

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER EDWARDSVILLE NSG & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 401 ST MARY DRIVE EDWARDSVILLE, IL 62025	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to answer call lights in a timely manner for 5 of 5 residents (R1, R3, R5, R7, R11) reviewed for dignity in the sample of 11. Findings include: 1. R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact, requires extensive assistance of two staff members for transfers, toilet use and personal hygiene, is frequently incontinent of urine, and always incontinent of bowel. On [DATE], R1 stated, I used my call light because I was dirty, and a CNA stated he had other people, but then he got my 2 roommates first, and then he left without cleaning me. R1 stated, CNAs are always telling me that they have me on their list. R1 stated another time she used her call light to lay down and she waited 2 hours until finally CNAs transferred her to bed. R1 stated that CNAs are always saying, We have you on our list, or another resident just buzzed or we have to get another resident first, then we will get you. 2. R3's (MDS), dated [DATE], documents R3 is cognitively intact, requires limited assistance of one staff member for transfers, toilet use and personal hygiene, and is occasionally incontinent of stool. On [DATE] at 08:30 AM, R3 stated, I've seen 4-5 call lights going off and residents are waiting 45 minutes or longer. R3 stated, We are the ones suffering. On [DATE] at 08:40 AM, R3 stated, Yesterday evening, residents had to wait over 40 minutes to get any help. R3 stated, Management has been saying for over a year that they are working on it to make things better, but nothing is happening. 3. R5's (MDS), dated [DATE], documents R5 is cognitively intact, requires limited assistance of one staff member for toilet use, personal hygiene, extensive assistance of two staff members for transfers, and is always incontinent of urine and stool. On [DATE] at 11:33 AM, R5 stated, Yesterday was terrible. I didn't get changed at 2:00 PM, a lady came down with another girl and stated they would return and help. R5 stated, I waited and waited. R5 stated, I finally called the office on my cell phone 7-8 times trying to get someone down to change me. R5 stated, When I call the nurses station, they just hang up on me because they recognize my voice and then when I call back, they don't answer the phone. R5 began crying and stated, I just don't want to be treated like that. R5 continued by saying, I'm not used to being treated like that. R5 stated, At 3:30 PM, finally someone came down from another hall to change me. R5 stated, One day my dress was so soaked (with urine) I couldn't slide across the sliding board to get into bed. On [DATE] at 2:01 PM, R5 stated, I've been up since 06:30 AM and now I am waiting to get changed. R5 stated, I wish she would come on and get it over with. 4. R7's MDS, dated [DATE], documents R7 has moderately impaired cognition, requires limited assistance of one staff member for personal hygiene and supervision for transfers and toilet. On [DATE] at 11:20 AM, R7 stated, almost everyday I wait about a hour for staff assistance. 5. R11's MDS, dated [DATE], documents R11 has severe cognitive impairment, requires 1-2 staff members assistance for transfers, toilet use and personal hygiene, and is always incontinent of urine and bowel. On [DATE] at 08:50 AM, V15 (R11's daughter) stated, I'm very concerned with my mother's (R11) care. I come here almost every day. I've seen call lights going off a long time. On [DATE] at 10:45 AM, V2 (Director of Nursing) stated, I expect staff to respond to a call light within 10 minutes. The Facility's Resident Council minutes, dated 1/14/2020, documents: Follow-up concerns from last meeting: Call lights on for long periods of time on evening shift. The Facility's Grievance/Complaint Log, dated 1/29/20, documents: Nature of Complaint: Call Lights stating: Call lights are not answered in a appropriate amount of time. Call light was on for 2 hours before anyone came in and by then it was to late. The Facility's Call Lights Policy and Procedure, dated 11/28/2016, documents, Call lights will be answered in a timely fashion. The Facility's Dignity Policy and Procedure, dated 2001, documents, Staff shall provide dignity and assist residents as needed by: Promptly responding to the resident's request for toileting assistance.