (R6, R7, R8) in the supplemental sample reviewed for background checks. The findings include: 1. R6, R7 and R8's admission records and criminal history background check materials	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 document that the background checks were not submitted within 24 hours of their admission to the facility. R6 admitted Friday 3/4/17 R7 admitted Thursday 3/3/17 R8 admitted Thursday 3/3/17 2. E2 (Assistant Administrator) stated on 3/14/17 at 2:00pm that the three requests for background checks for R6, R7, and R8 were submitted on Monday 3/7/17 and were completed on that day. E2 indicated she was unaware of the 24 hour time frame at the time she submitted the requests. (B) Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). This requirement is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees were finger printed within 10 days of a FeeApp request, nursing employees receive background checks, are checked against the Health Care Worker Registry, required Criminal Websites and the Department of Professional Regulation as required for 3 new employees (E4, E6 and E7). This has the potential to affect all 48 residents living in the facility.	S9999		

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S9999	Continued From page 2 The findings include: 1. E6's (Certified Nurse Aide, CNA) new employee material reviewed 3/13/17 to 3/15/17 documents a hire date of 3/24/16. The materials indicate a Fee App request and the applicable website checks were conducted on the same day 3/24/16. There was no other pre-employment material available for review. E1 (Administrator) on 3/14/17 at approximately 10:00am, indicated that E6 has been removed from the schedule per the facility policy until the finger prints can be acquired. 2. E4's (Registered Nurse, RN) new employee material reviewed on 3/15/17 documents a hire date of 2/23/17. The documents failed to include any materials related to the required pre-employment checks: background, website, and Department of Professional Regulation. 3. E7's (RN) new employee material reviewed on 3/15/17 documents a hire date of 2/20/17, with Background and Department of Professional Regulation checks the same day. The file failed to include materials regarding checking the Health Care Workers Registry and the required Criminal Websites. 4. E1 stated on 3/15/17 at approximately 2:30pm that she was unaware that the files did not contain the required pre-employment documentation. E1 and E2 (Assistant Administrator) indicated that a full review of all employee files is being conducted. 5. The facility's 2/28/12 Health Care Worker Background Check Policy and Procedure states in part:	S9999		

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a) "A Fingerprint Based Criminal History Check will be required of all individuals applying for a direct care position or having access to long-term care residents or the living quarters or financial, medical or personal records of long term care residents."

b)..."any such Direct Care Applicant who has not had his or her fingerprints collected electronically and transmitted to the Department of State Police within (10) ten working days shall be suspended until he or she does so."

c) "A UCIA Non-Fingerprint Conviction Background Check will be required of all individuals licensed by the Department of Financial and Professional Regulation or the Department of Public Health under another law of this state .."

d) "5. In all cases, the facility shall conduct Internet searches on certain websites,..."

e) "The Administrator / or designee shall be responsible for conducting he HCWB check... Reports will be maintained together in a confidential file with facility records."

The Room List provided by the facility on 3/13/17 documents the facility has a census of 48 residents.

(B)

Section 300.680 Restraints

a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints,

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hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.

c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.

This requirement is not met as evidenced by:

Based on observation, record review and interview, the facility failed to conduct ongoing assessment to ensure that the least restrictive restraint measures were utilized and failed to implement a plan for the reduction of the restraint device for 1 of 1 resident (R1) reviewed for restraints in the sample of 5.

Findings include:

The March, 2017 Physician's Orders state R1

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was admitted to the facility with diagnoses of Cerebral Vascular Accident (CVA) with Left Sided Hemiplegia, Aphasia-Receptive and Expressive and Severe Malnutrition.

R1 was lying in bed with full padded siderails on 03/14/17 at 9:50am. At this time, E3 (Director of Nurses) stated R1 has had full padded siderails since she started working at the facility in January of 2016. E3 stated R1 has orders for Comfort Care only beginning 03/13/17, requires total care and moves in bed "very little." A 10/02/15 Siderail Consent documents bilateral 1/2 siderails are to be used at all times when resident is in bed due to CVA with left hemiplegia. This consent is signed by Z2 (Family-Power of Attorney) on 10/10/15. There is no consent found in the record indicating Z2 was informed of full rails and no documentation found when full rails were initiated. The Side Rail Assessment dated 03/02/17 states R1 is combative with care and the indication for the side rails is to serve as a safegaurd during random movements while asleep and to remind the resident to "seek help-unaware of physical limits." The assessment states the benefit of the side rail is to enhance safety during Activities of Daily Living and to reduce injury related to random movements and to prevent injury to self or others. The 09/05/16 quarterly assessment states a body/bed alarm had been tried. The 09/05/16, 12/04/16 and 03/02/17 quarterly assessment documents an intervention of frequent staff monitoring while in bed as an intervention. The undated Physical Restraint/Enabler Assessment states physical therapy, verbal cueing and occupational therapy have been attempted as a lesser restrictive alternative. There are no dates or outcomes documented with each of these attempts.
E9 (Social Service) stated on 03/16/17 at 2:00pm

