

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145930	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN - PONTIAC		STREET ADDRESS, CITY, STATE, ZIP 1225 SOUTH EWING DRIVE PONTIAC, IL 61764	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review the facility failed to develop and implement interventions for the prevention of injuries for one of three residents (R1) reviewed for injuries on the sample list of 17. Findings include: R1's medical record documents on 5/22/2020 at 4:06 AM, small bruise noted on left elbow during shower and new slight pinkish red area below right knee down shin area is cool and not warm to touch. no c/o (complaints of) pain. will continue to monitor. R1's medical record documents on 6/30/2020 at 7:03 AM, large bruise noted from left wrist to inner elbow area. No c/o pain. Resident was out wandering in w/c (wheelchair) all weekend and left arm hangs over w/c and rubs again (against) w/c while resident is propelling thru (through) facility. R1's medical record documents on 7/14/2020 at 5:38 AM, resident noted to have reddened bruised like area under right eye. Resident denies pain or discomfort at site. Resident was noted by night shift nurse to be rubbing that eye after eye drop administration. She is on aspirin and does bruise easily. R1's medical record documents on 7/29/2020 at 5:45 AM, staff was assisting resident get dressed for the day when they noticed a bruise to (R1's) right lower arm. It is approx. (approximately) 3 inches by 2 inches. Resident doesn't know what happened. Will continue to monitor. R1's care plan with a revision date of 9/11/2019 documents, Focus: (R1) has limited physical mobility r/t (related to) weakness and impaired cognition. (R1) transfers with staff assist of two using the (mechanical lift). (R1) does not ambulate. (R1) has impairments to bilateral lower extremities. Goal: (R1) will remain free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, fall related injury through the next review date. Intervention/ Task: revision date: 3/7/2018: Gentle ROM (range of motion) with cares, (R1) uses a wheelchair that (R1) can propel (R1's self) around the facility, (R1) does not ambulate at this time, Invite (R1) to activity programs, Therapy referrals as ordered as needed. R1's care plan does not document new interventions or tasks to prevent further bruising (injury). On 8/4/2020 at 8:40 AM, V2 Director of Nursing (DON) stated, (R1) has been known to rub (R1's) eyes and it has caused discoloration to them. (R1) propels own w/c and goes up and down the hallways and bumps into the door frames, and the way (R1) moves (R1's) arm down into the center part of the wheelchair middle circle tire area it causes bruising to (R1's) upper extremities. (R1) always has long sleeves on and still gets the bruising. (R1's) care plan doesn't have that (R1) is prone to bruising and new interventions for the prevention each time (R1) has developed the bruising. The facility policy, with a revision date of 4/10/18, titled Care Plan documents, Care plan completion will be done upon admission following RAI (Resident Assessment Instrument) guidelines for initial and comprehensive care plan. Care plans are updated routinely with each event such as infection, falls, dietary, change in condition, and every quarter.		
F 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide nutritional supplements as recommended by the dietitian for one of three residents (R10) reviewed for weight loss on the sample list of 17. Findings include: R10's weight report documents an admission weight of 163 pounds on 1/15/2020 and 145 pounds on 7/15/2020. R10's medical record documents on 7/15/2020 at 3:12 PM by V24 Dietary Manager, Nutrition/Dietary Note, CBW (current body weight) of 145# (pounds). (R10) has a significant weight loss of 11% X 6 months. (R10) receives an LCS (low concentrated sweets)/diabetic regular diet. (R10) receives a supplement that helps with weight maintenance. Documentation shows that (R10's) appetite is varying and (R10) is consuming 50-100% of meals. R10's Physician orders [REDACTED]. R10's medical record does not document the administration of Med Pass (nutritional supplement) three times a day in May, June and July 2020. On 8/4/2020 at 8:30 AM, V24 Dietary Manager stated, nursing staff give the nutritional supplement Med Pass and they (nursing staff) should be documenting the administration. V24 confirmed R10 had a weight loss and the dietitian recommended the nutritional supplement in March 2020.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.