

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

PRINTED: 04/12/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145657	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2006
NAME OF PROVIDER OR SUPPLIER REST HAVEN WEST CHRISTIAN NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE DOWNERS GROVE, IL 60515		
(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 324	Continued From page 9 staff. E 8 (receptionist) on 2/16/06 at 10:45 am, E 8 stated that when she leaves E 14 (receptionist) takes her place. Someone is always at the door now. Facility has 13 exit doors. All exit doors had working alarms. 3 of 13 doors have alarms off during the day. The doors are monitored during the day and locked around 9:00 pm by the maintenance person. Elopement binders containing a list of residents who are at risk for elopement, policy and procedure for elopement, elopement protocol, and pictures of all the residents who are at risk for elopement. Interviews with E 12 (CNA), E 15 (CNA), and E 16 (RN) on 2/16/06 at 11:00 am all communicated the procedure when a resident elopes and how to identify the residents who are at risk for elopement. Insevoices were held as outlined in the removal plan by the facility. All residents listed on the list for at risk for elopement have been reassessed and care planned as of 2/16/06.	F 324			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610 a) 300.1210 a)	F9999			

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F9999	Continued From page 10 300.1210 b) 6) 300.3100d)2) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician, or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder . These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial 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. Personal Care, as defined in section 300.330, is assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual (Section 1 -120 of the Act)	F9999			

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F9999	<p>Continued From page 11</p> <p>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.</p> <p>All exterior doors shall be equipped with a signal that will alert that staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24-hour a day supervision of the door, a signal is not required.</p> <p>These requirements are not met as based on observation, record review, and interview, the facility failed to supervise the front exit door on 2/1/2006 to assure a resident's safety. R3 wheeled herself out of the building and was found about 30 minutes later. R3 was found outside, down the hill of the parking lot flipped out of her wheelchair in the grass (227.5 feet) without a coat. R3 sustained fractures to C1 and C2 cervical vertebrae and her left ring finger.</p> <p>This is for 1 of 22 residents at risk for elopement in the facility.</p> <p>The findings include:</p> <p>R3's profile face sheet showed that R3 was readmitted to the facility on 2/4/06 with diagnoses of Status Post fall with a Fracture of C2 and left posterior ring fracture of C1 . A cervical collar to is to remain in place at all times. R3's Assessment of 8/1/05 showed that R3 has short</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>and long term memory problems and has moderately impaired decision making skills. R3's elopement risk assessment dated 1/30/06 showed that R3 was not assessed at high risk for elopement. R3's care plan dated 2/1/06 showed no update relating to R3 being at risk for elopement. As of 2/9/2006 R3 had not been reassessed for at risk for elopement. In R3's Social Service/Psycho-Social note dated 11/7/05 E10, (social service) documented, "R3 remains to be alert, with periods of confusion and forgetfulness."</p> <p>The facility's incident report for 2/1/06, documented that R3 fell 2/1/06-no complaint of pain or discomfort. On 2/2/06, resident complained of back and neck pain. MD ordered x-ray. As a result of x-ray findings resident sent to the hospital for further evaluation. Family aware of all of the above. Resident admitted to the hospital 2/2/06. Readmitted to the facility 2/4/06-new fracture C2 and C1, left posterior ring fracture. Diagnoses prior to admission: Hypertension, Depression, Chronic Obstructive Pulmonary Disease, Hypothyroidism, Osteoarthritis, Anemia.</p> <p>R3's Nurses notes for 2/1/06-10:40AM showed CNA (E6) discovered resident (R3) outside near parking lot-wheelchair overturned and resident lying in grassy area adjacent to parking lot (227.5 feet from R3's room). CNA called for help and resident lifted to wheelchair and returned to room</p> <p>Interview with E8 (receptionist) at 1:30PM on 2/9/06, E8 said that the only thing she can think of is she was away from the window because she was</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>working on a new admit. E8 stated she did not see R3 leave the building. When E6 came in and told to her to call for help was the first time she heard of R3 being outside. R3 does get confused at times but I have never known her to leave the building before. The doors do not have an alarm, they open automatically. The main entrance door is monitored from 8AM-4:30PM, locked at 8:00PM. No one monitors the door after 4:30PM.</p> <p>Interview with E1 (Administrator) on 2/9/06 at 10:00AM, E1 stated, "E6 (CNA) was coming back or leaving for lunch and saw a wheelchair around the bend of the parking lot tipped over and R3 in the grass. R3 did not have a coat on. I think she was gone for about 10 minutes."</p> <p>Interviews with E4 (RN), E5 (CNA), E9 (CNA), and E7 (CNA) on 2/9/06 at 11:00AM noted all to say that R3 was last observed in the hallway outside of her room at between 10:15AM and 10:20AM. All staff interviewed stated that R3 had never attempted to leave the facility before. R3 can propel herself in her wheelchair but she is extremely slow.</p> <p>Interview with R3 on 2/9/06 at 9:30 am, R3 would not respond to surveyor when asked why she went outside. R3 only stated, "I hit some ice and lost it, I'll never forget it." R3 began crying, stating that it hurt.</p> <p>Review of R3's resident assessment dated 11/7/05 identifies the following:</p> <p>Cognitive Loss-Resident has problem retrieving short term memory information. She has periods</p>	F9999			

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F9999	<p>Continued From page 14 of confusion.</p> <p>At Risk for Falls-At Risk for falls related to fall in the past 31-180 days. Alert and oriented with some forgetfulness.</p> <p>Self Care Deficit-Mobility. ADL dysfunction related to Depression, COPD, OA, OP. History of femoral neck fracture. Alert and oriented with periods of confusion.</p> <p>Psychotropic Drug Use-R3 is receiving antidepressant drugs on a regular basis: Symptoms of depression will be controlled/ managed with minimal side effects over the next 90 days. Monitor for side effects of medication (falls, change in cognition). Monitor for behavioral changes-crying.</p> <p>The weather on 2/1/06 at www. weaterunderground.com for Glen Ellen (closest city) was between 44 - 46 degrees Fahrenheit between 9:57 and 11:06AM.</p> <p>On 2/9/06 at 3:00PM Z2 (Physician) stated that R 3 should not be left alone in the community due to her cognitive impairment.</p> <p>(A)</p>	F9999			