

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: 146076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/24/2012
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727		
(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 (medical doctor). Bacitracin ointment to wound twice a day."	F 323			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS: 300.1210a) 300.1210b)5)c) 300.1210b)6) 300.1210d) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care</p>	F9999			

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F9999	Continued From page 4 needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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.	F9999			

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F9999	Continued From page 5 These requirements are NOT MET as evidenced by: Based on interview and record review the facility failed to provide supervision and stand by assistance by not following the plan of care for R3 and providing appropriate equipment for the wheelchair for R2. R2 and R3 are two residents reviewed for falls in a sample of three. Failure to provide supervision by not following R3's plan of care resulted in R3 falling and sustaining a Right Fractured Hip. Failure to provide foot rests for R2's wheelchair as required resulted in R2 placing her feet down and falling from the wheelchair and sustaining a left forehead laceration requiring 14 sutures. Findings include: 1. The POS (Physician's Order Sheet) dated January 2012 lists the following diagnoses for R3: Fractured neck of Right Femur, Parkinson's Disease and Dementia. The MDS (Minimum Data Sheet) dated 12/13/11 states R3 is severely cognitively impaired, requires extensive assistance with two person physical assist for transfers and toileting. The same MDS states R3 is not steady and is only able to stabilize with assistance for balance during transitions and walking. The facility's "Fall Risk Assessments" dated 1/18/12 and 7/12/11 stated R3 is at high risk for falls. The facility's report titled "Event Report" dated 4/5/11 states under section titled "Progress	F9999			

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F9999	<p>Continued From page 6</p> <p>Notes", " ...(R3) was found to be lying in doorway of a room with walker and pants half way down. (R3) was lying on right side with complaints of right leg and back pain. Upon assessment (R3) was unable to fully extend both legs due to (R3) contracting legs...." The report titled "Investigation and Root Cause Analysis" dated 4/5/11 under the section titled "Writer's Account" states ".....Investigation started and it was found that the (E4) CNA (Certified Nurse Assistant) taking care of resident did not assist him to wheelchair or alarm him as was (R3)'s plan of care at the time.....(R3's) plan of care was one assist, mobility per wheelchair , and had alarm in both bed and wheelchair." The same report under the section titled "Root Cause Analysis" states "(R3) plan of care not followed by staff member causing harm."</p> <p>Hospital Record titled "Admission History and Physical" dated 4/8/11 states under the section titled "Assessment and Plan" "Hip fracture, right (4/5/11).."</p> <p>R3's care plan dated 12/22/11 under the section "Problem: Risk for Falls" reads R3 is to be alarmed in w/c (wheelchair) due to increased Parkinson's, loss of safety awareness, and assist of 1 for transfers. The approach date for this intervention was 3/23/2011.</p> <p>On 1/24/12 at 11:35 AM E2, DON (Director of Nurses) stated E4 CNA was discharged from her job because she did not follow R3's plan of care. E2 stated R3 should have been in a w/c with one assist for transfers. E2 stated E4 gave R3 his walker and R3 was walking independently when he fell and received a fractured right hip.</p>	F9999			

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F9999	Continued From page 7 2. The POS dated January 2012 states the following diagnoses for R2: Hypotension and Syncope and Collapse symptom. The MDS states R2 is moderately cognitively impaired, requires extensive assistance with two plus people for transfers and toileting. The same MDS states R2's balance is unsteady and requires human assistance to stabilize. The facility's form titled "Fall Risk Assessment" dated 8/30/11 and 10/3/11 states R2 is at high risk for falls. The facility's form titled "Event Report" dated 12/19/11 under "Progress Notes" states "(R2) was being wheeled back to bed from bathroom when (R2) apparently leaned forward and toppled out of w/c. (R2) hit left side of head on floor and received laceration to left forehead...." The facility form titled "Investigation and Root Cause Analysis" dated 12/19/11 section titled "Root Cause Analysis" states "(R2) feet caught on floor while E5, CNA was pushing (R2) in w/c through doorway." The hospital Report titled "Nursing Home Patients Returning From ER" dated 12/19/11 states under the section titled "Treatments" reads "14 6-0 Ethylene sutures by ER (emergency room) MD (medical doctor). Bacitracin ointment to wound twice a day." E2 stated 1/24/12 at 12:20 PM R2 was being evaluated by therapy for w/c that would allow her to propel self , the w/c that was being used at that time (12-19-11) had a low seat, lower to the floor and was to have foot rests on the w/c. E2 stated E5, CNA took R2 to the bathroom without the foot rests on the w/c and R2 put her feet down and fell	F9999			

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F9999	Continued From page 8 forward out of the w/c. E5 should have put the foot rests on the w/c prior to taking R2 to the bathroom. (B)	F9999		