</p> <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to provide timely incontinence care for 5 of 5 residents (R1, R2, R5, R6, R11) in the sample of 11. Findings include: 1. R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact, requires extensive assistance of two staff members for transfers, toilet use and personal hygiene, is frequently incontinent of urine and always incontinent of bowel. On [DATE], R1 stated, Sometimes we have 1 CNA (Certified Nurses Assistant) for 2 halls. I used my call light because I was dirty and a CNA stated he had other people but then he got my 2 roommates first and then he left without cleaning me. CNAs are always telling me that they have me on their list. R1 stated another time she used her call light to lay down and she waited 2 hours until finally CNAs transferred her to bed. R1 stated that CNAs are always saying, We have you on our list, or another resident just buzzed or we have to get another resident first, then we will get you. R1's Care Plan dated 7/29/2019 documents: Incontinent of bladder and bowel. Interventions: Incontinent care after incontinent episodes. Offer bedpan upon request. 2. R2's MDS, dated [DATE], documents R2 has severe cognitive impairment, requires extensive assistance of two staff members for transfers, toilet use and personal hygiene, is occasionally incontinent of urine and always continent of bowel. On [DATE] at 2:19 PM, R2 was sitting in R2's room in a recliner. R2 stated, I wish you were here 5 minutes ago, now I messed my clothes. R2 stated, I need help. R2's call light was pushed. At 2:20 PM V8 (CNA) arrived and turned off call light and stated he would return. R2 stated, It's crazy, I've gotta have help. Maybe someone will come help me. I've got to get to the bathroom and get cleaned up. At 2:40PM, V8 returned and R2 was assisted to bathroom where a wet incontinent brief was removed. 3. R5's (MDS), dated [DATE], documents R5 is cognitively intact. R5's MDS documents that R5 requires limited assistance of one staff member for toilet use, personal hygiene and extensive assistance of two staff members for transfers. R5's MDS documents that R5 is always incontinent of urine and stool. On [DATE] at 11:33 AM, R5 stated, Yesterday was terrible. I didn't get changed at 2:00 PM; a lady came down with another girl and stated they would return and help. I waited and waited. I finally called the office on my cell phone 7-8 times trying to get someone down to change me. When I call the nurses' station they just hang up on me because they recognize my voice and then when I call back they don't answer the phone. R5 began crying and stated, I just don't want to be treated like that. R5 continued by saying, I'm not used to being treated like that. R5 stated, At 3:30 PM finally someone came down from another hall to change me. R5 stated, One day my dress was so soaked (with urine) I couldn't slide across the sliding board to get into bed. 4. R6's MDS, dated [DATE], documents R6 is cognitively intact, requires extensive assistance of two staff members for toilet use, personal hygiene and transfers, and is occasionally incontinent of urine. On [DATE] from 10:00 AM - 1:48 PM, R6 was observed at 10-20 minute intervals sitting in a wheelchair with no staff repositioning, toileting or checking for incontinence. On [DATE] at 1:48 PM, V13 (CNA) stated, I got (R6) up at 07:30 AM this morning. V13 and V5 (CNA) then transferred R6 using a</p>		
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) mechanical lift from wheel chair to bed. R6's incontinent brief was visibly wet with deep creases on buttocks and back of legs. 5. R11's MDS, dated [DATE], documents R11 has severe cognitive impairment, requires 1-2 staff members assistance for transfers, toilet use and personal hygiene, and is always incontinent of urine and bowel. R11's Care Plan dated 7/24/2019 documents: (R11) Problem: is incontinent of bladder and bowel. Approach: Check and change every 2 hours. On [DATE] at 08:50 AM, V15 (R11's daughter) stated, I'm very concerned with my mothers (R11) care. I come here almost every day. I've seen where staff have transferred (R11) from wheelchair to bed and her clothes will be soaked and there will be a puddle of urine in her chair. There's only 1 CNA down the hallway and you never see them. On [DATE] at 10:45 AM, V2 (Director of Nursing) stated, I would expect staff to check and change residents at least every 2 hours for incontinence. Facility did not provide a check and change policy for incontinence.</p>		