

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

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2011
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN - FLANAGAN			STREET ADDRESS, CITY, STATE, ZIP CODE 205 NORTH ADAMS FLANAGAN, IL 61740		
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F 000	INITIAL COMMENTS	F 000			
F 323 SS=J	<p>Complaint Investigation #1162781 (IL54438)</p> <p>A partial extended survey was conducted.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate supervision for 1 of 3 sampled residents (R1) that were cognitively impaired and at high risk for leaving the facility unnoticed. The facility's failure resulted in R1 leaving the facility without staff knowledge on 9-7-11 and was located walking on a rural county highway approximately 3 miles from the facility.</p> <p>The failure resulted in an Immediate Jeopardy situation. While the immediacy was removed on 9-28-11, the facility remains out of compliance at a severity level 2 in that the facility is in the process of evaluating the effectiveness of, and staff's responses to, newly implemented supervision processes.</p> <p>The finding includes:</p>	F 323		10/5/11	
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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F 323	<p>Continued From page 1</p> <p>According to R1's August 2011 Physician Order Sheet, R1 is 56 years old and was admitted to the facility on 8-3-2011 with a diagnosis including early onset Dementia. R1 was admitted from home.</p> <p>R1's initial 8-14-11 Resident Assessment Instrument (RAI), Brief Interview for Mental Status (BIMS) scored R1 low in temporal orientation and in recall (8 of 15). R1 is assessed as having difficulty focusing attention and having disorganized and incoherent thinking.</p> <p>According to R1's 8-31-11 Psychiatric Evaluation, R1's "Overall cognitive functioning, judgement and insight are severely impaired."</p> <p>The facility's "High Risk Elopement Assessment" dated 8-3-11, assessed R1 as a high elopement (leaving the facility unnoticed) risk. The assessment listed R1 as disoriented to place, having impaired decision-making, having a history of wandering, having a current behavior of wandering, and is physically able to leave the facility on her own. The assessment directs to proceed with the facility's "Security Protocol" The lower portion of the assessment form listed the facility's "Security Protocol" interventions as "individual assessment, magnetic bracelet, resident room close to nurses' station, and increased staff alertness."</p> <p>R1's 8-16-2011 Care Plan addresses R1 to be at high risk for elopement and that R1 looks like a visitor or employee. The approaches include: "monitor door alarms and respond promptly when alarming, encourage to be involved in activities, if unable to be located, implement missing resident</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>policy, if frustrated and wanting to leave, sit with her and validate feeling. Try to divert attention to another topic, document behaviors on tracking sheets as occurs." Also the care plan listed that an electronic monitoring device was used starting 8-12-2011.</p> <p>The Director of Nurses, E2, stated on 9-26-11 at 10:45 A.M. that R1 removed the electronic monitoring device and R1 would not keep the device on.</p> <p>The facility's "Elopement / Door Alarm" policy stated that "the nurse will check and chart on the Medication Sheet that the residents are wearing the (electronic monitoring device) each shift."