

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: 145008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2011
NAME OF PROVIDER OR SUPPLIER FAIR ACRES NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 514 EAST JACKSON DU QUOIN, IL 62832		
(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	<p>Continued From page 1</p> <p>brace had not been applied. E5 stated that she took R1 back toward her room to tell her Certified Nurse Aid (CNA), E3, to put the safety device in place. E5 stated that, as she passed the nurse's station, she made E4, Licensed Practical Nurse (LPN) and E7, Registered Nurse (RN) aware that R1 did not have her device in place. E5 stated that she then pushed R1, in her wheelchair, to her room which E5 described as being "all the way in the back," and left her in front of the door of her room while she left to tell E3 that R1 needed her safety device. E5 also stated that E3 had "a bad attitude".</p> <p>According to E3's personnel record, E3 received repeated warnings between May of 2011 and December of 2011 for failing to provide timely resident care.</p> <p>On 12/20/11 at 9:30 a.m., E7 stated that she was at the nurse's station on 12/10/11 at 7:00 a.m when E5 walked past with R1. E7 stated that E5 asked her, "Isn't (R1) supposed to have her restraint?" and that E7 stated, "Most definitely." E7 also stated, "I don't know where (E5) left (R1). I know where I found her."</p> <p>On 12/20/11 at 9:00 a.m., surveyor observed the location of the R1's room, which had been the second from the last room at the end of the hall.</p> <p>According to a Facility State Report dated 12/11/11, on 12/10/11 R1 was found on the floor in the facility and sent to the hospital, where she received 2 stitches to a laceration above her right eyebrow and 3 stitches to a laceration above her left eyebrow.</p>	F 323			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	Continued From page 2 LICENSURE VIOLATION 300.1210b) 300.1210d)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 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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)	F9999			

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F9999	<p>Continued From page 3</p> <p>These regulations are not met, as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to supervise and provide an ordered safety device for one resident (R1) reviewed for falls in the sample of three. This failure resulted in a fall resulting in lacerations above both eyes which required sutures.</p> <p>Findings include:</p> <p>According to the December 2011 Physician's Orders, R1 was a 98 year old resident with diagnoses which included Blindness and Dementia. According to the current Plan of Care, dated 10/19/11, R1 had a kyphotic posture, and required a body torso brace applied in her wheel chair to prevent her from falling.</p> <p>On 12/20/11 at 9:00 a.m., E5, Laundry Staff, stated that she observed R1 on 12/10/11 at 7:00 a.m. being pushed in her wheelchair by another (unnamed) resident, and that R1's body torso brace had not been applied. E5 stated that she took R1 back toward her room to tell her Certified Nurse Aid (CNA), E3, to put the safety device in place. E5 stated that, as she passed the nurse's station, she made E4, Licensed Practical Nurse (LPN) and E7, Registered Nurse (RN) aware that R1 did not have her device in place. E5 stated that she then pushed R1, in her wheelchair, to her room which E5 described as being "all the way in the back," and left her in front of the door of her room while she left to tell E3 that R1 needed her safety device. E5 also stated that E3 had "a bad attitude".</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>According to E3's personnel record, E3 received repeated warnings between May of 2011 and December of 2011 for failing to provide timely resident care.</p> <p>On 12/20/11 at 9:30 a.m., E7 stated that she was at the nurse's station on 12/10/11 at 7:00 a.m when E5 walked past with R1. E7 stated that E5 asked her, "Isn't (R1) supposed to have her restraint?" and that E7 stated, "Most definitely." E7 also stated, "I don't know where (E5) left (R1). I know where I found her."</p> <p>On 12/20/11 at 9:00 a.m., surveyor observed the location of the R1's room, which had been the second from the last room at the end of the hall.</p> <p>According to a Facility State Report dated 12/11/11, on 12/10/11 R1 was found on the floor in the facility and sent to the hospital, where she received 2 stitches to a laceration above her right eyebrow and 3 stitches to a laceration above her left eyebrow.</p> <p style="text-align: center;">"B"</p>	F9999			