

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: 146117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/30/2011
NAME OF PROVIDER OR SUPPLIER CASEY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420		
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F 441	Continued From page 24	F 441			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's</p>	F9999			

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F9999	<p>Continued From page 25</p> <p>comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 were not met as evidenced by the following:</p> <p>A. Based on interview and record review, the facility failed to implement care plan interventions to prevent injury for R9, one out of six residents reviewed for falls, in the sample of 14. R9 sustained a fractured right wrist as a result of a fall from bed.</p> <p>Findings include: R9's Physician Order Sheet dated 04/01/11 includes the following diagnoses: Alzheimer's Disease, Dementia, and History of Falls and Fractures. R9's Fall Risk Assessment dated 04/20/11 assesses R9's fall risk score as 19, indicating R9 is at high risk for falls (Score of 10 or more indicates high risk). R9's Care Plan dated 02/04/11 indicates R9 has risk factors that require monitoring and</p>	F9999			

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F9999	<p>Continued From page 26</p> <p>intervention to reduce potential for falls. These interventions include use of a " mat on the floor beside bed. " There have been no updates or changes to the Care Plan since it was initiated 02/04/11.</p> <p>On 12/30/11 at 12:15p.m. E3, Care Plan Coordinator, stated she did not recall any changes to R9's Plan of Care.</p> <p>On 12/30/11 at 12:30p.m. E5, Social Service Director, stated that the mat had not been discontinued to her knowledge and that it should have been on the floor next to her bed.</p> <p>The Quality Care Reporting Form and Incident Investigation Report dated 04/29/11 report that on 04/29/11 at 2:45p.m. R9 was found "on floor, adjacent to her bed." There was no floor mat on the floor next to R9's bed. The Investigation Report dated 04/29/11 states the "floor mat had been discontinued."</p> <p>The Radiology Report dated 04/29/11 indicates a "fracture at distal radial medial metaphysis" or a fracture of the right wrist.</p> <p>B. Based on observation, interview, and record review, the facility failed to supervise and provide a safe environment for four of six residents (R3, R4, R10, R13) reviewed for falls/safety/supervision in the sample of 14 residents. R10 was alone in her room with a wet floor and unable to reach her call bell. The facility failed to ensure R10's call bell was within reach at all times. The facility failed to ensure that assistive toilet devices were secured to toilets in R3/R4 and R13's toilet rooms so as to prevent potential falls. The facility failed to ensure that one exterior door was equipped with a functioning alarm to alert staff if a resident leaves the building.</p>	F9999			

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F9999	<p>Continued From page 27</p> <p>Findings include:</p> <p>1. R10's Physician Order Sheet (POS) dated 12/2011 documents the following diagnoses: Dementia and Arthritis.</p> <p>R10's Fall Risk Assessment dated 11/21/11 indicates a score of 17 (10 points or more equals high risk for falls) which places R10 at high risk for falls.</p> <p>On 12/29/11 at 10:12 a.m., R10 was alone in her room and seated in her recliner against the opposite wall in her room from her bed. R10's call bell was lying on her bed, approximately four feet from the resident. R10 was unable to reach her call bell. The floor of the room was wet after just being mopped. A "Caution Wet Floor" sign was placed in the doorway of R10's room.</p> <p>On 12/29/11 at 10:20a.m., E2, Director of Nursing (DON) witnessed R10 alone in her room, unable to reach her call bell, and the floor wet. E2 confirmed the call bell should be within R10's reach and clipped the call bell on R10's blanket in her recliner.</p> <p>R10's Care Plan dated 01/21/11 indicates R10 is severely cognitively impaired, requires set up help for meals, and has risk factors that require monitoring and intervention to reduce potential for falls, and has a history of falls. The 01/21/11 Care Plan further directs staff to "Keep call light within reach at all times."</p> <p>R10 has the ability to use the call bell as evidenced below:</p> <p>R10's Range of Motion (ROM) Assessment dated 11/21/11 documents R10 as having full range of motion (greater than 80% functional ROM of joint) of bilateral shoulders, elbows, wrists, fingers, thumbs, hips, ankles, and toes. The ROM Assessment dated 11/21/11 documents R10 as having moderate ROM (50-80% functional ROM</p>	F9999			

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F9999	<p>Continued From page 28 of joint) of bilateral knees. On 12/29/11 at 1:05p.m., R10 fed herself and drank iced tea with supervision and occasional cueing from staff. On 12/29/11 at 5:10p.m. E3, Licensed Practical Nurse (LPN) and Minimum Data Set (MDS) and Care Plan Coordinator indicated R10 could possibly use the call bell.</p> <p>2. On 12-27-11 at 12 noon R3 and R4's toilet was equipped with a plastic seat riser with attached armrest/grab bars. At this time the seat riser assembly was not tight fitting to the toilet. The assembly moved about on the rim of the toilet when grasped.</p> <p>R3's 12-7-11 Minimum Data Set reflects that she is dependent upon staff for toilet use. R3's Care Plan dated 12-14-11 reflects that she is at risk for falls with an intervention which states to "...ensure adaptive devices in good repair..." R3's Nurse's Notes reflect that she sustained a fall from the toilet with an injury on 1-16-11.</p> <p>R4's 11-23-11 Minimum Data Set documents that R4 has a history of falls. Her 11-13-11 Fall Risk Assessment reflects that she is at high risk for falls. R4 was observed ambulating to and from her toilet room with her wheeled walker on on 12-27 and 12-28-11.</p> <p>On 12-29-11 at 11:30 a.m. R13's toilet was equipped with a plastic toilet riser with attached armrest grab bars. The assembly was not tight fitting to the toilet rim and could be moved when grasped.</p> <p>3. R3's Nurses Notes dated 8-17-11 reflect that she fell from her bed and sustained a facial</p>	F9999			

