

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:  <b>146113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND REHAB &amp; HEALTH CC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH MARIETTA STREET GREENUP, IL 62428</b>		
(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 323 SS=G	<p>Complaint Investigation #1162832 / IL54493</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: A. Based on record review and interview the facility failed to provide the supervision and stand by assistance required for R2, one resident reviewed for falls in a total sample of four. Failure to provide stand by assistance for R2 resulted in R2 falling and sustaining a laceration requiring 14 sutures.</p> <p>Findings include:</p> <p>The Physician's Order Sheet (POS) dated September 2011 lists the following diagnoses for R2: Dementia, Failure to Thrive and Muscle Weakness. The Minimum Data Set (MDS) dated 9/1/ 2011 states R2 is severely impaired in cognitive skills for daily decision making and is totally dependent on staff for all activities of daily living to include toileting and transfers. R2 requires two plus persons physical assist for all needs. The MDS states that R2's balance is not steady and R2 is only able to stabilize with human assistance, and has</p>	F 323		10/28/11	

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>upper and lower extremities impairment on both sides.</p> <p>The Nurses Notes dated 3/29/11 for R2 at 6:45 AM states, R2 had been transferred to the bedside commode when E6, CNA (Certified Nurse Assistant) turned to grab clothes off the wheelchair and E6 heard a noise and found R2 on the floor laying on R2's right side. E6 noticed blood on the floor near R2's head. The Nurses Notes continues to state R2 had a laceration on the right side of the forehead that measured 7 cm (centimeter) by 5 cm. R2 was transferred by ambulance to the emergency room for evaluation. The Nurses Notes dated 3/29/11 at 8:30 AM states that R2 returned to the facility and had 14 sutures from mid forehead to right side of the forehead.</p> <p>The Hospital report form titled "Patient Visit Information" dated 3/29/11 under the section titled Diagnosis: states " Fall. Closed Head Injury. Complex Forehead Laceration..... Follow up with physician for suture removal."</p> <p>R2's care plan dated 9/17/10 under the section titled "Falls" states as an intervention for R2 "..... provide stand by or balance support as needed."</p> <p>E1,Administrator confirmed on 9/28/11 at 3:45 PM that E6 turned away from R2 and R2 fell from the bedside commode, and received sutures for the laceration.</p> <p>B. Based on observation, interview, and record review the facility failed to ensure that electro-mechanical medical devices were not</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>powered by power strips and extension cords . Medical devices including electric beds, oxygen concentrators, nebulizers and C-pap (continuous positive airway pressure) machines were plugged into the extension cord power strip in R9's bedroom. Extension cords were found to power an electro-mechanical medical device in R10's bedroom. Extension cords inappropriately used in series was found in R11's bedroom. R9, R10, and R11 are 3 supplemental residents. This failure has the potential to affect all 36 residents residing in the 25 rooms of the facility.</p> <p>Findings include:</p> <p>The Facility tour on 9/27/11 at 10:15 AM showed the usage of electrical extension cords and power strips in multiple resident rooms. Each room had the use of a power strip with several electrical items being plugged into the strip. The strip was then plugged into the electrical outlet in the wall.</p> <p>On 9-27-11 at 10:25 a.m. R9 had the following items plugged into the power strip that was located at the head of the first bed upon entering the room: Oxygen concentrator, electric bed, floatation mattress and C-pap machine.</p> <p>On 9-27-11 at 10:20 a.m. R10 had an electric medication nebulizer breathing machine plugged into an extension cord power strip.</p> <p>On 9-27-11 at 10:40 AM R11 had two extension cords being used . One extension cord was plugged into another extension cord (serially) and was stretched across the wall and plugged into the electrical outlet.</p>	F 323			

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F 323	Continued From page 3 E1, Administrator on 9/27/11 at 12:50 PM stated she was not aware that power strips and electrical extension cords could not be used and requested where this information could be found. E1 stated she was not aware of any facility policies addressing the use of extension cords . E1 was directed to review the State Operation Manual Appendix PP dated 1/7/11 under F323 section titled "Resident Risks and Environmental Hazards" Section titled "Electrical Safety" which states "...Power strips may not be used as a substitute for adequate electrical outlets in a facility. Power strips may be used for computer, monitor, and a printer. Power strips are not designed to be used with medical devices in patient care areas..."	F 323			
F9999	FINAL OBSERVATIONS  LICENSURE FINDINGS  300.1210b)5)c)6) 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	F9999			

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F9999	<p>Continued From page 4</p> <p>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:</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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.</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.</p> <p>A. Based on record review and interview the facility failed to provide the supervision and stand by assistance required for R2, one resident reviewed for falls in a total sample of four. Failure to provide stand by assistance for R2 resulted in R2 falling and sustaining a laceration requiring 14 sutures.</p> <p>Findings include:</p>	F9999			

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F9999	<p>Continued From page 5</p> <p>The Physician's Order Sheet (POS) dated September 2011 lists the following diagnoses for R2: Dementia, Failure to Thrive and Muscle Weakness. The Minimum Data Set (MDS) dated 9/1/ 2011 states R2 is severely impaired in cognitive skills for daily decision making and is totally dependent on staff for all activities of daily living to include toileting and transfers. R2 requires two plus persons physical assist for all needs. The MDS states that R2's balance is not steady and R2 is only able to stabilize with human assistance, and has upper and lower extremities impairment on both sides.</p> <p>The Nurses Notes dated 3/29/11 for R2 at 6:45 AM states, R2 had been transferred to the bedside commode when E6, CNA (Certified Nurse Assistant) turned to grab clothes off the wheelchair and E6 heard a noise and found R2 on the floor laying on R2's right side. E6 noticed blood on the floor near R2's head. The Nurses Notes continues to state R2 had a laceration on the right side of the forehead that measured 7 cm (centimeter) by 5 cm. R2 was transferred by ambulance to the emergency room for evaluation. The Nurses Notes dated 3/29/11 at 8:30 AM states that R2 returned to the facility and had 14 sutures from mid forehead to right side of the forehead.</p> <p>The Hospital report form titled "Patient Visit Information" dated 3/29/11 under the section titled Diagnosis: states " Fall. Closed Head Injury. Complex Forehead Laceration..... Follow up with physician for suture removal."</p> <p>R2's care plan dated 9/17/10 under the section</p>	F9999			

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