

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2007
NAME OF PROVIDER OR SUPPLIER CHAMPAIGN COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH ART BARTELL DRIVE URBANA, IL 61802	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 312 SS=D	<p>Complaint Investigation #0664998/ IL26154-F312, F314.</p> <p>Investigation of Complaint #0664915/ IL26072-F312.</p> <p>No extended survey was conducted.</p> <p>483.25(a)(3) ACTIVITIES OF DAILY LIVING</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that breakfast was served to 1 of 4 sampled residents at high nutritional risk (R6) and failed to shave 2 of 7 sampled residents requiring assistance with personal hygiene(R6, R10).</p> <p>Findings include:</p> <p>1. The Physician Order Sheet(POS) dated 12/15/06-1/15/07 states that R6 has diagnoses of Chronic Renal Failure with Dialysis and Severe Peripheral Vascular Disease. The POS has an order for a General diet with a 1200cc (cubic centimeters) fluid restriction. The Minimum Data Set (MDS) dated 12/18/06 states that R6 has cognitive impairment and is dependent for transfers, dressing and hygiene.</p>	F 312		2/19/07
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	<p>Continued From page 1</p> <p>The Nutritional Risk Assessment dated 11/20/06 identifies R6 at high nutritional risk. The Registered Dietician (R.D.) progress note dated 12/6/06 states, "12/4 readmission from hospital [with right below knee amputation (BKA)]. With bilateral BKA adjusted [Ideal Body Weight] equals 127 [pounds plus or minus 10%]. Weight decreased significantly over 30-90-180 days." The R.D. recommended liberalization/clarification of the diet, to monitor weight, intakes and encourage intakes of foods/fluids.</p> <p>The R.D. progress note dated 12/20/06 states that R6's 12/06 weight was 159 pounds. The R.D. states that R6's weight was down 16.8% times 30 days; down 16.3% times 90 days and down 16.3% times 180 days.</p> <p>A meal observation was made on 12/27/06 at 12:35 p.m., R6 did not eat anything at the meal.</p> <p>On 12/28/06 at 9:45 a.m. R6's covered breakfast tray was observed sitting on a utility cart by the nurses station. The tray did not look as if it had been touched.</p> <p>All scheduled staff for the unit were interviewed:</p> <p>E9, CNA (Certified Nurse Aide), confirmed in interview on 12/27/06 at 9:47a.m. that she did not offer R6 his breakfast tray.</p> <p>E5, CNA, confirmed in interview on 12/27/06 at 9:49 a.m. that she did not offer R6 his breakfast tray.</p> <p>E12, CNA, confirmed in interview on 12/27/06 at</p>	F 312			

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F 312	<p>Continued From page 2</p> <p>9:50 a.m. that she did not offer R6 his breakfast tray.</p> <p>E8, Registered Nurse, confirmed in interview on 12/27/06 at 10:05 a.m. that she did not offer R6 his breakfast tray.</p> <p>E13, Licensed Practical Nurse (LPN), confirmed in interview on 12/27/06 at 9:45 a.m. that she did not offer R6 his breakfast tray. At 9:50 a.m. E13 stated that R6 said that he would eat some of his breakfast.</p> <p>R6's meal intake record and Fluid Restriction Log for December 2006 have numerous meals and fluids not documented.</p> <p>E5, CNA, stated in interview on 12/27/06 at 10:50 a.m. that R6 had eaten 50% of his oatmeal, eggs and toast, and had drank 50% of the milk. There was no documentation of food or fluid intake for 7-3 shift on 12/27/06.</p> <p>2. The MDS dated 12/14/06 states that R5 has cognitive impairment, no behaviors and requires limited assist of 1 with transfers, dressing, toilet use and hygiene.</p> <p>R5 was observed on 12/27/06 and 12/28/06 to have facial hairs approximately 1/4 inch in length with an unshaven appearance. E4, CNA, confirmed in interview on 12/27/06 at 12:10 p.m. that R5 usually will let them provide care for him.</p> <p>3. The MDS dated 11/7/06 states that R10 has cognitive problems, has behaviors but does not resist care, and requires total assist with transfers, dressing, hygiene, eating and bed mobility.</p>	F 312			

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F 312	Continued From page 3	F 312			
F 314 SS=D	<p>R10 was observed on 12/27/06 and 12/28/06 to have chin facial hairs approximately 1/4 inch in length.</p> <p>483.25(c) PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to reposition a resident in a timely manner and failed to ensure that a pressure relieving device was used in the wheelchair for 1 of 1 sampled residents with a pressure sore (R10).</p> <p>Findings include:</p> <p>The Physician Order Sheet (POS) dated 12/16/06-1/15/07 states that R10 has diagnoses of Alzheimer's, Decubitus Ulcer and Hypertension. The Minimum Data Set dated 11/7/06 states that R10 is totally dependent for transfers, bed mobility, dressing, eating, hygiene and is transferred with a mechanical lift. The Weekly Pressure Sore Log dated 12/23/06 states that R10 has a pressure sore on the left ischium and right elbow. The care plan dated 11/7/06 states to use a wheelchair cushion and devices in</p>	F 314		2/19/07	

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F 314	<p>Continued From page 4</p> <p>the bed and chair to relieve pressure. The POS dated 12/16/06-1/15/07 states, "Up for meals only."</p> <p>R10 was observed up in the wheelchair without a pressure relieving cushion on 12/27/06 from 11:50 a.m. to 1:25 p.m. At 1:25 p.m. R10 was transferred back to bed by E7 and E6 Certified Nurse Aides (CNAs). E7 and E6 confirmed in interview at the time that there was no pressure relieving cushion in R10's wheelchair.</p> <p>R10 was observed up in the wheelchair without a pressure relieving cushion on 12/28/06 at regular intervals from 8:55 a.m. to 1:05 p.m. without repositioning, which is 5 hours and 10 minutes. At 1:05 p.m. E9, CNA transferred R10 back to bed. E9 stated in interview on 12/28/06 at 1:05 p.m. in R10's room that she did not put R10 back to bed after breakfast, because R10 went to a music activity. E9 stated she repositioned R10 by pulling her up in the chair, but confirmed that R10 was not off her bottom. E9 stated that she only pulled R10 up, as she had slid down in the chair. E9 confirmed that there was no pressure relieving cushion in the chair.</p> <p>R10 was observed up in the wheelchair without a pressure relieving cushion on 12/29/06 at 8:55 a.m.</p>	F 314			