

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

PRINTED: 02/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER SHAWNEE CHRISTIAN NURSING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 13TH STREET HERRIN, IL 62948	
(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	F 000		
F 157 SS=D	<p>Complaint investigation 1152807/IL54467</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157		10/7/11

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 157	<p>Continued From page 1</p> <p>by: Based on interview and record review, the facility failed to contact a physician and family member in a timely manner following an accident with injury for one of three residents (R3) reviewed for accidents in the sample of three.</p> <p>Findings include:</p> <p>According to an Incident/Accident Report dated 8/18/11 at 7:30 p.m., R3 experienced "pain in L (left) arm after pop," which occurred while R3 was being transferred to bed. The Incident/Accident Report states R3 has a diagnosis of Left Hemiparesis which contributed to the incident/accident. The Incident/Accident Report also states that R3's family member/resident representative was contacted about the incident at 1:30 a.m. on 8/19/11. E7, Licensed Practical Nurse (LPN) signed the report as "person preparing the report".</p> <p>In a signed statement dated 8/19/11, E3, Certified Nurse Aid (CNA) stated that at 7:00 p.m. (date not indicated) E5, CNA, and herself were "turning (R3) into bed," and she heard a pop, and then noted that R3 was in pain. E3 noted that E5 went to get a nurse, and subsequently informed E4, LPN, of the accident. E3 further noted that E4 evaluated R3, stated that R3 would need pain medication, and passed the information on to E7, who stated that she would call the Z4, R3's physician, for an X-ray order. E3's statement indicated that she (E3) left for lunch at 7:15 p.m., and that when she returned at 7:45 p.m. E7 still had not contacted Z4.</p> <p>On 9/15/11 at 2:50 p.m., E4, LPN, stated that the</p>	F 157			

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F 157	Continued From page 2 incident occurred "after the dinner med pass, between 6 and 7 p.m. CNAs (E3 and E5) were putting (R3) to bed. (E5) came out and said, 'Come here right now.' I went down to the room. E3 said, 'I think I broke her arm. I was transferring her and I heard a loud pop.' E4 continued, "(R3) said her arm hurt. I checked her arm and it was painful to touch. As soon as I left the room, about 5 minutes later, I told (E7) that CNAs think they may have broken (R7's) arm." E4 explained to the surveyor that she (E4) was not the nurse on R3's unit, and that she needed to pass this information to the unit nurse, who was E7. "About 20 minutes later, (E5) came to me and stated (R3) was still hurting. I went to tell (E7), and she had not done anything yet." In a signed statement dated 8/19/11, E5 stated that the incident occurred at "about 6:35 p.m." On 9/16/11 at 12:00 p.m., E5 stated that the incident occurred at 25 or 20 minutes to 7:00 p.m. She continued, stating that she ran and told E4, who assessed R3. E5 stated that she rechecked R3 at about 7:15 p.m., and asked E4 about an X-ray, and that E4 told her (E5) that she was not R3's nurse, and that she would need to check with E7. E5 stated that she then checked with E7, and E7 stated, "Oh, I forgot," and then phoned Z4.	F 157			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in	F 309		10/7/11	

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F 309	<p>Continued From page 3 accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to monitor pain levels following a significant injury for one of two residents (R3) reviewed for injuries from the sample of three.</p> <p>Findings include:</p> <p>According to nursing notes signed by E7, Licensed Practical Nurse (LPN) dated 8/18/11 at 7:30 p.m., R3 "was being transferred and during the transfer res heard a loud pop in L (left) arm. Res stated having pain in L arm. Res was given scheduled pain medication called (Z4) said to get X-ray on L arm orders processed."</p> <p>On 9/15/11 at 3:20 p.m., E3, Certified Nurse Aid (CNA) described the sequence of events surrounding R3's accident. E3 stated that shortly after the accident occurred (E3 was unsure of the exact time), R3 started crying in pain. E3 stated that she left on her lunch break for 1/2 hour and checked on R3 again when she returned. E3 stated, "I kept telling the nurse (E7) that there was something wrong. You couldn't touch her arm." E3 continued, "About 9:30ish we were doing bed check and her arm was really swollen. Every time you touched it she would scream at you." E3 explained that this was not normal behavior for R3.</p>	F 309			