</p> <p>The only documentation reflective of such a device being used by R1 is the August 7 2011 Nurses Notes at 1:30 P.M. that states R1 was wearing a monitoring device. No other documentation was found prior to the 9-7-11 elopement.</p> <p>The nurses' notes stated:</p> <p>On 8-22-11 at 4:30 P.M. R1 left the facility two times and was easily redirected (back inside). Registered Nurse, E7, initiated 30 minute visual monitoring and documenting of R1's whereabouts.</p> <p>On 8-27-11 R1 attempted to exit the facility at 1:55 P.M., 7:30 P.M., and 10:00 P.M.</p> <p>R1 was exit seeking on 8-29-11 at 10:00 P.M.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>On 9-1-11 9:45 P.M., R1 was "exit seeking most of shift."</p> <p>On 9-4-11, at 9:40 P.M., R1 went out the employee door.</p> <p>On 9-5-11 at 4:00 P.M., R1 exited out of A hall door.</p> <p>Documentation was provided that 30 minute visual monitoring checks were completed from 4:30 P.M. on 8-22-11 to 6:00 A.M. on 8-28-11, from 2:30 P.M. to 10:00 P.M. on 9-1-11, and on 9-5-11 from 2:30 P.M. to 8:00 P.M. There was no other documented evidence that 30 minute visual monitoring checks were completed when the resident was in the facility prior to 9-7-11.</p> <p>The facility "Elopement/Door Alarm" policy states that should a resident attempt an elopement, the resident's individualized care plan shall be reviewed for possible changes in care practices or precaution. The care plan was not changed prior to 9-7-11.</p> <p>According to the 9-7-11 5:20 P.M. nurses note, "Unable to locate resident for supper. Immediate search of entire building et (and) unable to locate. Search of grounds et (and) cars, unable to locate. DON (Director of Nurses) and Administrator notified. Teams of staff sent out in cars to area. Unable to locate. 911 notified. Family notified. Description of resident given to sheriff. 911 dispatcher returned call and resident located."</p> <p>The facility's incident report stated R1 was missing as of 5:20 P.M. on 9-7-11. 911 was notified at 6:10 P.M. and R1 was returned</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>unharmed to the facility at 6:20 P.M. by Z1 (an off duty Livingston County Sheriff's Detective).</p> <p>Z1 stated by phone at 12:45 P.M. on 9-26-11 that he was traveling south on County Highway 16 (300 East) north of Flanagan at about 5:30 P.M. At mile marker 1950.5 north, he observed a woman walking on the roadway with her face and eyes directed to the ground. Z1 stated it seemed unusual because normally people look up as you pass. R1 was walking on the west side of the road toward the on coming traffic. Z1 continued home to Flanagan. Z1's radio was on. Z1 stated he heard the missing person alert and the description matched the woman he saw earlier. Z1 drove back the area and he saw R1 at 2000 North and R1 was walking on the east side of the County Highway on the roadway (55 miles per hour posted speed limit). Z1 came up behind R1 and got her attention. Z1 stated R1 was found approximately 3 miles from the facility. R1 told Z1 she was going home to Streator and she said she was tired. R1 got into Z1's car without problem. R1 was returned to the facility without injury.</p> <p>The facility has an audible alarm system to assist with resident supervision. This system was found to be fully functional on 9-26-11.</p> <p>The immediate jeopardy was determined to have begun when R1 exited the facility on 9-7-11 without staff supervision or knowledge.</p> <p>The Administrator was notified of the Immediate Jeopardy on 9-27-11 at approximately 10:30 A.M.</p> <p>It was confirmed through observation, interview,</p>	F 323			

