

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/03/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145819	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2006
NAME OF PROVIDER OR SUPPLIER CLAREMONT REHAB & LIVING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigation #0674244/IL25231. Claremont Rehabilitation and Living Center is in compliance with 42CFR Part 483 Requirements for Long Term Care facilities for this survey No extended survey was conducted.	F 000		
F9999	FINAL OBSERVATIONS 300.1210a)1) 300.1210b)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include at a minimum the following procedures: b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	F9999		

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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F9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as follows:</p> <p>Based on record review and interview the facility failed to supervise a resident who was at high risk for falls during a physical therapy session on 1/10/05. This failure resulted in the resident falling in the physical therapy room, and expiring in the hospital on 1/10/05 due to Cerebral Injuries due to the fall in the nursing home. This was for one resident (R3) out of 3 residents reviewed for falls necessitating hospital/emergency room visits.</p> <p>The findings include:</p> <p>A face sheet documents that R3 was a 78 year old who was admitted to the facility on 9/14/04 and readmitted on 12/7/04. A physician consultation dated 12/13/04 documents a recent left below the knee amputation, and a prior right below the knee amputation. An Updated Plan of Progress for Medicare Part B dated 1/05/05 through 1/10/05 documents R3 walking 100-200 feet with a rolled walker, contact guard, stand by assistance with bilateral prosthesis on, and wobbling occasionally. A physical therapy care plan dated 12/9/04 documents R3 has weakness, decreased balance and ambulation, with goals to perform all functional transfers with supervision and ambulate with the rolled walker, left prosthesis on with stand by assistance, and to have a prosthetic fitting and consultation. A fall</p>	F9999			

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F9999	<p>Continued From page 2</p> <p>risk care plan dated 12/11/04 documents to supervise R3 when up. An incident report dated 1/10/05 at 3:30pm documents that 3 staff members heard a voice, turned and found R3 lying on his back in the therapy room.</p> <p>E3 (RN) was interviewed on 10/16/06 at 11:35am. E3 said she worked on 1/10/05 and that nursing staff was paged to help in physical therapy. E3 said that when she arrived R3 was lying on the floor on his back opposite (with feet pointed to) the therapy table. E3 said R3 told them he was okay but could not tell them what had happened.</p> <p>E4 (PT) was interviewed on 10/16/06 at 12:20pm. E4 said "I found him." E4 said she had done stretching exercises with R3 and then left him on the therapy table with instructions to remain there. E4 said she was standing in the doorway of the therapy office in the therapy room with her back towards R3. E4 said R3 must have gotten off the therapy mat, walked at least 15-20 feet, must have then tried to back himself into a wheelchair, lost his balance and fell. E4 said that R3 had a pick-up walker, his gait was slow and that he walked one step at time. E4 said that R3 must have been up, alone and unassisted for at least 5 minutes.</p> <p>A Medical Examiner's-Coroner's Certificate of Death dated 1/13/05 documents the immediate cause of death on 1/10/05 at 4:00pm as Cerebral Injuries, due to a Fall, which occurred at a nursing home.</p> <p>(A)</p>	F9999			