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F 309	<p>Continued From page 4</p> <p>According to the Medication Administration Record (MAR) for the month of August, 2011, R3 received her routine Hydrocodone/APAP 5/325 tab for pain at the 8:00 p.m. medication pass. The document indicates that R3 may receive additional pain medication on an as needed basis, however no additional medication was documented as given. No entry for the dates of 8/18/11 or 8/19/11 were made on the Pain Management Flow Record. No pain level was documented, and no response to R3's routine pain medication was documented on the Medication Administration Record, The Pain Management Flow Record, or the nursing notes for 8/18/11. Nursing notes dated 8/19/11 at 1:30 a.m. state that X-rays determined that R3 had sustained a fracture to the left distal humerus.</p> <p>A late entry nursing note for 8/19/11 (apparent error) at 11 p.m. states that E8, LPN, came into replace E7, and "applied ice to (R3's) arm to help with swelling and pain. E8 noted "res c/o pain when arm is touched."</p> <p>According to a mobile x-ray Patient Report dated 8/19/11, R3 sustained a comminuted fracture involving the distal humerus. According to nursing notes dated 8/19/11 at 2:10 a.m., she was subsequently transferred to the hospital by ambulance. According to the hospital discharge summary, R3 was admitted on 8/19/11 with a Left Humerus Fracture, and discharged on 8/22/11 to follow up with an Orthopedist an an outpatient.</p> <p>On 9/16/11 at 4:00 p.m., Z5, R3's family member, stated that R3 was not returned to the facility and instead taken to a different facility in another town.</p>	F 309			

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F 309	Continued From page 5	F 309			
F 323 SS=G	<p>On 9/20/11 at 9:00 a.m., R3 stated that she continues to have pain in her injured arm. She stated that she feels better when she holds onto her left arm with her right hand, looping 2 fingers around a part of her brace. R3 was wearing a hinged brace on her arm and was visibly apprehensive and protective of her left arm.</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 interview and review of records, the facility failed to provide safe transfer and positioning for one of two residents (R3) reviewed for injuries in the sample of three. This failure resulted in a comminuted fracture of the distal humerus to R3, accompanied by significant and continuous pain and decreased ability to participate in her activities of daily living.</p> <p>Findings include:</p> <p>According to an Incident/Accident Report dated 8/18/11 at 7:30 p.m., R3 experienced "pain in L (left) arm after pop," which occurred while R3 was being transferred to bed. The Incident/Accident Report states R3 has a diagnosis of Left</p>	F 323		10/7/11	

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F 323	<p>Continued From page 6</p> <p>Hemiparesis which contributed to the incident/accident. The report was signed as completed by E7, Licensed Practical Nurse (LPN).</p> <p>On 9/15/11 at 2:50 p.m., E4, LPN, stated that the incident occurred "after the dinner med pass, between 6 and 7 p.m. CNAs (Certified Nurse Aids, E3 and E5) were putting (R3) to bed. (E5) came out and said, 'Come here right now.' I went down to the room. E3 said, 'I think I broke her arm. I was transferring her and I heard a loud pop.'</p> <p>E4 continued, "(R3) said her arm hurt. I checked her arm and it was painful to touch. As soon as I left the room, about 5 minutes later, I told (E7) that CNAs think they may have broken (R3's) arm." E4 explained to the surveyor that she (E4) was not the nurse on R3's unit, and that she needed to pass this information to the unit nurse, who was E7. "About 20 minutes later, (E5) came to me and stated (R3) was still hurting. I went to tell (E7), and she had not done anything yet."</p> <p>On 9/16/11 at 12:00 p.m., E5 described the accident scenario, which she described as occurring "at 25 or 20 minutes to 7:00 p.m." E5 stated, "She's (R3) on the bed but she's a little on the edge because she's so short her feet don't touch the floor," and "When we went to boost her onto bed it didn't help. She was still partly on the bed and partly off."</p> <p>According to the Minimum Data Set (MDS) dated 8/2/11, R3's height is 4 feet and 10 inches.</p> <p>E5 continued, "(E3) had her top half and I had her</p>	F 323			

