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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>146138</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                  | (X3) DATE SURVEY COMPLETED<br><b>09/01/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MERCER MANOR REHABILITATION</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>309 N W 9TH AVENUE<br/>ALEDO, IL 61231</b> |   |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |   |
| F 0558<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <b>Reasonably accommodate the needs and preferences of each resident.</b><br><br>Based on record review and interview the facility failed to answer call lights in a timely manner for five (R1,R5,R6,R7 and R8) of eight residents reviewed for call lights in a sample eight. Findings Include: The Facility's Resident Call Bell Policy dated 11/5/2019 shows Any staff member that hears or see a call bell on is responsible to answer within a reasonable timeframe. The policy also shows If nonclinical staff are to answer call lights, and the request relates to a clinical request, do not turn the call bell off. Locate appropriate clinical staff to assist the resident. On 8/27/2020 at 10:00 Am R1 stated, I use a (mechanical lift) so if I turn on my light, someone comes in and says they will go get help and then never comes back to get me up or lay me back down whichever I want. R1 stated, We bring this up in Resident Council all the time and it isn't addressed. On 8/27/2020 at 9:00 A.M. R6 stated, I feel so bad because I take two people to help me go to the bathroom, and the girls (staff) have to find someone else on a different hallway to come help them. Sometimes it takes 30 minutes and by then I have messed myself. On 8/27/2020 at 9:15 AM R5 stated, I can do a lot for myself but if I do need help call lights are a joke. I turn mine on but I know it will be 30-45 minutes before anyone comes in, and then sometimes they just turn it off and say they will be back but never come. On 8/27/2020 at 9:30 AM R7 stated call lights get turned off in a reasonable amount of time, but then they (staff) don't come back to do what you needed in the first place. On 8/27/2020 at 10:15 R8 was unable to say how long the call light takes to be answered, stated It doesn't matter if it gets answered because they just turn it off. On 8/27/2020 at 11:30 A.M. V2 (Director of Nurses) stated a 20 minute timeframe for a call light would be her expectation and that no one turn off a call light unless the person turning it off intended to assist the resident with what they needed at that time. Resident Council Meeting Minutes for March, April, May, June and July all document a need for increase staff because the call lights are being turned off so the staff member can go find another staff member to assist them.   |   |   |
| F 0580<br><br><b>Level of harm</b> - Actual harm<br><br><b>Residents Affected</b> - Few  | <b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br>Based on record review and interview the facility failed to notify the Physician of a change in condition for one resident (R3) of three residents reviewed for change of condition in a sample of 8. This failure resulted in R3 experiencing a continued decline in normal functioning and eventually being hospitalized for [REDACTED], in condition. The following guideline will be utilized as appropriate to each situation and change in condition: and continues Notify MD (Medical Doctor) of change and give assessment information. Receive orders if any. The policy also shows 5. Initiate vital signs every shift for a minimum of 72 hours or until condition stabilizes or improves, and 6. Document in chart a minimum of every shift for 72 hours or until condition stabilizes or improves. R3's Nurse's Notes dated 2/12/2020 show (V3 Advance Practice Nurse) office closed, sent a fax describing resident's need for being in feeders (requiring assistance to eat). Resident has taken a serious decline in the past two weeks. Resident food barely makes it to his mouth, most food ends up in lap. Resident's grip to hold his own cup has even become difficult. R3's Medical Record was reviewed and does not document any additional assessments, vital signs or Physician notifications related to R3's decline in function. On 8/31/2020 at 3:30 P.M. V2 (Director of Nursing) confirmed this is the only documentation of R3's decline other than the day he was sent to the hospital (3/7/2020). V2 confirmed no vital signs or assessments were done between 2/12/2020 until 3/7/2020. On 8/31/2020 at 9:45 AM V3 (Nurse Practitioner) stated To notify me or anyone else via fax to my closed office is acceptable for baseline findings. It is dangerous to do it the way they did. I had no idea this man was declining the way he was until 2/27/20 and then I ordered some labs to see what was going on and then the facility didn't even draw the labs. I discontinued seeing residents at this facility because the nursing staff is dangerous, (R3) should have been sent to the hospital in an ambulance when he declined so far that he wasn't talking or responding. On 8/31/2020, V5 (Medical Director) stated that R3 should have been assessed per the facility's protocol and that V5 felt that if R3's decline would have been addressed in a timely manner he would have been treated sooner and he wouldn't have become as sick as he did. R3's emergency room Admission Record dated 6/7/2020 shows Acute [MEDICAL CONDITION] and [MEDICAL CONDITION] (Low Sodium) as admitting [DIAGNOSES REDACTED]. |   |   |
| 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.