

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/30/2011
NAME OF PROVIDER OR SUPPLIER PROVENA PINE VIEW CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 611 ALLEN LANE ST CHARLES, IL 60174		
(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 323	Continued From page 3 brownish-tan slough covering the majority of the wounds. The Right Thigh wound measured 8.1 centimeters (cm) x 12.5cm; the left thigh wound was 12.5cm x 13.6cm; the groin wound measured 0.9cm x 3cm. R1 stated that she got these injuries from spilled coffee. She could not remember when or what happened that caused the accident. R1's Minimum Data Set dated 11/14/11 assessed the area of eating as requiring limited assistance with one person helping her. R1's current Care Plan dated with onsets between 11/16/11-11/18/11. A problem of vision impairment. R1 was legally blind. This is to be addressed by telling R1 what food items are on her tray and where they are. The assessed problem of potential weight loss has the approach of providing supervision at meals when consuming hot beverages. The problem of feeding self documented that R1 is legally blind and has poor safety awareness.	F 323			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.1210b)6) 300.3240a)	F9999			

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F9999	Continued From page 4 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: 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 2-107 of the Act) These Regulations were not met as evidenced by:	F9999			

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F9999	Continued From page 5 Based on Observation, Record Review and Interview the facility failed to supervise one resident. This failure resulted in R1 receiving severe burns to both inner thighs and groin area. Findings include: R1's face sheet documented that R1 is a 94 year old resident ,who was admitted on 11/02/11. R1's Medication Administration Record (MAR) for November 2011 documented that R1 had diagnoses that included Legally Blind, Hard of Hearing, and Mild Dementia. The facility Resident Incident Report dated 11/15/11 at 06:45am documented ," resident (R1) was sitting at a table in the TV area with a cup of coffee. A therapist notified staff.. Resident was taken to her room to have pants changed, upper thighs near groin were light pink and cold to the touch. Over time the resident began to develop scattered blisters in the groin area and down the left inner thigh. scattered fluid filled blisters in the inner groins and thighs." During an investigation of the incident, the facility was unable to determine how R1 obtained a cup of coffee. At 12:15pm on 11/29/11 E5, Physical Therapist, during an interview, stated, " about 06:45am I came to the common area to pick up another resident for therapy. R1 was also my resident. I noticed a trail of brown liquid leading to R1. This	F9999			

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F9999	<p>Continued From page 6</p> <p>liquid was brown, and did not appear to contain cream or milk. R1 was looking at me. I noted that her pants were wet. At this time there were only two residents in the common area. (it is about 15 feet from the nursing station). The view from the station is slightly obscured by the birds. There were no other staff members in the common area. I do not know how long R1 had been drinking the coffee or how long it had been spilled on her pants."</p> <p>On 11/29/11 at 12:35pm E6, Nurse was interviewed regarding R1's spilling of coffee. She stated that this was the first time she had cared for R1. " I was told that R1 was wet and there was coffee on the floor. The Certified Nursing Assistant (CNA) placed R1 in bed. I assessed her. I noted that her inner thighs were pink. No other injuries were noted. The night nurse was sitting at the nurses' station and did not see R1 spill her coffee. I did not see anyone give her coffee. After breakfast on 11/15/11 R1 developed blisters on the burned areas. I notified the physician and received orders for treatment of the injuries."</p> <p>On 11/15/11 at 02:45pm during an interview with E4, Certified Nursing Assistant, regarding R1's spilling her coffee in her lap, E4 stated," After naps, therapy, or other activity, R1 can be very confused. She will get up and wants help right away. R1 needs supervision during meals. We put her drinks where she can reach them and make sure her food is cut up. We then tell her the location of each food on her plate."</p> <p>On 11/15/11 at 10:40am E1, The Director of Nursing stated, " Over the two days following the</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>spill incident blisters "popped " up. Now R1's burn areas are red-open and have a" little" slough.</p> <p>E2, the Directory of Food Service in an interview on 11/29/11 at 11:20am stated, " We keep hot beverages at 170-180 degrees Fahrenheit.(F). It is our policy and procedure to keep them at a target range of 180 degrees F. On 11/15/11 the temperature of the coffee in the coffee dispenser was about 175 degrees F.</p> <p>A Physician's Order dated 11/28/11 ordered considering plastic surgery consult for bilateral medial thigh burns. This order was canceled on the same day per request.</p> <p>On 11/29/11 at 02:00pm R1's burns were observed with E3, Treatment Nurse. Large burn wounds were noted to bilateral inner thighs and the groin area. These wounds had thick brownish-tan slough covering the majority of the wounds. The Right Thigh wound measured 8.1 centimeters (cm) x 12.5cm; the left thigh wound was 12.5cm x 13.6cm; the groin wound measured 0.9cm x 3cm. R1 stated that she got these injuries from spilled coffee. She could not remember when or what happened that caused the accident.</p> <p>R1's Minimum Data Set dated 11/14/11 assessed the area of eating as requiring limited assistance with one person helping her.</p> <p>R1's current Care Plan dated with onsets between 11/16/11-11/18/11. A problem of vision impairment. R1 was legally blind. This is to be addressed by telling R1 what food items are on</p>	F9999			

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F9999	Continued From page 8 her tray and where they are. The assessed problem of potential weight loss has the approach of providing supervision at meals when consuming hot beverages. The problem of feeding self documented that R1 is legally blind and has poor safety awareness. An Activity Assistant note dated 11/16/11 documented, " Resident (R1) greeted this staff member. She stated, " I'm blind... all I can see the outer shape of your pretty hair... Resident needs redirection, assistance and cues to complete activity - related tasks...." (B)	F9999			