

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:  <b>145021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF MACOMB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8 DOCTORS LANE</b> <b>MACOMB, IL 61455</b>		
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F 000	INITIAL COMMENTS	F 000			
F 323 SS=G	<p>Complaint # 1123162/IL#54858</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 use a gait belt during ambulation according to facility policy and failed to ensure resident was not left unattended at bedside for two of three residents (R1, R3) reviewed for falls in the sample of three. R1 sustained fractured ribs.</p> <p>Findings include:</p> <p>1. R1 was admitted to the facility on 10/10/11 at 12:00 noon from another nursing home with the following admission note: " alert to three spheres, ...noted two person assist with cares and transfers. No pain or discomfort noted-tolerable level 6 (out of a linear scale from 1-10. Ten being the highest level of pain) Resident is legally blind... Noted scab to right knee from a fall."</p> <p>An unsigned and undated form (LIPS Manual Attachment 4) found in the resident's record</p>	F 323		11/3/11	
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>under admissions discusses the resident's level of function. "Patient Transfer Screening Analysis" score of "3" has the following information collection- #14. Patient is a two person stand pivot transfer, #15. Patient ambulates less than 15 feet per day, and #18. Patient requires stand by contact guard (constant assistance).</p> <p>The incident report of 10/10/11 at 10:00 p.m. states "Resident was ambulating with the walker to the bathroom with the certified nurse assistant (CNA) staggered and fell back onto the floor scraped back on wheelchair wheels, 2 (two) red areas on the back on the upper back and 3 by 4 (inch) abrasion on the left side of the back." The area of "Medical Device" is blank only saying "No" for the question "Was a medical device involved?"</p> <p>Interview with E1 (Administrator) on October 25, 2011 at 10:45 a.m. stated that she was aware that R1 was "transferred from bed, and ambulated to the bathroom without the required gait belt." E1, stated that an in-service was conducted to make staff aware of the use of the gait belt when ambulating residents who require constant hands-on supervision with ambulation and transfers. The facility's Gait belt policy dated 12/2009 states "the purpose is to safely and effectively transfer or ambulate a patient." Procedure #13 states "Ambulate by maintaining hold of the belt."</p> <p>E9 (Certified Nurse Assistant) who was present during the incident with R1 on 10/10/11 at 10:00 pm. documented that "when taking the resident (R1) to the bathroom, resident staggered with</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>walker and leaned back and sat down. She bumped her back on the wheel chair and I did not have the gait belt on the resident." E9 commented on page 2 of 2 of the statement form "I was coached on proper gait belt usage by (E12) Licensed Practical Nurse. The resident started panicking right away as as she leaned back. I would recommend transfer with wheelchair at night because she wasn't as steady as during the daytime. "</p> <p>E10, (Registered Physical Therapist), on 10/25/11 at 3:00 pm reviewed the Physical Therapy Evaluation of 10/11/11 to verify that the resident requires stand by assistance with transfers and locomotion. The following "comments" were found on this report, "Pt (R1) ambulates with decreased cadence, decreased step length, and decreased floor clearance and requires verbal and tactile cueing with walker stance and maneuvering secondary to poor vision." Precautions were identified for risk of falls, safety and poor vision. R1's functional mobility identified on the 10/11/11 physical therapy evaluation states that the "Patient requires verbal and tactile cuing with proper hand placement 50% of the time due to poor vision."</p> <p>Occupational Therapy evaluation of 10/11/11 after the fall of 10/10/11, noted R1 to have left post trunk abrasion and presents with dizziness upon initially sitting. The resident's functional activity tolerance was described as "poor with limitations by fatigue and pain."</p> <p>X-rays dated 10/10/11 of left uniribs with /PA Chest (Front view of Chest) noted "a small left</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>apical pneumothorax.... Fracture of the posterior left eighth rib."</p> <p>The Attending Physician on 10/26/11 at 1:00 p.m. stated that he "leaves the ambulation status up to the therapy department to evaluate." He commented that he kept the family well informed of the status of R1 and ordered another x-ray to follow up on the condition of the pneumothorax and selected to transfer the resident to the hospital since the condition had worsened after talking with the family and the facility on 10/12/11.</p> <p>History and Physical Exam Impressions from the emergency room on 10/12/11 states "(R1) is an 88 year old woman who presents with left sided pneumothorax and left rib fracture, status post fall. (R1) is currently not in any respiratory distress. Her pain is well controlled with oral analgesic medication."</p> <p>Current careplan dated 10/26/11, reviewed with E7 (RN) on 10/26/11 at 12:30 pm verified that the careplan does not specify how to transfer/ambulate the resident under the focus area "ADL Self care deficit as evidenced by extensive assist related to physical limitations of pelvic fracture, and weakness." Under the focus area " Activity of Daily Living self care deficit as evidenced by extensive assist related to weakness, confusion. Hospice Care has one of the interventions as "Use gait belt to facilitate safe transfer and ambulation."</p> <p>2. R3 was asleep in his room on 10/25/11, 11:45 a.m., resting on his low bed near to the floor with a mat on the right side. His oxygen condenser and wheelchair on the left side of the bed. The</p>	F 323			

