

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PAXTON HEALTHCARE AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1240 NORTH MARKET STREET PAXTON, IL 60957</b>
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(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	S 000		
	First Probational Licensure Survey.			
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS: 300.670 b) Disaster Preparedness Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks ..and evaluate the effectiveness of disaster plans and procedures. 300.670 h) A written plan shall be developed for temporarily relocating the residents for any disaster requiring relocation and at any time that the temperature in the facility falls below 55 degrees F. for 12 hours or more.</p> <p>These requirement are not met as evidenced by: Based on record review and interview, the facility failed to hold disaster drills at least twice annually per shift. The facility also failed to have a plan in place for relocation of residents during cold weather emergencies. This has the potential to affect all 58 residents.</p> <p>The findings include: 1. On 1/21/15 the facility disaster drill records from January 2014-January 2015 were reviewed. There was documented evidence of only one Tornado drill on 3/20/14 for 1st shift that was signed by 42 staff and only one inservice for Evacuation dated 4/25/14 signed by 43 staff. On 1/21/15 at 3:00 pm E6, Maintenance Director stated that he had no other disaster drill records for that time period.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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*Attachment A Statement of Licensure VIOLATIONS*

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S9999	<p>Continued From page 1</p> <p>On 1/21/15 at 4:00 pm E6 stated that he was unaware that the facility was required to do disaster drills twice per year per shift. E6 had only been reviewing the disaster plan with staff once per year.</p> <p>The undated facility Fire Safety, Emergency and Disaster Preparedness Operational Plans and General Policy stated "The following drills shall be conducted to assist in preparing for an actual emergency or disaster situation. a) Fire Exit drills 1 per shift per quarter b) Bomb threat drills- 1 per shift annually c)Tornado Severe weather drills- 2 per shift annually d)Disaster drills-1 annually with all shifts combined...Drills are necessary and shall be conducted to familiarize all staff with procedures to follow and to establish them as a matter of routine."</p> <p>2. On 1/21/15 the facility disaster preparedness policies and drills were reviewed. There were no policies documented in the plan to address relocation of residents if the facility cannot maintain an ambient temperature of 55 degrees Fahrenheit for 12 hours or more.</p> <p>On 1/21/15 at 4:00 pm Administrator E1 confirmed that there was no cold weather emergency plan in the current facility disaster plan.</p> <p>The facility resident roster dated 1/20/15 showed a census of 58 residents.</p> <p style="text-align: center;">(B)</p> <p>300.1210 d)6 General Requirements for Nursing and Personal Care All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible.</p> <p>300.2210 b)6 Maintenance Each facility shall: Maintain the grounds and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>other buildings on the grounds in a safe, sanitary and presentable condition.</p> <p>These requirements are not met as evidenced by: Based on observation record review and interview the facility failed to maintain sidewalks free of ice and snow to provide a clear means of egress to a public way in case of fire or evacuation. The facility also failed to label a designated emergency exit door with a lighted exit sign. This has the potential to affect all 58 residents residing in the facility.</p> <p>The findings include:</p> <p>1. The lighted sign above the West Wing #8 exit door stated "No Exit" on 1/20/15 at 2:55 pm. The exit led to a sidewalk to another wing and to a common side walk that led to the facility driveway which E6 stated was a fire lane. When asked why the door was marked as not an exit, E6 stated he didn't know for sure.</p> <p>The facility evacuation plan map posted on the wings identifies door #8 as an exit door for Zone 3.</p> <p>On Tuesday, 1/20/15 at 2:25 pm the West Wing exit door #8 opened to a cement landing and was connected to a side walk that extended directly North across the yard to the end of the adjacent Rehab to Home wing exit wheelchair ramp. The sidewalk located between the two wings that provided the means of egress to the facility driveway was more than 50 percent covered with 1-2 inch thick frozen ice and snow. The sidewalk was approximately 40 feet long. There was a frozen snowdrift approximately 2 feet deep that blocked the end of the sidewalk that did not allow egress to driveway in case of fire.</p> <p>On 1/20/15 at 3:00 pm the #2 exit door located on the Rehab to home wing was opened. There was a ramped sidewalk, for wheelchair use, ramp that also connected to the common side walk</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>between the two wings. There was no other means of egress to the facility driveway other than the snow and ice covered side walk.</p> <p>E6 Maintenance Director, who was present at this time, stated that the snow plow had cleared the facility driveway over the weekend which had created the snow drift at the end of the sidewalk. E6 stated the sidewalk had melted and refrozen and he had not been out to clear the walk way. On 1/22/15 at 8:40 am E6 stated that it is his responsibility to keep the exit doors and sidewalks clear when it snows.</p> <p>The facility resident room roster dated 1/20/15 showed a resident census of 58 residents.</p> <p>(B)</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>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.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to administer medications according to physician's orders for three residents (R6, R7 and R8) on the supplemental sample. The facility had three medication errors out of 30 opportunities resulting in an error rate of 10%.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>1. On 1/21/15 at 11:16 AM E3 Licensed Practical Nurse administered Divalproex 500 milligrams (mg) (Mood Stabilizer) to R8. The Physician's Order Sheet (POS) dated 1/1/15 through 1/31/15 documents an order for R8 to receive Divalproex 250 mg once daily at noon. On 1/21/15 at 11:40 AM E3 confirmed that she gave R8 500 mg of Divalproex and she should have given 250 mg of Divalproex.</p> <p>2. The POS dated 1/1/15 through 1/31/15 documents that R7 has a diagnosis of Chronic Blepharitis (inflammation of the eye lids). The Hospital Admission History and Physical dated 8/21/14 documents that R7 has a history of a left eye removal. The POS dated 1/1/15 through 1/31/15 documents an order for R7 to receive Erythromycin Ointment in both eyes three times daily.</p> <p>On 1/20/15 at 1:35 PM E4 Registered Nurse administered Erythromycin Ointment (antibiotic) to R7's left eye socket.</p> <p>On 1/21/15 at 8:55 AM E4 confirmed that she only administered the Erythromycin Ointment to R7's left eye area (on 1/20/15) and stated that she should have administered the medication to both of R7's eyes.</p> <p>3. On 1/20/15 at 12:05 PM E4 Registered Nurse propelled R6 in his wheel chair from the dining room to a private area and checked his blood glucose level. At that time R6's blood glucose level was 143 grams per deciliter (g/dl). E4 then propelled R6 back to the dining room for lunch. On 1/20/15 at 1:30 PM E4 administered two units of Novolog Insulin to R6. At that time E5 Physical Therapy Assistant stated that R6 finished eating</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>100% of his lunch between 12:30 PM and 12:45 PM. The POS dated 1/1/15 through 1/31/15 documents an order for R6 to receive two units of Novolog Insulin before meals for a blood glucose of 143 g/dl.</p> <p>The facility Administration of Medication policy dated 6/15/98 states "Drugs and biologicals may be administered only by licensed physicians, licensed registered or practical nursing personnel, and must be administered in accordance with the written orders of the attending physician." (B)</p>	S9999		