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S9999	Continued From page 6 R1 does not have a history of falls and he was resistive to care when first admitted. The Facility's Physical Restraint/Enabler Policy (Revised 8/18/11) policy states, "Policy: To allow residents to be free of physical restraints which are not required to treat the resident's medical symptoms or as a therapeutic intervention.' E1 (Administrator) stated on 03/16/17 at 2:35pm the facility is looking into a canoe mattress because there is no documentation or indication as to why R1 has full padded rails. (AW) Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings 7) Guidelines for Infection Control in Health	S9999		

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S9999	Continued From page 7 Care Personnel This requirement is not met as evidenced by: Based on observation, record review and interview, the facility failed to prevent cross contamination during resident care for 1 of 5 residents (R5) reviewed for infection control in the sample of 5 and 1 resident (R9) in the supplemental sample. Findings include: 1. On 03/13/17 at 3:30pm, E5 (Registered Nurse-RN) performed a blood glucose test on R5. After the test, E5 wiped the meter with a Sani-Cloth for one minute. E5 then prepared and administered 3 units of Novolog in R5's right lower quadrant of the abdomen. E5 was not wearing gloves during the insulin administration. At that time, E5 was asked about cleaning the device and replied we wipe it for 1 minute and let it dry for 4 minutes. 2. On 03/15/17 at 11:00am, E4 (RN) entered R9's room to perform a blood glucose test. R9 placed the meter on the bed linens, performed the test and left the room and sat the meter on top of the medication cart. E4 then wiped the meter with a Sani-Cloth for less than one minute. When asked about cleaning the device, E4 stated, "we wipe it for 1 minute and "we leave it out four minutes to dry." 3. The Facility's (Revised: 4/7/12) Subcutaneous Injections policy states, "11. Apply gloves." 4. The Manufacturer's guidelines for the Sani-Cloth Bleach Germicidal Disposable Wipes state, "To Clean, Disinfect and deodorize: Use a	S9999		

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S9999	Continued From page 8 wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet surface. Treated surface must remain visibly wet for a full four (4) minutes. Use additional wipe(s) if needed to assure continuous 4 minute wet contact time." (AW) Section 300.1060 Vaccinations 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 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 is not met as evidenced by: Based on observation, interview, and record review, the facility failed to: a) ensure that 4 of 4 residents (R2, R3, R4, and R5) reviewed for pneumococcal immunizations received the education addressing the benefits and risks or had the opportunity to receive the 13-valent	S9999		

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pneumococcal conjugate vaccine (PCV13, or Prevnar13 [brand name]) and b) failed to develop policies and procedures to include current standards of practice to ensure residents who were eligible were offered the 13-valent pneumococcal conjugate vaccine which would minimize the risk of residents acquiring, transmitting, or experiencing complications from pneumococcal pneumonia. This had the potential to affect all 48 residents residing in the facility.

The findings include:

The facility's room list dated 3/13/17, documents there are 48 residents residing in the facility.

Review of the facility's current "Immunization Record" for R2, R3, R4 and R5 does not include a reference to whether the pneumonia vaccine offered and given is the polysaccharide vaccine or the 13 valent pneumococcal conjugate vaccine. E2, (Director of Nursing) stated on 3-16-2017 at 12:10 PM that the residents have only been offered the polysaccharide vaccine, and that the corporate office is revising their policy to include the 13 valent pneumococcal vaccine (PCV13 vaccine) because the current policy does not address giving the PVC13 vaccine.

There is no documentation that R2, R3, R4, or R5 have been educated regarding and having received or refused the PCV 13 vaccine. Review of these same 4 resident's records failed to indicate the facility had educated and offered the PCV13 vaccine. This was confirmed with E2 on 3-16-2017 at 12:10 PM.

