

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145446</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARIGOLD REHABILITATION HCC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Reasonably accommodate the needs and preferences of each resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide showers per resident preference for three residents (R1, R4, R6) of four residents reviewed for showers. Findings include: R1's Current Physician order [REDACTED]. R1's Comprehensive assessment dated [DATE] indicates R1 is able to understand and make needs known. Assessment indicates R1 is total assist of two or more staff for transfers and extensive assist of two or more staff with bathing. R1's current Care Plan indicates R1 is to receive one shower one times per week. On 9/8/20 at 10:00am R1 stated that she wants and is supposed to get a shower twice a week - on Monday and Thursday. A sign posted on the wall by R1's bed documented Showers - Monday and Thursday. R1 stated that she usually gets a shower by V9, CNA (Certified Nurse Assistant) and V9 has stated that he was unable to get R1 in the shower because he doesn't have any help due to short staffed. R1's shower sheets were reviewed and indicate R1 missed showers on 7/20, 7/23, 7/27, 7/30, 8/17, 8/24, 9/3 and 9/7/2020. On 9/8/20 R4 and R6 stated that they are supposed to get showers two times a week but have not been getting showered due to lack of staff. R4 stated I need a shower. Current Comprehensive assessments indicate both R4 and R6 are able to understand and make needs known. Assessments indicate both R4 and R6 require extensive to total assist with transfers and bathing. Current Care Plan indicates staff is to provide bathing, grooming, hygiene per (R4's and R6's) preference as able; ask (R4 and R6) preferences for schedules. Review of shower sheets indicate R4 missed showers on 8/3, 8/6, 8/10, 8/13, 8/17, 8/24, 9/3 and 9/7. Shower sheets for R6 indicate R6 received showers on 5/29, 6/23 (bed bath) and 7/10. Shower sheets indicate R4 is to receive showers on Mondays and Thursdays; R6 is to receive showers on Wednesday and Saturdays. On 9/8/20 at 11:00am V5, CNA (Certified Nurse Assistant) stated that R1 has complained about not getting showers due to short staffing. V5 stated that the staff will give a bed bath to make it up, but sometimes there are just not enough staff to give showers. On 9/8/20 at 11:25am V6, CNA stated that (CNA) staffing is horrible. V6 stated We're always behind on showers. On 9/9/20 at 10:15am V9, CNA stated that if there's not enough help showers don't get done, and the last couple months we've had no help. V9 stated that sometimes the facility will bring in Agency CNA's but not that often - certainly not every day. V9 stated that R1 takes two staff to transfer with a mechanical lift and takes a lot of time to shower. V9 stated I would have to transfer her myself with the lift but we're not supposed to transfer without two staff but sometimes there is no one that can help. On 9/8/20 V5, V6 and V9 all stated that the only place showers are documented are on the shower sheets. V6 and V9 stated that they don't document refusals or if showers weren't given. Facility shower schedules indicate all residents in the facility were scheduled for showers twice weekly. On 9/9/20 at 11:15am V2, LPN (Licensed Practical Nurse)/Staffing, stated that she is aware the CNAs are reporting not being able to get showers done due to being short staffed. V2 stated that residents are only supposed to get showers once per week and she didn't know why the schedules were never updated and didn't know why the residents and staff were never told that showers were changed to once per week. V2 stated that showers were changed to once a week about 6 months ago. Facility Policy/Bath, Shower revised 12/17 indicates: A bath/shower is scheduled for all residents in the facility at least weekly.		
F 0725  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to have a sufficient number of Certified Nurse Assistants to provide showers twice weekly for three residents (R1, R4, R6) of four residents reviewed for showers. Findings include: R1's Current Physician order [REDACTED]. R1's Comprehensive assessment dated [DATE] indicates R1 is able to understand and make needs known. This assessment indicates R1 is total assist of two or more staff for transfers and extensive assist of two or more staff with bathing. R1's current Care Plan indicates R1 is to receive one shower one times per week. On 9/8/20 at 10:00am R1 stated that she wants and is supposed to get a shower twice a week - on Monday and Thursday. A sign posted on the wall by R1's bed documented Showers - Monday and Thursday. R1 stated that she usually gets a shower by V9, CNA (Certified Nurse Assistant) and V9 has stated that he was unable to get R1 in the shower because he doesn't have any help due to being short staffed. On 9/8/20, R4 and R6 stated that they have not been getting showered due to lack of staff. R4 and R6's comprehensive assessments indicate both R4 and R6 are able to understand and make needs known. On 9/8/20 at 11:00am V5, CNA (Certified Nurse Assistant) stated that R1 has complained about not getting showers due to short staffing. V5 stated that the staff will give a bed bath to make it up, but sometimes the staff just don't have enough staff to give showers. On 9/8/20 at 11:25am V6, CNA stated that (CNA) staffing is horrible. V6 stated We're always behind on showers. On 9/9/20 at 10:15am V9, CNA stated that if there's not enough help showers don't get done, and the last couple months we've had no help. V9 stated that sometimes the facility will bring in Agency CNAs, but not that often - certainly not every day. V9 stated that R1 takes two staff to transfer with a mechanical lift and takes a lot of time to shower, V9 stated I would have to transfer her myself with the lift but we're not supposed to transfer without two staff but sometimes there is no one that can help. On 9/9/20 at 11:15am V2, LPN (Licensed Practical Nurse)/Staffing stated that she is aware the CNAs are reporting not being able to get showers done due to being short staffed. V2 stated they are using Agency CNAs, however the two scheduled Agency CNAs scheduled for evening shift (on 9/8/20) were unable to work so the evening shift was short until they could get a third shift staff to come in early. On 9/8/20 10:40am V10, Medical Records/CNA stated that she had to work the floor today as a CNA because they were short staffed. Facility Assessment Staff Assignment and Plan provided by V1, Administrator was incomplete - No individual or general staffing plan was provided.		
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.