

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: 146110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/18/2012
NAME OF PROVIDER OR SUPPLIER SMITH CROSSING			STREET ADDRESS, CITY, STATE, ZIP CODE 10501 EMILIE LANE ORLAND PARK, IL 60467		
(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 F9999	Continued From page 2 increased possibility of seizures and other problems because of her age. While hospitalized, R1 remained alert and interacted with staff. The resident remained hospitalized from 12/14/11 until the early afternoon of 12/22/11 when she returned to the facility. At approx. 6:30PM, R1 was found unresponsive and without vital signs. The resident was pronounced dead by the hospice nurse at 7:00PM. FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1210b)5) 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. 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. 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:	F 323 F9999			

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F9999	<p>Continued From page 3</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 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Requirements are NOT MET as Evidenced by:</p> <p>Based on staff interview and review of facility records the facility failed to safely transfer one of three residents (R1) using a mechanical lift. This failure resulted in R1 falling to the floor during the transfer attempt and receiving a skull fracture, a subdural hematoma and a subarachnoid hemorrhage.</p> <p>Findings include:</p> <p>On 12/14/11, while being transferred in a mechanical lift, R1 slid out of the belt used to mechanically transfer the resident, fell to the floor and hit her head. The resident was transferred to the hospital where she was admitted with diagnoses that included a skull fracture, and subdural hematoma.</p> <p>When interviewed, E2 (Director of Nurses) stated that E3 (CNA) admitted to her that she had placed the belt onto R1, but didn't tighten it enough and as the belt began to raise R1 up, the</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>resident began to slip through and fell to the floor. E3 informed E1 that she had been taking R1 to the bathroom and that she had been unable to stop the fall and E3 admitted that she hadn't had a second staff to help in the transfer.</p> <p>Review of E3's Employee File verified the information as stated by E1 (Administrator) and E2. Also noted was a written statement by E3 which stated that she had been aware of the facility's policy of having two staff present to perform resident transfers and statement of "I don't know why I didn't follow directions, I know better."</p> <p>Review of the policy for the Sit to Stand Lift clearly indicated that two people are required when using any lift to transfer a resident.</p> <p>R1's closed record was reviewed. The resident had diagnoses that included muscle weakness. R1 had a care plan in place that assessed the resident as in need of extensive assistance with transfers and indicated that her needs were to be met via 1-2 people assist. Physical Therapy assessed the resident to need a maximum assistance of 2 people (for transfers). R1 had a current Do Not Resuscitate (DNR) order.</p> <p>Nursing Note of 12/14/11 documented the accident as verbally described to the surveyor. R1 was transferred to the hospital and admitted with diagnoses of skull fracture, bilateral frontal contusion, subarachnoid hemorrhage and small bilateral subdural hematomas. The hospital physician documented that while surgical intervention was an option, there was an</p>	F9999			

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