

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145842	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Flanagan Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  201 East Falcon Highway Flanagan, IL 61740	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>34201</p> <p>Based on observation, interview, and record review the facility failed to ensure the call light was within reach for one of 12 residents (R13) reviewed for call lights on the sample list of 23.</p> <p>Findings Include:</p> <p>On 5/06/24 at 1:20 PM, R13 was sitting up in the reclining chair in R13's room in front of the television. R13's call light was stretched all the way to the middle of the room and tied to a water jug on the over bed table, which is next to the back of R13's chair. The water jug was on the far end of the table, out of R13's reach. R13 attempted to reach the call light and was not able to.</p> <p>On 5/06/24 at 1:26 PM, V10 CNA (Certified Nursing Assistant) entered R13's room and confirmed that R13 was not able to reach the call light and stated, I wonder why (R13) is like that.</p> <p>R13 care plan dated 3/18/24 documents R13 has impaired physical mobility. This care plan includes an intervention to keep the call light within reach.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35046</p> <p>Based on interview and record review the facility failed to provide quarterly statements for one (R9) of sixteen residents reviewed for resident funds on the sample list of 23.</p> <p>Finding include:</p> <p>R9's Quarterly Minimum Data Set assessment dated [DATE] documents R9 is cognitively intact.</p> <p>On 5/06/24 at 9:36 AM, R9 stated the facility manages her money. R9 stated R9 does not get quarterly statements. R9 stated she would be interested in seeing them.</p> <p>On 5/6/24 at 1:15 PM, V4 Business Office Manager stated V4 has not provided quarterly statements to the residents since the company had a data breach in October of 2023. V4 stated this has been since the third quarter of last year and the first and second quarter of this year.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>34201</p> <p>Based on observation and record review, the facility failed to document care plans including resident centered interventions for respiratory care for one of 24 (R29) residents reviewed for care plans in a sample list of 24 residents.</p> <p>R29's MDS (Minimum Data Set) dated 4/2/24 documents R29 is alert and oriented.</p> <p>R29's ongoing Diagnosis Listing documents a diagnosis of Chronic Respiratory Failure with Hypoxia.</p> <p>R29's May 2024 Physician Orders document to use oxygen at 2-4 L (liters) per nasal cannula to keep oxygen saturation levels above 92 % and Albuterol {Bronchodilator} nebulizer every four hours as needed for shortness of breath and wheezing.</p> <p>R29's Care Plan dated 4/9/24 does not document any respiratory problems or needs.</p> <p>On 5/06/24 at 9:19 AM, R29 was sitting up in the wheelchair and was not wearing oxygen. At this time, R29 stated R29 wears oxygen all the time when in bed and uses the nebulizer on average once a day for shortness of breath.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34201</p> <p>Based on record review and interview the facility failed to update the physician on significant weight changes for one of one resident (R29) reviewed for weight changes on the sample list of 23.</p> <p>Findings Include:</p> <p>R29's MDS (Minimum Data Set) assessment dated [DATE] documents R29 is alert and oriented.</p> <p>On 5/06/24 at 9:37 AM, R29 stated R29 has not had any weight changes that R29 is aware of.</p> <p>R29's ongoing weight log documents the following weights:</p> <p>1/3/24 - 126.6 pounds</p> <p>2/6/24 - 129.6 pounds</p> <p>3/3/24 - 141.6 pounds (a weight gain of 9.26% in one month)</p> <p>4/4/24 - 136.4 pounds(a weight loss of 3.67% in one month)</p> <p>5/7/24 - 156.8 pounds (a weight gain of 14.96% in one month)</p> <p>On 5/8/24 at 9:57 AM, V2 Director of Nursing stated the facility would re-weigh residents to make sure there was no issues and ensure that they had calculated the weight correctly, along with notifying the physician and assessing the resident to see if there is a reason for the weight gain such as edema.</p> <p>R29's Progress Notes do not document any physician notification for weight changes or re-weights.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>37813</p> <p>Based on interview and record review the facility failed to identify resident specific targeted behaviors and implement nonpharmacological interventions prior to the use and increase of psychotropic medications for two (R1, R19) of five residents reviewed for psychotropic medications on the sample list of 23 residents.