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F 323	<p>Continued From page 4 call light was attached to the side of the bed.</p> <p>At 12:45 p.m. on 10/25/11, E3 ( Certified Nurse Assistant) CNA confirmed that R3's bed was in a high position and was to be positioned to the lowest level when resident is in the bed. E3, CNA, attached the call light to the blanket that she placed over R3.</p> <p>R3's incident report dated 10/13/11 at 5:00 am states, "Resident fell face forward off the side of the bed and landed on nose, has a 1.4 cm laceration to nose, and a 3.2 by 2 cm skin tear to right elbow. The section on medical device is blank other than answering no to the question "Was a medical device involved?"</p> <p>Summary of the investigation report generated on 10/13/11 under the "summary of critical information obtained during the investigation" states "patient is a 77 year old male, who is hospice patient with prostrate cancer et (and) metastases to the bones. He has weakness and periods of confusion, extensive assistance with transfers and Activities of Daily Living. He has a tabs alarm in the wheelchair and bed. When sitting up patient has episodes of dizziness and history of seizures. (R3) was not wearing gait belt."</p> <p>Conclusion states, "Certified Nurse Assistant moved away from the resident. Resident then fell first onto the floor."</p> <p>The resident's careplan dated 09/26/11 for the focus area "At risk for falls due to pain" includes interventions of: "Ensure that the tab alarm is in place when in wheel chair and bed, Low bed with matts, and Do not allow resident to sit</p>	F 323			

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F 323	Continued From page 5 unattended at side of bed."	F 323			
F9999	<p>Handwritten statement of E13, (Certified Nurse Assistant), 10/13/11 who was present at the time of the incident, states "comments made by the witness- I had the resident sitting on the side of the bed. I had brought him over in a wheelchair. Brakes on the wheel chair were locked and as I turned to unlock the brakes and move the wheel chair back , the resident fell forward."</p> <p>FINAL OBSERVATIONS</p> <p>Licensure Violations:</p> <p>300.610a) 300.1210b)5) 300.1210c)6) 300.3240a) 300.7020b)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p>	F9999			

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F9999	Continued From page 6  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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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.  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 300.7020 Assessment and Care Planning	F9999			

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F9999	<p>Continued From page 7</p> <p>b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident.</p> <p>6) The care plan shall be implemented and followed by staff who care for the resident.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, record review, and interview, the facility failed to use a gait belt during ambulation according to facility policy and failed to ensure resident was not left unattended at bedside for two of three residents (R1, R3) reviewed for falls in the sample of three. R1 sustained fractured ribs.</p> <p>Findings include:</p> <p>1. R1 was admitted to the facility on 10/10/11 at 12:00 noon from another nursing home with the following admission note: " alert to three spheres, ...noted two person assist with cares and transfers. No pain or discomfort noted-tolerable level 6 (out of a linear scale from 1-10. Ten being the highest level of pain) Resident is legally blind... Noted scab to right</p>	F9999			



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F9999	<p>Continued From page 8 knee from a fall."</p> <p>An unsigned and undated form (LIPS Manual Attachment 4) found in the resident's record under admissions discusses the resident's level of function. "Patient Transfer Screening Analysis" score of "3" has the following information collection- #14. Patient is a two person stand pivot transfer, #15. Patient ambulates less than 15 feet per day, and #18. Patient requires stand by contact guard (constant assistance).</p> <p>The incident report of 10/10/11 at 10:00 p.m. states "Resident was ambulating with the walker to the bathroom with the certified nurse assistant (CNA) staggered and fell back onto the floor scraped back on wheelchair wheels, 2 (two) red areas on the back on the upper back and 3 by 4 (inch) abrasion on the left side of the back." The area of "Medical Device" is blank only saying "No" for the question "Was a medical device involved?"</p> <p>Interview with E1 (Administrator) on October 25, 2011 at 10:45 a.m. stated that she was aware that R1 was "transferred from bed, and ambulated to the bathroom without the required gait belt." E1, stated that an in-service was conducted to make staff aware of the use of the gait belt when ambulating residents who require constant hands-on supervision with ambulation and transfers. The facility's Gait belt policy dated 12/2009 states "the purpose is to safely and effectively transfer or ambulate a patient." Procedure #13 states "Ambulate by maintaining hold of the belt."</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>E9 (Certified Nurse Assistant) who was present during the incident with R1 on 10/10/11 at 10:00 pm. documented that "when taking the resident (R1) to the bathroom, resident staggered with walker and leaned back and sat down. She bumped her back on the wheel chair and I did not have the gait belt on the resident." E9 commented on page 2 of 2 of the statement form "I was coached on proper gait belt usage by (E12) Licensed Practical Nurse. The resident started panicking right away as as she leaned back. I would recommend transfer with wheelchair at night because she wasn't as steady as during the daytime. "</p> <p>E10, (Registered Physical Therapist), on 10/25/11 at 3:00 pm reviewed the Physical Therapy Evaluation of 10/11/11 to verify that the resident requires stand by assistance with transfers and locomotion. The following "comments" were found on this report, "Pt (R1) ambulates with decreased cadence, decreased step length, and decreased floor clearance and requires verbal and tactile cueing with walker stance and maneuvering secondary to poor vision." Precautions were identified for risk of falls, safety and poor vision. R1's functional mobility identified on the 10/11/11 physical therapy evaluation states that the "Patient requires verbal and tactile cuing with proper hand placement 50% of the time due to poor vision."</p> <p>Occupational Therapy evaluation of 10/11/11 after the fall of 10/10/11, noted R1 to have left post trunk abrasion and presents with dizziness upon initially sitting. The resident's functional activity tolerance was described as "poor with</p>	F9999			

