

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2020
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NAME OF PROVIDER OR SUPPLIER FAIR HAVENS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521
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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.696 a) 300.696 c)2) 300.1210 d)5) 300.3240 a) 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 Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</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 are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to develop a policy for disinfection of medical equipment used for multiple residents, and failed to disinfect bandage scissors according to Centers for Disease Control Guideline. The facility also failed to obtain treatment orders for a pressure ulcer upon development, implement pressure relief interventions to prevent a pressure ulcer from worsening, and failed to prevent cross contamination during a pressure ulcer dressing change for three of four residents (R102, R104, R110) reviewed for pressure ulcers and infection control on the sample list of eleven. The failure to obtain treatment orders for a pressure ulcer and implement pressure relief interventions resulted in R104's developing an unstageable pressure ulcer to the coccyx as well as two other full thickness wounds to the intergluteal fold and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>lower right buttock.</p> <p>Findings Include:</p> <p>The facility Dressing (Non-Sterile) Policy, dated August 2008, documents, after donning gloves, "Remove soiled dressing and place in plastic trash bag. Remove soiled gloves and place in plastic trash bag. Wash hands, if hands are not visibly soiled, an alcohol based hand gel may be used to decontaminate the hands," and complete dressing as ordered. "Sanitize bandage scissors after each use before returning to pocket or treatment cart." "In the event more than one wound is present, each wound site is considered a separate treatment. A new pair of non-sterile gloves will be used for the cleansing of each site, as well as disinfection hands using hand gel between each site."</p> <p>The facility Standard Precautions Policy, dated December 2006, documents, "Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn." This policy also documents, "Handle used resident-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of other microorganisms to other residents and environments. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed and single use items are properly discarded."</p> <p>The facility Pressure/Skin Breakdown Clinical Protocol, dated January 2017, documents when skin impairment exists, the nurse should document/report the following: "full assessment of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>skin condition including but not limited to location, stage or partial/full thickness, length, width, depth, presence of exudate or necrotic tissue."</p> <p>1.) R104's Skin Risk Assessment, dated 12/18/19, documents R104 is at high risk for skin breakdown.</p> <p>R104's MDS (Minimum Data Set), dated 12/24/19, documents R104 has moderately impaired cognition, requires extensive assist of two staff for bed mobility, and is totally dependent on two staff for transfers.</p> <p>R104's Care Plan, dated 12/31/19, documents R104 has a potential for impaired skin integrity with the only intervention of good nutrition and hydration to prevent skin breakdown.</p> <p>R104's Progress Notes document the following: 1/2/2020 by V5, LPN (Licensed Practical Nurse) - "skin impairment exists." There is no documentation of location, stage, size or condition of the skin impairment, per facility protocol. 1/4/2020 by V6, RN (Registered Nurse)/Former Wound Nurse - "Wound noted to gluteal fold, 5{five} cm (centimeters) x (by) 1 cm." There is no documentation of the stage of the impairment or presence of exudate or necrotic tissue, per facility protocol.</p> <p>R104's Order Summary Report, dated January 2020, documents an initial treatment order was obtained on 1/4/2020, two days after R104 was noted to have "skin impairment." This order documents "Cleanse gluteal fold with normal saline or wound cleanser, skin prep the periwound, apply collagen to wound bed and cover with bordered foam daily." On 1/6/2020, a</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>clarification was written for the 1/4/2020 treatment. It changed "gluteal fold to intergluteal fold" and added a diagnosis of "pressure ulcer of contiguous site of back, buttock, and hip - unstageable." On 1/6/2020, there were two additional treatments ordered for the same "pressure ulcer of contiguous site of back, buttock, and hip - unstageable": 1.) Cleanse coccyx with wound cleanser, skin prep around wound, apply collagen and border foam daily and 2.) cleanse wound to right lower buttock and apply zinc TID (three times a day).