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F 323	<p>Continued From page 7</p> <p>feet. I took her shoes and her pants off and told (E3) to tell me when she was ready. As soon as I got her feet on the bed, (E3) screamed and said, 'Oh my God I think her arm is broken!'" E5 stated that she did not see the position of R3's arm, and did not know if it had hit or gotten caught in the rail on R3's bed. E5 added that "her arm should have been secure before turning her. She is not able to move it herself."</p> <p>At 12:30 p.m. on 9/16/11, E5 showed the surveyor the grab bar and the bed that R3 had used. The grab bar on the bed was made from heavy steel tubing approximately 2 inches in diameter. According to R3's Care Plan, dated 6/6/11, R3 was able to use her right hand to assist in positioning and transfers.</p> <p>On 9/15/11 at 3:20 p.m., E3 stated, "When we put her into bed, I had her by shoulders and (E5) by the feet. When we put her into bed her left arm hit the grab bar. She was so short that we had to help her, lift her, into the bed." E3 stated that R3 did not seem to understand what happened at first, adding, "When I got really freaked out and said, 'what was that? Oh my God!' that's when she was crying in pain." E3 described coming back to check on R3 after her evaluation by E4 and E7, Licensed Practical Nurses, and finding her in pain at approximately 8:00 p.m. and again at 9:30 p.m.</p> <p>According to a mobile x-ray Patient Report dated 8/19/11, R3 sustained a comminuted fracture involving the distal humerus. According to nursing notes dated 8/19/11 at 2:10 a.m., she was subsequently transferred to the hospital by ambulance. According to the hospital discharge</p>	F 323			

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F 323	<p>Continued From page 8</p> <p>summary, R3 was admitted on 8/19/11 with a Left Humerus Fracture, and discharged on 8/22/11 to follow up with an Orthopedist an an outpatient.</p> <p>On 9/16/11 at 4:00 p.m., Z5, R3's family member, stated that R3 was not returned to the facility and instead taken to a different facility in another town.</p> <p>On 9/20/11 at 9:00 a.m., in her room at the facility where R3 now resides, R3 stated that she continues to have pain in her injured arm. She stated that she feels better when she uses her right hand to pull her left arm up to her chest and hold, looping 2 fingers of her right hand around a part of her brace. R3 was wearing a hinged brace on her arm and was visibly apprehensive and protective of her left arm. R3 stated that she didn't know exactly how her arm broke, whether it hit or got caught on the grab bar, because it happened too fast. She stated that the aids seemed like they were in a hurry, and didn't seem to be paying attention to her. R3 became emotional discussing the incident and stated that she didn't want to think about it.</p> <p>On 9/20/11 at 9:15 a.m., Z2, a CNA at the facility where R3 currently resides, stated, "(R3) only lets me dress her. She won't raise her arm above her hip. She holds her left arm tight against her belly with her right hand. She says she's afraid that it's going to get hurt again." Z2 stated that R3 would be able to assist more in her activities of daily living if she were not in so much pain: she might be able to participate more in her dressing and transfers. Z2 stated that R3 usually requests pain medication before or after her transfers.</p>	F 323			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	<p>Continued From page 9 LICENSURE VIOLATIONS Section 300.1210 General Requirements for Nursing and Personal Care 300.1210b)5) 300.3240a)</p> <p>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 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>Based on interview and review of records, the facility failed to provide safe transfer and positioning for one of two residents (R3) reviewed for injuries in the sample of three. This failure resulted in a comminuted fracture of the distal humerus to R3, accompanied by significant and continuous pain and decreased ability to participate in her activities of daily living.</p> <p>Findings include:</p>	F9999			

