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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146011	B. WIN			C 01/09/2012	
NAME OF PROVIDER OR SUPPLIER ROBINGS MANOR REHAB & HEALTH CARE			•	STREET ADDRESS, CITY, STATE, ZIF 502 NORTH MAIN BRIGHTON, IL 62012	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 323	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 planning on taking patient to surgery today for hip repair". R1's hip x-ray, dated 12/23/11, documents "two views of the right hip without comparison for an indication of pain demonstrates findings concerning for an impacted right femoral neck fracture. The osseous structures are demineralized". R1 has diagnoses, in part, of Genetic Torsion Dystonia, Scoliosis, Seizures and Schizophrenia. R1's most recent Minimum Data Set (MDS), dated 10/20/11, documents that he requires total assistance for all activities of daily living. R1's most recent plan of care, with a start date of 2/2/10 and a goal date of 4/3/12, documents a "Problem" of "requires extensive assist with bed mobility, transfers, dressing, hygiene - two staff needed for bed mobility and transfers". FINAL OBSERVATIONS LICENSURE VIOLATIONS LICENSURE VIOLATIONS 300.1210b)5) 300.1210c) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care		F 3				

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	well-being of the releach resident's conplan. Adequate and care and personal oresident to meet the care needs of the reshall include, at a resident transfer activities as effort to help them in practicable level of c) Each direct carebe knowledgeable arespective resident d) Pursuant to subscare shall include, and shall be practicable level of care shall include, and shall be practicable level of seven-day-a-week 6) All necessary preasure that the resias free of accident nursing personnels that each resident rand assistance to personal section 300.3240 A a) An owner, licens agent of a facility shresident. (Section 2	sident, in accordance with aprehensive resident care a properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures an inimum, the following and safe soften as necessary in an aretain or maintain their highest functioning. Giving staff shall review and about his or her residents' care plan. Gection (a), general nursing at a minimum, the following sed on a 24-hour, basis: Gecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eccives adequate supervision arevent accidents. Abuse and Neglect ee, administrator, employee or hall not abuse or neglect a	F99	999			

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F9999	failed to adequately (R1) reviewed who mechanical assistive sample of 3. This from the mechanical sustaining a right feet in Findings include: The Facility "Ince "on the evening of I Nurses Aide (CNA) bed to his wheelchat transfer, the lift arm lift leaned to the left extra bed in the root. The lift was pushing trying to protect R1 states he yelled for response. He was onto the bed due to the side of the bed. best to lower R1 to sling attached to the floor, he maneuver left the room to get returned to R1's roon urse, they unlatche the lift upright and range head but, did comparegion. R1 was ser (ER) for an evaluation check on R1 and we returned to R1	yiew and interview, the Facility supervise 1 of 3 residents are assessed as requiring re devices for transfers, in the ailure resulted in R1 falling al assistive device and emoral neck fracture. Ident Report Form" documents December 23rd, E4, Certified, was transferring R1 from his air per full body lift. During this became unbalanced and the t, causing R1 to land on the im instead of his wheelchair. If yon E4's back, while E4 was from being harmed. E4 assistance but there was no unable to move R1 farther up R1's legs were dangling over He decided that it would be the floor. R1 was still in the elift. Once E4 had R1 on the ed out from under the lift and some assistance. E4 om with another CNA and the ed the sling from the lift, set moved it back out of the way. If the denied hitting his lain of pain in his right hip in to the Emergency Room on. The nurse later called to as informed that R1 had a racture. R1 returned to the	F9:	999			

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F9999	Internal Fixation (O On 12/27/11, E4 incident. He stated dinner, positioned to the lift equipment and proceeded to not wheelchair. E4 mowheelchair, position E4 then placed him wheelchair on the rithe lift and positionin As E4 started to low something caused and forward with R1 his wheelchair was landed on the CNA attached. He stated one heard his calls. During an interviand E2, Director of AM, they stated that use two people to the mechanical lift - "we times". E2 stated the facility for not safel Facility employees devices according to recommendations. Have their own proceeding to the process of the facility of the facility employees devices according the recommendations. Have their own proceeding the facility of the facility in the undevices. E6, CNA and Phresponsible for train utilizing mechanical E6 stated, "I always transfer and I've be	cost right hip Open Reduction RIF) on 12/26/11. If was interviewed about the that he got R1 ready to go to the sling under R1, attached it traised him up off of the bed nove R1 over to his ved the lift legs under R1's ning R1 over his wheelchair. Self between the lift and the ght side, for better handling of the lift to topple over to the left of landing on the extra bed that parked next to. The lift is back with the sling still do that he yelled for help but no sew with E1, Administrator, Nursing, on 1/5/12 at 9:25 to tracility CNA's are taught to cansfer residents when using a seprefer two people at all that E4 was fired from the y transferring R1. E2 said are trained on the use of	F99	999				

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	never mechanically and I always tell statrained E4 and told when using a mechanical 10:35 AM, that he cassistive devices us monthly for mechanical 6 checks the devifunctioning. E3 sai found anything medice which was unabled by a (mechanical over the top of the The patient was brown and the patient was b	r transfer someone by myself aff that". E6 stated that she him to always use two people nanical assistive device. E Director, said on 1/5/12 at checks both of the mechanical sed in the Facility at least nical soundness. E3 said that ces weekly for proper d that neither he nor E6 have chanically wrong with the used to transfer R1 on istory and Physical d 12/23/11, documents sion: Fractured right hip. This le who was being lifted out of call) lift and accidently toppled chair and landed on the floor. Dught to the hospital and was found to have a right lare. The orthopedist is patient to surgery today for hip lated 12/23/11, documents ght hip without comparison for a demonstrates findings mpacted right femoral neck	F99	999			

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F9999	mobility, transfers,	dressing, hygiene - two staff bility and transfers".	F9:	999				
		(B)						