</p> <p>Findings Include:</p> <p>1. R1's electronic health record documents current orders for Geodon (Antipsychotic) Hydrochloride 60 milligrams (mg)by mouth twice a day and Sertraline (antidepressant) Hydrochloride 100 MG (Sertraline HCl) by mouth one time a day.</p> <p>R1's medical record does not contain resident specific targeted behavior or resident specific interventions or response to interventions. Though the facility did utilize a preprinted behavior tracking. the behaviors/interventions listed were not specific to R1.</p> <p>On 4/8/24 at 12:00 PM, V2 Director of Nursing verified the facility uses the same computer-generated list of behaviors and interventions for all residents who require behavior tracking.</p> <p>50430</p> <p>2. R19's undated Facesheet documents R19 has a diagnosis of unspecified dementia with behavioral disturbance.</p> <p>R19's Physician's order sheet dated May 2024 documents that on 3/26/24, R19 had an increase in Risperdal 0.5 milligrams (mg) from once daily to twice daily.</p> <p>R19's progress note dated 2/29/24 documents that R19 was having behaviors.</p> <p>R19's medical record does not document any behaviors after 2/29/24. R19's medical record do not document that nonpharmacological interventions were attempted prior to the increase of psychotropic medication.</p> <p>On 5/7/24 at 10:50 AM, V6 Registered Nurse states that she is very familiar R19 as she cares for her often. V6 states her behaviors aren't consistent and it's normally because a specific resident (unknown) who lives here triggers her. V6 states, Risperdal was increased because of her triggered behavior towards this other resident.</p> <p>On 5/7/24 at 11:15 AM, V2 Director of Nursing confirmed there was no documentation of increased behaviors prior to the medication increase. V2 stated, Psychotropic meds were not being monitored appropriately before the new company took over.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>34201</p> <p>Based on observation, interview, and record review the facility failed to administer medications in accordance with physician orders and manufacturer's instructions for three (R8, R2, and R11) residents reviewed for medication administration in the sample list of 23. The facility had four medication errors out of 28 opportunities resulting in a 14.28% medication error rate.</p> <p>Findings include:</p> <p>1.) On 5/7/24 at 11:00 AM, R8 was noted to be sitting in his room after breakfast. At 11:33 AM, V6 Registered Nurse administered two units of fast acting insulin (Lispro) to R8. At that time, R8 stated he had already eaten breakfast.</p> <p>The Lispro Package insert documents to, Administer the dose of Insulin Lispro within fifteen minutes before a meal or immediately after a meal by injection into the subcutaneous tissue of the abdominal wall, thigh, upper arm, or buttocks.</p> <p>2.) On 5/7/24 at 11:50 AM, V19 Registered Nurse administered one tablet of Lactaid to R2 without food.</p> <p>The 12/21/23 package insert for Lactaid documents to take the tablet with the first bite of dairy food.</p> <p>3.) On 5/7/24 at 3:07 PM, V6 Registered Nurse administered R11 a one-gram gel capsule of Vascepa and one 500 milligram tablet of Metformin. V6 was given this medication before the dinner meal. At 3:35 PM, R11 still had not received dinner.</p> <p>The Vascepa package insert dated 12/2019 documents to take Vascepa with food.</p> <p>The Metformin package insert dated 4/2017 documents to take Metformin with food.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>50430</p> <p>Based on record review and interview the facility failed to ensure the facility's Medical Director and Director of Nursing attended Quality Assurance meetings. This failure has the potential to affect all 27 residents residing in the facility.</p> <p><b>FINDINGS INCLUDE:</b></p> <p>The facility's Application for Medicaid and Medicare dated 5/6/24 documents there are 27 residents residing in the facility.</p> <p>The facility's Quality Assurance policy dated 2022, documents, The QAPI (Quality Assurance Performance Improvement) consists of monthly and quarterly meetings, daily quality assurance activities, QAPI Tasks and Performance Improvement Plans.</p> <p>QAPI sign-in sheets dated 10/26/23 did not include signatures from the Director of Nursing (DON) or Medical Director/ Physician.