On 3/15/17 at 1:55 PM, there were 5 vials of the Pneumovax 23 in refrigerator. E5 (Registered

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Nurse) confirmed that the Pneumovax 23 was what the facility was currently using for the residents.

The facility's policy on, "Immunizations" dated 10/5/2006 documents under "Policy": [Corporate name] facilities will offer immunizations and vaccinations that aid in the prevention of infectious diseases unless medically contraindicated or otherwise ordered by the resident's attending physician or the facility's medical director. Review of the above mentioned facility policy indicates that the facility will, upon admission try and obtain information regarding when or if the resident has previously received the pneumococcal vaccine, offer education regarding the benefits and potential side effects of the vaccine and be given the opportunity to refuse the vaccine.

Review of the ACIP(American Committee on Immunization Practices)Recommendations for PCV13 and PPSV23 [pneumococcal polysaccharides vaccine] Use, available at <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm>, indicated "Adults with specified immunocompromising conditions who are eligible for pneumococcal vaccine should be vaccinated with PCV13 during their next pneumococcal vaccination opportunity." The recommendation also included the following: "Pneumococcal vaccine-naive person age 65 or greater: PCV13 then 6-12 months later, PPSV23. Persons who previously received PPSV23 at age 65 or greater: PCV13 at or after 1 year of PPSV23. Persons who previously received PPSV23 before age 65: PCV13 at age 65 or greater."

(AW)

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S9999	Continued From page 11 Section 300.1410 Activity Program a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents. g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program. h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support	S9999		

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self-expression and choice. Specific types of activities may include:

1) Physical activity (e.g., exercise, fitness, adapted sports);

2) Cognitive stimulation/intellectual/educational activity (e.g., discussion groups, reminiscence, guest speakers, films, trivia, quizzes, table games, puzzles, writing, spelling, newsletter);

3) Spiritual/religious activity (e.g., religious services, spiritual study groups, visits from spiritual support groups);

4) Service activity (e.g., volunteer work for the facility, other individuals and/or the community);

5) Sensory stimulation (e.g., tactile, olfactory, auditory, visual and gustatory);

6) Community involvement (e.g., community groups coming into the facility for intergenerational programs, special entertainment and volunteer visits; excursions outside the facility to museums, sporting events, entertainment, parks);

7) Expressive and creative arts/crafts (adapted to the resident's capabilities), music, movement/dance, horticulture, pet-facilitated therapy, drama, literary programs, art, cooking;

8) Family involvement (e.g., correspondence, family parties, holiday celebrations, family volunteers; and

9) Social activity (e.g., parties and seasonal

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S9999	Continued From page 13 activities). This requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to provide activities to meet the individual's needs and failed to provide activities for evenings and weekends. This has the potential to affect all 48 residents living in the facility at the time of this survey. The findings include: On 3/13/17 at 10:15 AM, E8 (Activity Director) had 3 residents at a table in the dining room doing their nails. On 3/16/17 at 10:00 AM, E8 had just completed making Shamrock puppy chow with a few residents. On 3/14/17, 3/15/17 and 3/16/17, R8 sat in the living room before and after lunch with her electronic device and stated she didn't want to go to the activities because she doesn't like them and would rather look at her I-Pad. On 3/14/17 at 12:30 PM, R5 stated, "it is boring around here on the weekends, there isn't anything to do." R5 stated she watches her TV and does puzzles, but a lot of the other residents don't have anything to do. On 3/14/17 at 9:30 AM, R2 stated he doesn't attend any of the activities because he does things in his room. R2 also stated a lot of the confused, wandering residents don't have anything to keep them occupied. R2 stated there aren't any activities going on during the weekends that he knows of. On 3/13/17 at 4:30 PM, R11 stated that there are no activities for her age (R11 is 40 years old) that the activities are for "old"	S9999		

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	IL6009559	A. BUILDING: _____ B. WING _____	03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EFFINGHAM REHAB & HEALTH CARE CTR	1610 NORTH LAKEWOOD DRIVE EFFINGHAM, IL 62401