</p> <p>Initial Wound Evaluation and Management Summary, dated 1/6/2020, by V4, Wound Physician, documents R104 "has multiple wounds." Wound 1: unstageable pressure wound (due to necrosis) to coccyx measuring 1.5 cm x 0.7 cm x not measurable, Wound 2: Intergluteal fold measuring 2.5 cm x 0.4 cm x 0.1 cm, and Wound 3: Right lower buttocks measuring 0.9 cm x 0.4 cm x 0.1 cm.</p> <p>On 1/6/2020 at 10:35 am, R104 was sitting up in a wheelchair in R104's room, with a fabric sling under R104's buttocks. R104 stated, "My butt is so sore. I {R104} need a couple of pillows before I {R104} can go anywhere. They {facility} use to have pillows under me but they took them away." R104's bed had a regular mattress on it.</p> <p>On 1/7/2020 at 9:40 am, R104 was lying in bed on an alternating pressure mattress. V7, RN/Current Wound Nurse, entered R104's room to provide the ordered treatments, along with V8, CNA (Certified Nursing Assistant). V7 stated V7 is new to the position but to V7's understanding, R104's "whole area was irritated with a small wound" on 1/2/2020, but now R104 has three open wounds. V7 placed all supplies on an</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>overbed table on a hand towel, including a pair of scissors that V7 stated are treatment scissors that V7 already cleansed with an alcohol prep pad and then placed in V7's uniform pocket. V7 donned gloves, and removed a soiled dressing covering R104's coccyx and intergluteal area to reveal what appears as two stage 4 Pressure Ulcers, one to the coccyx and one to the intergluteal fold. There was also what appeared as a stage two pressure ulcer on R104's right lower buttocks. All wounds were beefy red, with no necrotic tissue. V7 stated V4 had just debrided the wounds on 1/6/2020. V7 sprayed all three wounds with wound cleanser, then starting at the top coccyx wound, patted the coccyx wound, intergluteal fold wound, and right buttock wound all with the same area on a gauze pad, then folded the gauze and patted all wounds again with the same area on the folded gauze pad. V8 handed V7 skin prep, which V7 applied to the periwound using the same gloved hands. V7 then instructed V8, CNA, to use the scissors that had been pulled from V7's uniform pocket, to cut a piece of collagen. V8 handed V7 the collagen, which V7 applied to R104's open coccyx and intergluteal fold using the same gloved hands, then applied the bordered foam. V7 then applied the zinc ointment to the right buttocks, using the same gloved hands. V7 did not change gloves or perform hand hygiene until the entire treatment was completed. After exiting R104's room, V7 cleansed the scissors and bottle of wound cleanser with a 70% alcohol prep pad and sat them down on top of the treatment cart.</p> <p>On 1/7/2020 at 1:43 pm, V2, DON (Director of Nursing), stated the facility doesn't have a policy on how equipment should be disinfected, just that it should be. V2 stated alcohol wipes are not to be used for disinfection, that staff should use the</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>bleach wipes that are provided.</p> <p>On 1/7/2020 at 1:55 pm, V2 stated upon R104's readmission to the facility on 1/2/2020, V2 was told R104 had a red area on R104's buttocks with an open area. "No details were given except that, so I (V2) told staff to set (R104) up with (V4), Wound Physician." V2 stated staff should follow facility policy on hand hygiene and pressure ulcers and staff "should have documented where {the} wound was, size, stage, and give a description but they didn't." V2 stated staff should have called the physician back on 1/2/2020 when the wound was found to receive treatment orders. V2 stated V2 doesn't know if the wound deteriorated or not since their isn't any documentation on it, but R104 now has three wounds instead of just one. V2 confirmed no pressure relief interventions are documented as being implemented and an alternating air mattress wasn't implemented until 1/6/2020.</p> <p>The CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, dated 2008, documents when processing Patient-Care Equipment Contaminated with Bloodborne Pathogens (HBV {Hepatitis B Virus}, Hepatitis C Virus, HIV{Human Immunodeficiency Virus}), "Use standard sterilization and disinfection procedures for patient-care equipment (as recommended in this guideline), because these procedures are adequate to sterilize or disinfect instruments or devices contaminated with blood or other body fluids from persons infected with bloodborne pathogens or emerging pathogens, with the exception of prions. No changes in these procedures for cleaning, disinfecting, or sterilizing are necessary for removing bloodborne and emerging pathogens other than prions." Disinfection of HBV-, HCV-, HIV- or</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>TB-Contaminated Devices</p> <p>"The CDC recommendation for high-level disinfection of HBV-, HCV-, HIV- or TB-contaminated devices is appropriate because experiments have demonstrated the effectiveness of high-level disinfectants to inactivate these and other pathogens that might contaminate semicritical devices."; "Many disinfectants are used alone or in combinations (e.g., hydrogen peroxide and peracetic acid) in the health-care setting. These include alcohols, chlorine and chlorine compounds, formaldehyde, glutaraldehyde, ortho-phthalaldehyde, hydrogen peroxide, iodophors, peracetic acid, phenolics, and quaternary ammonium compounds. Commercial formulations based on these chemicals are considered unique products and must be registered with EPA or cleared by FDA. In most instances, a given product is designed for a specific purpose and is to be used in a certain manner. Therefore, users should read labels carefully to ensure the correct product is selected for the intended use and applied efficiently."