</p> <p>On 05/06/24 at 01:08 PM, V1 Administrator in Training states that on 10/26/23, the facility did not have a DON at that time and the Medical Director was not in attendance for the QA meeting. V1 stated she was unable to show that facility reviewed the QA meeting with the Medical Director.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to implement Enhanced Barrier Precautions and failed to perform hand hygiene during incontinence care for four (R8, R9, R1 and R24) of 16 residents reviewed for infection control on the sample list of 23.</p> <p>Findings include:</p> <p>The facility's Infection Prevention and Control Manual-Enhanced Barrier Precaution policy dated 12/30/22 documents Enhanced Barrier Precautions are recommended for residents with wounds or an indwelling medical device including urinary catheters. This policy documents a gown and gloves should be worn when providing wound care and caring for or using an indwelling medical device.</p> <p>1. On 5/06/24 at 10:11 AM, R8 was sitting up in a chair. An indwelling catheter was present. R8 stated he is provided with catheter care every day. R8 stated they wear gloves, but they do not wear a gown.</p> <p>On 5/7/24 at 11:00 AM, V9 Certified Nurse's Assistant (CNA) and V10 CNA entered R8's room to perform catheter care. There was not a sign outside of the door to indicate that R8 required enhanced barrier precautions. V9 and V10 provided catheter care to R8. V9 and V10 were wearing gloves but were not wearing a gown.</p> <p>On 5/8/24 at 1:00 PM, V2 Director of Nursing stated R8 should have an enhanced barrier precautions sign on the door. V2 stated this would include wearing a gown when giving cares to R8.</p> <p>2. On 5/06/24 at 9:48 AM, R9 was sitting in a chair in her room. R9's left foot was wrapped in gauze wrap. R9 stated R9 has wounds to the left foot. R9 stated she was in the hospital in January 2024 for a wound infection. R9 stated when they do her treatment, they wear gloves but no gown. There was no sign on the door that indicated R9 was in enhanced barrier precautions.</p> <p>R9's Treatment Administration Record dated 4/1/24 through 4/30/24 and R9's Treatment Administration Record dated 5/1/24 through 5/31/24 documents R9 has a venous ulcer to the left foot.</p> <p>R9's electronic health record does not document orders for enhanced barrier precautions until 5/8/24.</p> <p>On 5/8/24 at 1:00 PM, V2 Director of Nursing stated R9 was not in enhanced barrier precautions until 5/8/24. V2 stated R9 should have been in enhanced barrier precautions due to having a chronic wound with a history of a wound infection.</p> <p>37813</p> <p>3. R1's physicians orders documents a current physician's order for (petroleum jelly) infused lotion/cream to left buttock every shift for moisture associated skin damage.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/08/24 at 10:25 AM V6, Registered Nurse (RN) and V15, Wound Physician applied petroleum jelly to wound on ischial tuberosity Stage II chronic wound. V15 stated (R1) has had a moisture associated wound at this site several times. We have healed it and it opens back up. Neither V6 nor V15 donned gown while completing wound care. A beefy red open wound approximately one half inch by two inches with some serosanguinous drainage was observed. Both V6 and V15 donned gloves and used appropriate hand washing during wound care.</p> <p>On 5/8/24 at 12:00 PM, V2 Director of Nursing stated, We did not put (R1) on enhanced barrier precautions because we thought it was an acute wound. V2 verified the wound had been open several times.</p> <p>34201</p> <p>4. On 5/06/24 at 11:08 AM, V10 and V16 CNA's (Certified Nursing Assistant's) transferred R24 from the reclining wheeled chair to the bed and removed R24's incontinence brief. R24 had been incontinent of a bowel movement. R10 performed incontinence care for R24 using disposable wipes. After cares were completed, V10 changed gloves but did not perform hand hygiene. V10 along with V16 then placed a clean brief on R24, and positioned R24 in bed and adjusted the covers. After completion of care, V10 confirmed V10 did not perform hand hygiene after performing incontinence care, and only changed gloves.</p> <p>The facility's Infection Prevention and Control Manual for Hand Hygiene dated 2019 documents hand hygiene continues to be the primary means of preventing the transmission of infection. Hand hygiene consistent with accepted standards of practice such as the use of ABHR (Alcohol Based Hand Rub) instead of soap and water in all clinical situations except when hands are visibly soiled with blood and body fluids or after using the restroom. Staff must perform hand hygiene even if gloves are utilized.</p>		