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F9999	<p>Continued From page 29</p> <p>fracture and head laceration. Post fall interventions put into effect and documented on her 12-14-11 Care Plan reflect to keep R3's bed in the low position with wheels locked.</p> <p>On 12-28-11 R3 was in bed asleep. Her bed was not in the low position and the wheels were not locked. This was verified by E3, Licensed Practical Nurse at 9:20 a.m.</p> <p>4. On 12-28-11 at 11:20 a.m. the Living Room exterior door which opens to the enclosed courtyard was equipped with an audible alarm device that did not function. E15, Maintenance Supervisor stated at this time that the alarm is armed 24 hours a day and is checked twice weekly. E15 stated he did not know the alarm was not working. E15 stated the alarm is in place to alert staff when residents go outdoors. Some areas within the courtyard are not able to be viewed from indoors.</p> <p>The Centers for Medicare and Medicaid Services 672 form completed on 12-27-11 reflect that there are 3 residents who are independent with ambulation. Independent residents were present near this door without staff present on 12-27, 12-28, and 12-29-11 at various times of the day.</p> <p style="text-align: center;">(B)</p> <p>300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p>	F9999			

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F9999	<p>Continued From page 30</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to initiate criminal background checks for 3 supplemental residents (R24, R25, R26) and failed to initiate criminal background checks within 24 hours of admission for 3 of 14 sampled residents (R1, R4, R5) and 5 supplemental residents (R19, R20, R21, R22, R23).</p> <p>Findings include:</p> <p>On 12-29-11 at 3:55 p.m. admission records were reviewed with E18, Business Office Manager.</p> <p>According to E18 and records supplied by her, no criminal background checks were initiated for the following new admissions: R24 admitted 10-21-11, R25 admitted 10-18-11, and R26 admitted 10-18-11.</p> <p>E18 supplied documentation and verified that background checks were not initiated within 24</p>	F9999			

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F9999	<p>Continued From page 31 hours of admission for: R1, R4, R5, R19, R20, R21, R22, R23.</p> <p>R1 admitted 11-10-11 had a background check initiated 12-28-11 which reflected felony convictions. R5 admitted 12-18-11 had a background check initiated 12-28-11 which reflected a felony conviction.</p> <p>E18 stated on 12-29-11 at 4:30 p.m. that the background checks should have been done within 24 hours of admission. E1, Administrator stated on 12-30-11 at 9:15 a.m. that she failed to initiate the background checks in a timely manner as she did not know the procedure.</p> <p style="text-align: center;">(B)</p> <p>300.4010c)3) Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S c) A comprehensive assessment must be completed by the IDT no later than 14 days after admission to the facility. Reports from the pre-admission screening assessment or assessments conducted to meet other requirements may be used as part of the comprehensive assessment if the assessment reflects the current condition of the individual and was completed no more than 90 days prior to admission. The assessment shall include at least the following: 3) A skills assessment performed by a social worker, occupational therapist, or PRSD or PRSC with training in skills assessment. The skills assessment shall include an evaluation of the</p>	F9999			

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F9999	<p>Continued From page 32</p> <p>resident's strengths, an assessment of the resident's levels of functioning.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete the skills assessment for 2 of 2 sampled residents (R11 and R12) identified as meeting the criteria for Serious Mental Illness (SMI) and failed to complete the Skills Assessment in determining the needs prior to completing the Care Plans for both residents. The 2 sampled residents are the only SMI residents in the facility out of a sample of 14 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> R11 was admitted on 8-25-04 and according to R11's December 2011 Physician Order Sheet (POS) diagnoses include Bipolar, Depression and Dementia / Agitation. <p>According to the Peterson Health Care Subpart S Eligibility Screener dated 12-6-10 and reviewed on the following dates 2-16-11, 5-4-11, 7-25-11 and 10-17-11. R11 was identified to meet the criteria for Subpart S. Under Section C it was marked for all areas, self-maintenance, social functioning, community living activities, work-related skills.</p> <ol style="list-style-type: none"> R12 was admitted on 4-14-03 and according to R12's December 2011 POS diagnoses include Chronic Paranoid Schizophrenia, Schizo Affective Disorder and Depression. 	F9999			

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F9999	Continued From page 33 According to the Peterson Health Care Subpart S Eligibility Screener dated 10-3-11 and reviewed 12-19-11 by E3, MDS, Care Plan Coordinator this identified R12 to meet criteria for Subpart S. Under Section C it was marked for self maintenance and work related skills. On 12-29-11 at 1:20pm E3, MDS, Care Plan Coordinator verified she was the one that completed the Subpart S Eligibility Screener for both residents but was not aware she had to do any additional assessments and when she checked with the Social Service Director she didn't either. In fact they didn't have a form for this. On 12-29-11 at 1:40pm E6, Corporate Nurse, verified they did not have a form for this Skills or Functional Assessment for the SMI residents and obtained a copy of one for the facility to use. The current Psychosocial Assessment in use has some of the areas but does not screen for all of them. On 12-30-11 at 9:30am E5, Social Service Director (SSD) verified she was not doing the Skills Assessment and had not been told she needed to do them on R11 and R12. (AW)	F9999			