</p> <p>Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) Last update: February 15, 2017 Pathogens "To eliminate or minimize occupational exposure to bloodborne pathogens 214. One component of this requirement is that all equipment and environmental and working surfaces be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials. Even though the OSHA standard does not specify the type of disinfectant or procedure, the OSHA original compliance document 269 suggested that a germicide must be tuberculocidal to kill the HBV. To follow the OSHA compliance document</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>a tuberculocidal disinfectant (e.g., phenolic, and chlorine) would be needed to clean a blood spill. However, in February 1997, OSHA amended its policy and stated that EPA-registered disinfectants labeled as effective against HIV and HBV would be considered as appropriate disinfectants ". . . provided such surfaces have not become contaminated with agent(s) or volumes of or concentrations of agent(s) for which higher level disinfection is recommended." When bloodborne pathogens other than HBV or HIV are of concern, OSHA continues to require use of EPA-registered tuberculocidal disinfectants or hypochlorite solution (diluted 1:10 or 1:100 with water) 215, 228. Studies demonstrate that, in the presence of large blood spills, a 1:10 final dilution of EPA-registered hypochlorite solution initially should be used to inactivate bloodborne viruses 63, 235 to minimize risk for infection to health-care personnel from percutaneous injury during cleanup."</p> <p>The 70 % alcohol prep pad that V7, RN/Wound Nurse, used to cleanse the scissors that were used to cut R104's dressing supplies does not contain an EPA Label and does not make claim to being a disinfectant.</p> <p>2.) R102's Order Review Report, dated 1/7/20, documents an admission date of 10/2/19. This report documents diagnoses including Fracture of Unspecified Part of Neck of Left Femur, Chronic Obstructive Pulmonary Disease, Adult Failure to Thrive, and Moderate Protein-Calorie Malnutrition. This report also documents an order to cleanse the right medial buttock with wound cleaner, apply skin prep to peri-wound, apply collagen and cover with a bordered foam dressing every day shift.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>On 1/7/20 at 10:13 am, V7, Wound Nurse, stated that V7 cleaned V7's scissors with an alcohol pad and cleaned the outside of the wound cleanser bottle also with an alcohol pad, because V7 stated V7 used them for a previous resident's wound treatment. V7, V10, Occupational Therapy Assistant, and V11, Certified Nursing Assistant (CNA), entered R102's room. No one washed their hands upon entering the room. V7, V10, and V11 donned gloves and V10 assisted R102 to stand using a gait belt. V7 pulled R102's pants and incontinence brief down, then removed the old dressing from R102's coccyx and threw it in the garbage can. With the same gloves on, V7 picked up the wound cleanser bottle and sprayed the open area with wound cleanser. With the same pair of gloves on, V7 then picked up a piece of 4 inch by 4 inch gauze and blotted over the top of the open area. V7 then folded the gauze in half and wiped over the top of the open area and around the open area going over the same areas of skin/wound several times with the same area of the gauze. V7 requested that V11 hand V7 the skin prepping pad. V11 opened the skin prepping pad and without changing gloves or performing hand hygiene, V7 removed the skin prepping pad from the packet. V7 proceeded to wipe the peri wound with the skin prepping pad and then threw it in the garbage. With the same pair of gloves on, V7 requested V11 hand V7 the precut collagen dressing. V7 then placed the collagen dressing over the open area and requested V11 hand V7 the foam bordered dressing and V7 placed that dressing over the open area. V7 then pulled R102's incontinence brief and pants up then removed V7's gloves. V7 left the room and stated V7 has hand sanitizer in V7's pocket and V7 stated V7 will clean V7's scissors and the wound cleanser bottle with alcohol again. V7 then used the hand sanitizer to</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>cleanse V7's hands.</p> <p>On 1/8/20 at 2:00 pm, V2 confirmed V7 should have used bleach wipes to clean the scissors and V7 should have changed V7's gloves after removing the dirty dressing and performed hand hygiene.