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F9999	Continued From page 10 According to an Incident/Accident Report dated 8/18/11 at 7:30 p.m., R3 experienced "pain in L (left) arm after pop," which occurred while R3 was being transferred to bed. The Incident/Accident Report states R3 has a diagnosis of Left Hemiparesis which contributed to the incident/accident. The report was signed as completed by E7, Licensed Practical Nurse (LPN). On 9/15/11 at 2:50 p.m., E4, LPN, stated that the incident occurred "after the dinner med pass, between 6 and 7 p.m. CNAs (Certified Nurse Aids, E3 and E5) were putting (R3) to bed. (E5) came out and said, 'Come here right now.' I went down to the room. E3 said, 'I think I broke her arm. I was transferring her and I heard a loud pop.' E4 continued, "(R3) said her arm hurt. I checked her arm and it was painful to touch. As soon as I left the room, about 5 minutes later, I told (E7) that CNAs think they may have broken (R3's) arm." E4 explained to the surveyor that she (E4) was not the nurse on R3's unit, and that she needed to pass this information to the unit nurse, who was E7. "About 20 minutes later, (E5) came to me and stated (R3) was still hurting. I went to tell (E7), and she had not done anything yet." On 9/16/11 at 12:00 p.m., E5 described the accident scenario, which she described as occurring "at 25 or 20 minutes to 7:00 p.m." E5 stated, "She's (R3) on the bed but she's a little on the edge because she's so short her feet don't touch the floor," and "When we went to boost her onto bed it didn't help. She was still partly on the	F9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER SHAWNEE CHRISTIAN NURSING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 13TH STREET HERRIN, IL 62948		
(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	
F9999	<p>Continued From page 11 bed and partly off."</p> <p>According to the Minimum Data Set (MDS) dated 8/2/11, R3's height is 4 feet and 10 inches.</p> <p>E5 continued, "(E3) had her top half and I had her feet. I took her shoes and her pants off and told (E3) to tell me when she was ready. As soon as I got her feet on the bed, (E3) screamed and said, 'Oh my God I think her arm is broken!'" E5 stated that she did not see the position of R3's arm, and did not know if it had hit or gotten caught in the rail on R3's bed. E5 added that "her arm should have been secure before turning her. She is not able to move it herself."</p> <p>At 12:30 p.m. on 9/16/11, E5 showed the surveyor the grab bar and the bed that R3 had used. The grab bar on the bed was made from heavy steel tubing approximately 2 inches in diameter. According to R3's Care Plan, dated 6/6/11, R3 was able to use her right hand to assist in positioning and transfers.</p> <p>On 9/15/11 at 3:20 p.m., E3 stated, "When we put her into bed, I had her by shoulders and (E5) by the feet. When we put her into bed her left arm hit the grab bar. She was so short that we had to help her, lift her, into the bed." E3 stated that R3 did not seem to understand what happened at first, adding, "When I got really freaked out and said, 'what was that? Oh my God!' that's when she was crying in pain." E3 described coming back to check on R3 after her evaluation by E4 and E7, Licensed Practical Nurses, and finding her in pain at approximately 8:00 p.m. and again at 9:30 p.m.</p>	F9999			

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

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F9999	<p>Continued From page 12</p> <p>According to a mobile x-ray Patient Report dated 8/19/11, R3 sustained a comminuted fracture involving the distal humerus. According to nursing notes dated 8/19/11 at 2:10 a.m., she was subsequently transferred to the hospital by ambulance. According to the hospital discharge summary, R3 was admitted on 8/19/11 with a Left Humerus Fracture, and discharged on 8/22/11 to follow up with an Orthopedist an an outpatient.</p> <p>On 9/16/11 at 4:00 p.m., Z5, R3's family member, stated that R3 was not returned to the facility and instead taken to a different facility in another town.</p> <p>On 9/20/11 at 9:00 a.m., in her room at the facility where R3 now resides, R3 stated that she continues to have pain in her injured arm. She stated that she feels better when she uses her right hand to pull her left arm up to her chest and hold, looping 2 fingers of her right hand around a part of her brace. R3 was wearing a hinged brace on her arm and was visibly apprehensive and protective of her left arm. R3 stated that she didn't know exactly how her arm broke, whether it hit or got caught on the grab bar, because it happened too fast. She stated that the aids seemed like they were in a hurry, and didn't seem to be paying attention to her. R3 became emotional discussing the incident and stated that she didn't want to think about it.</p> <p>On 9/20/11 at 9:15 a.m., Z2, a CNA at the facility where R3 currently resides, stated, "(R3) only lets me dress her. She won't raise her arm above her hip. She holds her left arm tight against her belly with her right hand. She says she's afraid that it's going to get hurt again." Z2 stated that R3 would</p>	F9999			

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F9999	Continued From page 13 be able to assist more in her activities of daily living if she were not in so much pain: she might be able to participate more in her dressing and transfers. Z2 stated that R3 usually requests pain medication before or after her transfers. (B)	F9999			