

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2020
NAME OF PROVIDER OF SUPPLIER SEMINARY MANOR		STREET ADDRESS, CITY, STATE, ZIP 2345 NORTH SEMINARY STREET GALESBURG, IL 61401	
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 0561 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on interview and record review, the facility failed to adhere to a resident's preferred bathing frequency and schedule for one (R1) of three residents reviewed for bathing out of a sample of three. Findings include: R1's Care plan dated 5/28/20, documents R1 prefers to receive showers. R1's weekly shower schedule documents R1 will receive two showers a week on Wednesday and Saturday. On 9/6/20 at 10:10 am, R1 stated she is not getting two showers a week and prefers more than one shower a week. R1's medical record documents R1 received one shower a week 7/1/20 through 7/8/20, 8/1/20 through 8/8/20, 8/8/20 through 8/15/20, 8/26/20 through 9/2/20, and no shower 7/18/20 through 7/29/20. R1's medical record does not document refusals for showers. On 9/7/20 at 11:35 V2, Director of Nursing (DON), verified R1 did not receive two showers per week.		
F 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on interview and record review, the facility failed to provide assistance to allow a resident to maintain bowel continence for one resident (R1) out of three residents reviewed for continence care out of sample of three. Findings include: Facility Call Light policy revised 01/04 documents, Objective: To respond to residents request and needs. Procedure: 1) answer call light promptly. R1's care plan dated 5/28/20 documents R1 is continent of bowel and requires one assist from nursing staff to transfer to the toilet. On 9/6/20 at 10:10 am, R1 stated About five weeks ago I needed to use the bathroom, I have a catheter, so they have to assist me to the toilet when I need to have a bowel movement. I had to use the bathroom, so I pushed my call light and it took the CNA (Certified Nursing Assistant) about an hour and a half to get to me. It took the CNA so long to get to me that I couldn't hold it anymore and I had an accident. I was so embarrassed because I'm able to control my bowels, but that particular night I just couldn't hold it anymore. R1's medical record dated 08/05/2020 at 08:01 AM documents, Resident (R1) voiced to this nurse that she had an incontinent episode of bowel movement during second shift and the CNA made her feel uncomfortable but did not want anyone to get into trouble. Resident explained that she had her light on for a while and that she couldn't help it. Resident stated that she knows they're busy. This nurse explained that they were probably in with another resident who requires two staff and that they do the best they can. Facility grievance report dated 8/6/20 documents Resident (R1) states her call light is not getting answered timely and had a bowel movement in her pants. At time of (R1)'s call light being on for a hour/hour and a half, is during high resident care time getting people showers, dressed and up for breakfast. On 9/6/20 at 10:20 am, V3, CNA, stated About a month or so ago, there was an incident where I was unable to get to R1's call light for about 30 to 45 minutes. Sometimes the hall can get heavy especially during times of high resident care like in the morning, meals or bedtime. At times like that, it can take a little longer to get to all the residents. On 9/7/20 at 9:52 am, V1, Administrator, stated Sometimes it takes the nursing staff a little longer to answer call lights during certain times like meals and get up. V2, Director of Nursing (DON) stated It's usually during times of increased patient care.		
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.