</p> <p>On 1/8/20 at 3:15 pm, V7 confirmed that V7 used alcohol to cleanse the scissors and wound cleanser bottle. V7 confirmed that V7 performed wound care on R110 in R110's isolation room before completing the wound treatment on R102.</p> <p>R110's laboratory report, dated 12/9/19, documents R110's wound culture was positive for Methicillin Resistant Staphylococcus Aureus (MRSA) in the right lateral foot. (B)</p> <p>2 of 3</p> <p>300.1210 b) 300.1210 d)1) 300.1620 a)</p> <p>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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</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>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to administer medications as ordered for one of eleven residents (R111) reviewed for medication administration in the sample list of 11. This failure of administering the incorrect dose for four months resulted in a significant medication error for R111.</p> <p>Findings include:</p> <p>The facility's General Dose Preparation and Medication Administration policy, dated 4/1/06 documents, "Prior to Medication Administration a. Verify each time that the medication is the RIGHT DRUG, at the RIGHT DOSE, the RIGHT ROUTE, at the RIGHT RATE, at the RIGHT TIME, for the RIGHT RESIDENT. (Refer to Look Alike/Sound</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Alike Drugs in the Appendix.) i. Confirm that MAR (Medication Administration Record) reflects most recent medications order."</p> <p>R111's Order Summary Report, dated 1/7/20, documents R111 is 97 years old, and documents an order for Hydroxyzine HCL (Hydrochloride) (Antiemetic/prevent vomiting) (Histamine Antagonist) 10 mg (milligrams) by mouth three times a day related to Pruritus (itching), with a start date of 7/11/19.</p> <p>On 1/7/20 at 9:14 am, V12, Licensed Practical Nurse, prepared R111's medication. V12 opened the prefilled packets with Coreg 3.125 mg (milligrams) one tablet twice a day, Hydroxyzine HCL 25 mg one tablet three times a day, Multivitamin one tablet every day, Amlodipine 5 mg one tablet every day, Potassium Chloride 20 meq (milliequivalent), and Furosemide 40 mg one tablet every day. V12 poured the Ferrous Sulfate 220 mg/5 ml (milliliters) give 5 ml into a medicine cup. V12 took the medications to R111's room and administered the medications to R111.</p> <p>On 1/7/20 at 10:45 am, V12 confirmed R111's Hydroxyzine order is for 10 mg not the 25 mg actually given. V12 stated V12 does not know why the pharmacy is sending 25 mg. On 1/7/20 at 1:04 pm, V2, Director of Nursing, stated V12 giving the 25 mg of Hydroxyzine is an error and V2 stated V2 has contacted the pharmacy to try to get it figured out. V2 confirmed V12 should have verified the dosage before administering the wrong dose.</p> <p>An email dated 1/8/20 at 12:04 pm, sent to V2 by V13, Pharmacy Production Supervisor, confirms the error took place</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>On 1/8/20 at 12:10 pm, V2 presented a "Fill History" for R111's Hydroxyzine. This report documents that the pharmacy began sending Hydroxyzine 25 mg on 9/18/19 through 1/1/20. V2 stated it was a pharmacy error, but the nurses should have caught it.</p> <p>On 1/8/20 at 12:40 pm, V9, Pharmacist, confirmed that V9 sees where the error was made. V9 confirmed R111 has an order for Hydroxyzine 10 mg three times a day and has been receiving Hydroxyzine 25 mg three times a day. V9 stated that the typical anticholinergic side effects would be possible. Constipation, dry mouth, blurry vision, dizziness, increased sedation, and more difficult to sweat, which would cause over heating in the summer if it was really hot. V9 stated by R111 receiving the increased dose would increase R111's risk of having the side effects and it could make them worse. V9 stated V9 believes it is being used for itching for R111. V9 stated Hydroxyzine is very sedating and one of the biggest problems with it is constipation. V9 stated it might cause syncope and possible hypotension. V9 stated they may see an increase in R111's anxiety when they reduce R111's dosage back to where it is ordered to be since R111 has been receiving the 25 mg since September. V9 confirmed that Hydroxyzine is on the BEERs (Potentially inappropriate medications for geriatrics) criteria for geriatrics. V9 stated it's on there due to the fact that it is very sedating and the increased risk of constipation.</p> <p>The Lexicomp Drug Information Handbook, dated 2014-2015, documents the BEERS Criteria for geriatrics. This criteria lists Hydroxyzine as strongly recommended to avoid use in geriatrics.</p> <p>R111's Nurse Progress Notes document on</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>11/24/19 that R111 appears weak and has general malaise, on 12/11/19 R111 was too tired to get out of bed and on 1/3/20 R111 was lethargic. R111's medical record documents R111 has had a weight loss of 19.6 pounds from 9/4/19 to 1/4/20, and R111's diastolic blood pressure has been in the 40's and 50's since taking the increased dose of Hydroxyzine.