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F9999	<p>Continued From page 10 limitations by fatigue and pain."</p> <p>X-rays dated 10/10/11 of left uniribs with /PA Chest (Front view of Chest) noted "a small left apical pneumothorax.... Fracture of the posterior left eighth rib."</p> <p>The Attending Physician on 10/26/11 at 1:00 p.m. stated that he "leaves the ambulation status up to the therapy department to evaluate." He commented that he kept the family well informed of the status of R1 and ordered another x-ray to follow up on the condition of the pneumothorax and selected to transfer the resident to the hospital since the condition had worsened after talking with the family and the facility on 10/12/11.</p> <p>History and Physical Exam Impressions from the emergency room on 10/12/11 states "(R1) is an 88 year old woman who presents with left sided pneumothorax and left rib fracture, status post fall. (R1) is currently not in any respiratory distress. Her pain is well controlled with oral analgesic medication."</p> <p>Current careplan dated 10/26/11, reviewed with E7 (RN) on 10/26/11 at 12:30 pm verified that the careplan does not specify how to transfer/ambulate the resident under the focus area "ADL Self care deficit as evidenced by extensive assist related to physical limitations of pelvic fracture, and weakness." Under the focus area " Activity of Daily Living self care deficit as evidenced by extensive assist related to weakness, confusion. Hospice Care has one of the interventions as "Use gait belt to facilitate safe transfer and ambulation."</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>2. R3 was asleep in his room on 10/25/11, 11:45 a.m., resting on his low bed near to the floor with a mat on the right side. His oxygen condenser and wheelchair on the left side of the bed. The call light was attached to the side of the bed.</p> <p>At 12:45 p.m. on 10/25/11, E3 ( Certified Nurse Assistant) CNA confirmed that R3's bed was in a high position and was to be positioned to the lowest level when resident is in the bed. E3, CNA, attached the call light to the blanket that she placed over R3.</p> <p>R3's incident report dated 10/13/11 at 5:00 am states, "Resident fell face forward off the side of the bed and landed on nose, has a 1.4 cm laceration to nose, and a 3.2 by 2 cm skin tear to right elbow. The section on medical device is blank other than answering no to the question "Was a medical device involved?"</p> <p>Summary of the investigation report generated on 10/13/11 under the "summary of critical information obtained during the investigation" states "patient is a 77 year old male, who is hospice patient with prostrate cancer et (and) metastases to the bones. He has weakness and periods of confusion, extensive assistance with transfers and Activities of Daily Living. He has a tabs alarm in the wheelchair and bed. When sitting up patient has episodes of dizziness and history of seizures. (R3) was not wearing gait belt."</p> <p>Conclusion states, "Certified Nurse Assistant moved away from the resident. Resident then fell first onto the floor."</p> <p>The resident's careplan dated 09/26/11 for the</p>	F9999			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF MACOMB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8 DOCTORS LANE</b> <b>MACOMB, IL 61455</b>		
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F9999	Continued From page 12 focus area "At risk for falls due to pain" includes interventions of: "Ensure that the tab alarm is in place when in wheel chair and bed, Low bed with matts, and Do not allow resident to sit unattended at side of bed."  Handwritten statement of E13, (Certified Nurse Assistant), 10/13/11 who was present at the time of the incident, states "comments made by the witness- I had the resident sitting on the side of the bed. I had brought him over in a wheelchair. Brakes on the wheel chair were locked and as I turned to unlock the brakes and move the wheel chair back , the resident fell forward." (B)	F9999			