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F 323	Continued From page 5 and record review on 9-29-11, that the facility took the following actions to remove the immediate jeopardy: 9-7-11 Notification of R1 missing to 911. R1 was found and returned by police to the facility. 9-7-11 Initiated 30 minute visual monitoring checks of R1's whereabouts. 9-7-11 Applied an electronic monitoring device to R1. 9-28-11 Conducted inservice education with all staff regarding the newly revised policy and procedures related to resident supervision. The new policy includes procedures related to conducting resident safety assessments and checks. The policy specifies that visual monitoring of residents whereabouts will be completed and recorded.	F 323			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall 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 resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	F9999			

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F9999	<p>Continued From page 6 resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect 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 evidence by:</p> <p>Based on observation, record review and interview, the facility failed to provide adequate supervision for 1 of 3 sampled residents (R1) that were cognitively impaired and at high risk for leaving the facility unnoticed. The facility's failure resulted in R1 leaving the facility without staff knowledge on 9-7-11 and was located walking on a rural county highway approximately 3 miles from the facility.</p> <p>Finding include:</p> <p>According to R1's August 2011 Physician Order Sheet, R1 is 56 years old and was admitted to the facility on 8-3-11 with a diagnosis including early onset Dementia. R1 was admitted from home.</p> <p>R1's initial 8-14-11 Resident Assessment Instrument (RAI), Brief Interview for Mental Status (BIMS) scored R1 low in temporal orientation and in recall (8 of 15). R1 is assessed as having difficulty focusing attention and having disorganized and incoherent thinking.</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>According to R1's 8-31-11 Psychiatric Evaluation, R1's "Overall cognitive functioning, judgement and insight are severely impaired."</p> <p>The facility's "High Risk Elopement Assessment" dated 8-3-11, assessed R1 as a high elopement (leaving the facility unnoticed) risk. The assessment listed R1 as disoriented to place, having impaired decision-making, having a history of wandering, having a current behavior of wandering, and is physically able to leave the facility on her own. The assessment directs to proceed with the facility's "Security Protocol." The lower portion of the assessment form listed the facility's "Security Protocol" interventions as "individual assessment, magnetic bracelet, resident room close to nurses' station, and increased staff alertness."</p> <p>R1's 8-16-11 Care Plan addresses R1 to be at high risk for elopement and that R1 looks like a visitor or employee. The approaches include: "monitor door alarms and respond promptly when alarming, encourage to be involved in activities, if unable to be located, implement missing resident policy, if frustrated and wanting to leave, sit with her and validate feeling. Try to divert attention to another topic, document behaviors on tracking sheets as occurs." Also the care plan listed that an electronic monitoring device was used starting 8-12-11.</p> <p>The Director of Nurses, E2, stated on 9-26-11 at 10:45 A.M. that R1 removed the electronic monitoring device and R1 would not keep the device on.</p> <p>The facility's "Elopement / Door Alarm" policy</p>	F9999			

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F9999	<p>Continued From page 8</p> <p>stated that "the nurse will check and chart on the Medication Sheet that the residents are wearing the (electronic monitoring device) each shift."</p> <p>The only documentation reflective of such a device being used by R1 is the 8-7-11 Nurses Notes at 1:30 P.M. that states R1 was wearing a monitoring device. No other documentation was found prior to the 9-7-11 elopement.</p> <p>The nurses' notes stated:</p> <p>On 8-22-11 at 4:30 P.M., R1 left the facility two times and was easily redirected (back inside). Registered Nurse, E7, initiated 30 minute visual monitoring and documenting of R1's whereabouts.</p> <p>On 8-27-11, R1 attempted to exit the facility at 1:55 P.M., 7:30 P.M., and 10:00 P.M.</p> <p>R1 was exit seeking on 8-29-11 at 10:00 P.M.</p> <p>On 9-1-11 9:45 P.M., R1 was "exit seeking most of shift."</p> <p>On 9-4-11, at 9:40 P.M., R1 went out the employee door.</p> <p>On 9-5-11 at 4:00 P.M., R1 exited out of A hall door.</p> <p>Documentation was provided that 30 minute visual monitoring checks were completed from 4:30 P.M. on 8-22-11 to 6:00 A.M. on 8-28-11, from 2:30 P.M. to 10:00 P.M. on 9-1-11, and on 9-5-11 from 2:30 P.M. to 8:00 P.M. There was no other documented evidence that 30 minute visual</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>monitoring checks were completed when the resident was in the facility prior to 9-7-11.</p> <p>The facility "Elopement/Door Alarm" policy states that should a resident attempt an elopement, the resident's individualized care plan shall be reviewed for possible changes in care practices or precaution. The care plan was not changed prior to 9-7-11.</p> <p>According to the 9-7-11 5:20 P.M. nurses note, "Unable to locate resident for supper. Immediate search of entire building et (and) unable to locate. Search of grounds et (and) cars, unable to locate. DON (Director of Nurses) and Administrator notified. Teams of staff sent out in cars to area. Unable to locate. 911 notified. Family notified. Description of resident given to sheriff. 911 dispatcher returned call and resident located."</p> <p>The facility's incident report stated R1 was missing as of 5:20 P.M. on 9-7-11. 911 was notified at 6:10 P.M. and R1 was returned unharmed to the facility at 6:20 P.M. by Z1 (an off duty Livingston County Sheriff's Detective).</p> <p>Z1 stated by phone at 12:45 P.M. on 9-26-11 that he was traveling south on County Highway 16 (300 East) north of Flanagan at about 5:30 P.M. At mile marker 1950.5 north, he observed a woman walking on the roadway with her face and eyes directed to the ground. Z1 stated it seemed unusual because normally people look up as you pass. R1 was walking on the west side of the road toward the on coming traffic. Z1 continued home to Flanagan. Z1's radio was on. Z1 stated he heard the missing person alert and the description matched the woman he saw earlier.</p>	F9999			

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