</p> <p>(A)</p> <p>3 of 3 300.3240 a) 300.3240 b) 300.3240 c) 300.3240 d) 300.3240 e)</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete a thorough abuse investigation for one of one residents (R102) reviewed for Abuse in the sample list of 11.</p> <p>Findings include:</p> <p>The facility's undated Abuse Prevention Program Facility Procedures documents, "Residents to whom the accused has regularly provided care, and employees with whom the accused has regularly worked, will be interviewed to determine whether anyone has witnessed any prior abuse, neglect, mistreatment or misappropriation of resident property by the accused individual."</p> <p>The facility's Incident Log documents two alleged abuse allegations by R102 for 12/15/19 and 12/20/19.</p> <p>1.) The facility's Incident Report Form, dated 12/20/19, documents on 12/20/19 at 10:50 am, staff reported to V1, Administrator, R102 made a complaint of inappropriate nursing care against R102's nurse. V18 Medical Records documented R102 and R102's POA (Power of Attorney) stated to V18 that the nurse (V19 Registered Nurse) held resident's mouth closed when administering medications.</p> <p>This investigation has a statement documented by V2, Director of Nursing, documenting V2 was notified by V18 that R102 alleged that V18 held R102's mouth closed when V18 administered</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>medication around 9:00 or 10:00. There is no indication of the date or if it was in the morning or evening.</p> <p>This investigation has a statement from V12, Licensed Practical Nurse, that V12 went into R102's the following morning to complete an assessment and documents that R102 had no complaints of discomfort. This statement is signed on 12/20/19. There is no time on this statement. This statement indicates that the incident happened on 12/19/19 not 12/20/19 as indicated on the initial report.</p> <p>This investigation includes a statement from V19 that documents V19 did not touch R102. There is no documentation of any employee interviews regarding the accused employee.</p> <p>The summary completed by V1 documents four residents were interviewed whether they had any concerns or issues when a nurse is giving medication and all four stated no. This summary documents V19 returned to work and was reinserviced by V2 on medication distribution with a focus on resident rights and preferences prior to returning to resident care.</p> <p>2.) The facility's Incident Report Form, dated 12/15/19, documents on 12/15/19 at 4:45 pm, R102 reported to V15, Certified Nursing Assistant (CNA), that V14, CNA, refused to assist R102 to the bathroom when R102 requested assistance. It does not document when V14 refused to assist R102. This report documents V15 notified V2, Director of Nursing, and V2 notified V1, Administrator. It does not document when V2 or V1 were notified.</p> <p>This investigation of the 12/15/19 alleged incident</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>includes two employee interviews. One with V16, unknown position, which documents three yes or no questions regarding the accused employee V14. V16 answered no to the question of V14 ever being rude to any residents, ever seen V14 be rough with a resident, ever seen V14 push anyone and described V14 as "always pleasant." V17, CNA, was asked the same three yes or no questions which V17 answered no to all of them. There is no documentation of any other employee interviews.</p> <p>This investigation has no documentation of any resident interviews. V1's summary of the investigation documents there were five residents interviewed. All five of the residents interviewed had no idea who V14 was. One of the residents had only been at the facility for two days. Another resident interviewed had only been at the facility for four days. There were no interviews with residents who knew V14. The facility's resident roster provided on 1/6/20 documents a facility census of 127 residents. The summary completed by V1 documented V14 had been employed by the facility since 8/3/17.</p> <p>The summary of the 12/15/19 incident completed by V1 documents V14 returned to work and was reinserviced on resident rights. This investigation contains a note signed by V14 and V2 that documents V14 was educated on the need to watch V14's voice and tone when addressing residents and V14 is not to go into R102's room.</p> <p>On 1/8/20 at 10:20 am, V3, Corporate Nurse, stated V3 completed some education with V1 regarding the abuse investigations. V3 confirmed there is not enough information in the investigations.</p>	S9999		
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S9999	Continued From page 18 On 1/8/20 at 3:00 pm, V1, Administrator, confirmed there are no times documented in the investigation. V1 stated V1 did not know that V1 needed to document times. V1 confirmed there were not very many interviews. (C)	S9999		
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