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S9999	Continued From page 14 people and she doesn't like to attend. On 3/14/17 at 11:00 AM, when asked if she took the residents shopping on Fridays per the February calendar, E8 stated she shops for the residents but doesn't take the residents shopping. On 3/15/17 at 11:40 AM, E8 stated she didn't do activities on the weekends, but there is "Independent Prayer", "TV land (residents watch own TV)", and the weekend staff are supposed to help with activities like movies. The facility's "Activity Policy" dated 7/11/2006 documents; It is the policy of facility to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well being of each resident. Residents shall have the opportunity to contribute to planning, preparation, conducting, clean up and critiquing of programs. Under "Activity Program"; In addition, the facility will provide the following activities to be provided under certain circumstances that are identified through the resident's assessment: Line #1; One -to-one activities: Residents with no discernable response will be provided 1:1 activities. Line# 4; Young Age Group Activities: Younger residents will be offered individual and group music offerings, magazines, books, and movies that fit the resident's taste and era. The January, February, March 2017 calendars document "beauty shop" and "resident shopping", neither of these are based on individual resident needs. The Room List provided by the facility on 3/13/17 documents the facility has a census of 48 residents. (AW)	S9999		

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Section 300.1620 Compliance with Licensed Prescriber's Orders

a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.

This requirement is not met as evidenced by:

Based on observation, record review and interview the facility failed to follow the physician's treatment order for 1 of 5 residents (R1) reviewed for following the physician's orders in the sample of 5.

Findings include:

E4 (Registered Nurse-RN) was observed on 03/14/17 at 10:45am performing a dressing change on R1. E4 applied Betadine to the left lower leg and four areas on the left foot. The March, 2017 Treatment Administration Record (TAR) states the left lateral great toe is to be cleansed with Theraworx and Skin Prep applied daily until healed with a 9/13/16 start date. This is the only current order on the TAR with directions on how to treat the left lower extremity and foot.

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S9999	Continued From page 16 E3 (Director of Nurses) stated on 03/15/17 at 1:30pm Z1 (Physician) saw R1 on 03/01/17 and gave new orders for Betadine to the left lower leg and the four areas on the left foot, but the order did not get transcribed to the TAR. E3 stated E4 was aware of the order and did the treatment as prescribed, but she cannot state what treatment the other nurses have been doing since it is not on the TAR. (AW) Section 300.2220 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. This requirement is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain all medication rooms, medication carts, personal care supplies, overbed tables, mattress, hand washing sinks in a clean and orderly manner. This has the potential to affect all 48 residents living in the facility. The findings include; The Room List provided by the facility on 3/13/17 documents the facility has a census of 48 residents.	S9999		

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1. Observation of R1's room during the initial tour of the facility on 3/13/17 at approximately 9:45am found several cans of tube feeding formula on the bedside stand. The stand itself was soiled with dried formula, an open uncovered can of formula, 2 soiled measuring devices and a used syringe in a clear fluid. The mattress and the padding for side rails were observed to have dried formula on them. On 3/14/17 at 9:50am the IV pole base was soiled with a dried yellow material and the pump was also soiled with the dried material.

2. Observation of R10's room on 3/15/17 at noon, found the overbed table to be very soiled with dry brown material and to hold an undated syringe in a milky liquid. The dry brown fluid was on a hand bag hanging on the overbed table.

3. On 3/15/17 in the North Hall tub and shower room a shelving unit held two pink basins with a variety of items mingled. The basins held 2 unlabeled hair brushes with hair in the bristles, an unlabeled hair pic, 2 unlabeled and used deodorant sticks, a white powder on the items and in the bottom of the basins, a rosary, bra and socks.

4. On 3/15/17 the South Hall shower room shelving unit held a soiled pink basin holding a soiled hair pic, used nail clippers, rolls of plastic bags , three unlabeled stick deodorants.

5. On 3/15/17 at 2:00pm the North Hall medication cart was observed to have white powder in all the drawers and the second drawer was soiled with a sticky substance. Two pill crushers were soiled with white powdery residue.

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S9999	Continued From page 18 6. On 3/15/17 at 1:55 PM, in the Medication room, the white refrigerator had a build up of frost in the freezer and the bottom of the refrigerator had various liquid spills. The shelves in the Medication room had several items on each of the shelves in disarray and each shelf was dirty. The floor in the Medication room was very dirty. The South Treatment cart in the medication room had liquid spilled on the outside of the cart. 7. On 3/15/17 at approximately 3:00pm E3 (Director of Nursing) stated the nurses should be responsible for the tube feeding supplies. (C)	S9999		