

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145926	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER GARDENVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 14792 CATLIN TILTON ROAD DANVILLE, IL 61834	
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 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</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 have sufficient nursing staff to provide incontinence care and toileting assistance to four residents (R2, R3, R4, R5) of five reviewed for staffing. Findings include: The Daily Census Report, dated 3/12/2020, documents 87 residents reside in the facility on four occupied halls. Facility staffing sheets from (February 28, 2020 - March 13, 2020) document three (3) Certified Nursing Assistants (CNA) on third shift for the entire facility on 2/28/2020, 2/29/2020, [DATE], [DATE], 3/6/2020, 3/7/2020, 3/8/2020, [DATE]20, 3/10/2020, and two CNA's (after 2:30am) on 3/3/2020 and 3/4/2020. The Daily Census Report, dated 3/12/2020, documents of the 87 residents in the building, 35 reside on the D wing, 35 reside on the E wing, 15 reside on the V wing, and 2 reside on the A wing. Resident Council Meeting Minutes document on 12/31/2019, residents recommended two or more CNA's on all shifts and halls. On 1/28/2020, residents stated they would like two or more CNA's on each wing for all shifts. The undated Resident Roster documents 25 residents require the assistance of two staff members. 1) R2's Care Plan, dated 1/10/2020, documents R2 transfers with a full mechanical lift. On 3/12/2020 at 2:04pm, R2 was in bed watching television and R2's lips were dry and cracked. R2 reported asking a CNA for water four times today, and was ignored each time. R2 stated, Look how dry my lips are. I've been here 7 years and am leaving to go to another home because I can't take it here no more. I don't get the care like I should. They don't have enough staff to get me up out of bed and changed (briefs) like I should. It's upsetting. R2 was visibly upset and tearful when responding. 2) R3's Care Plan, dated 3/5/2020, documents R3 transfers with a standing lift. R3 has self care deficit and requires assistance with activities of daily living such as bed mobility, transfers, toileting, eating, dressing/grooming, bathing and personal care needs. On 3/12/2020 at 2:16pm, R3 was in a wheelchair with a [MEDICAL CONDITION] noted on the left side. R3 stated, I'm pretty independent but need help with toileting. We (V Hall Residents) haven't had a CNA on overnights lately and someone (CNA) from E hall was to come down to assist. I sat in (expletive) pants for an hour and a half the other day out at the nurses station. They (staff) were aware, as I'm very outspoken. I felt ashamed and degraded. Sitting in it (soiled brief) physically hurt. I have to advocate for myself and others. The facility Grievance/Complaint Log documents on 12/2/2019 R3 complained of not receiving incontinence care. 3) R4's Care Plan, dated 3/14/2020, documents R4 requires staff assistance for transferring. R4 is cognitively intact. On 3/13/2020 at 1:23pm, R4 stated, I hate it here. Not enough help. I've sat on the toilet for more than an hour waiting on someone to come help me. I only have use of one hand so I'm unable to get myself off of the toilet. This (waiting for assistance) makes my anxiety worse. I have had suicidal thoughts over this. 4) R5's Care Plan, dated 3/5/2020, documents R5 transfers with a full mechanical lift and is at risk for pressure ulcers and R5's skin will be kept clean and dry. On 3/13/20 at 2:03pm, R5 stated, I've sat in dirty briefs overnight before recently and my call light was on for 30 to 40 minutes. I feel like nobody cares and it is upsetting. On 3/12/2020 at 9:50am, V3, Registered Nurse (RN), and V6, CNA, were providing care to V Hall residents. On 3/12/2020 at 10am, V3 stated V3 was unable to assist the CNA with resident cares in a timely manner. On 3/12/2020 at 11:10am, V4, CNA, stated V4 is not always able to provide resident cares in a timely manner due to inadequate staffing. On 3/12/2020 at 11:20am, V6, CNA, stated, I work 12 hour days down here (V Hall). Staffing is horrible. One CNA all shifts down here, hard to find people to help when you need to assist someone needing two of us. I've been doing this for [AGE] years. It's hard to do when not enough staff. No CNA Monday night over here. One (CNA) from another hall was supposed to come over here but told me they don't know these residents. I came in the following morning having to do all the cares and getting the residents up for the day. On 3/12/2020 at 1:46pm, V12, RN, stated, Staffing here is bad. I don't have enough CNA's. I know recently on V Hall from 230p-630p there was no CNA and no residents were assisted with toileting at that time. Many times there isn't one (CNA) over there (V Hall) overnight and the other CNA's (from other halls) are expected to float over there to help while taking care of all their residents also. On 3/13/2020 at 11am, V2, Assistance Director of Nursing (ADON), stated, Staffing is a major issue here. My goal is to have two CNA's on all shifts on V hall, three CNA's on days/evening on D/E halls and two CNA's on D/E halls.</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.