STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145972	A. BUILDING ______ B. WING ______	02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVENA COR MARIAE CENTER	**3330 MARIA LINDEN DRIVE** **ROCKFORD, IL 61114**

(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 516	Continued From page 24 interview the facility failed to ensure stored medical records were protected from water damage in a room with sprinklers. This applies to all 71 residents. The findings include: The facility's CMS-672 form (dated 02/8/12) shows a total census of 71 residents. On 2/9/12 at 2:50 PM, during the environmental tour accompanied by E19 (Plant Engineer), medical records stored in 23 cardboard boxes were on the top of a metal shelving unit directly below the sprinkler heads. There were multiple cardboard boxes of medical records stacked on the remainder of the open shelves. In a second room, open shelving units held cardboard boxes of medical records. There were 14 boxes stored on the floor, 6 of which held medical records. E19 stated the boxes in either room would not be protected if the sprinkler system were to be engaged.	F 516		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility,	F9999		

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F9999	Continued From page 25 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 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.	F9999		

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F9999	Continued From page 26	F9999		

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)

These requirements are not met as evidenced by:

Based on interview, and record review the facility failed to have two staff to assist a resident with multiple falls during transfer. This failure contributed to R12 having 3 falls within 23 days resulting in a fracture of the left hip.
This is for 1 of 7 residents (R12) reviewed for falls in the sample of 15.

The findings include:

1. R12's three Resident Incident Reports and Incident Investigations for January 2012 state the following:
1/2/12 at 6:51 AM: R12 was assisted to a standing position by a Certified Nursing Assistant (CNA) with use of a gait belt. R12's knees weak and started to give. CNA helped lower R12 to the

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F9999	Continued From page 27 floor. Will encourage staff to use 2 person assist when transferring R12. 1/13/12 at 8:36 AM: R12 standing with assistance of a CNA and a gait belt from toilet. R12 transferring to a wheelchair. R12's left knee buckled and R12 fell to the floor on left side. R12 complained of pain to the left side. Left leg appears 4-5 inches shorter than right leg. (R12 has had a previous distal femur fracture). Xray for R12's left hip came back negative without fracture. 1/25/12 at 7:31 PM: A CNA reported that while she was transferring R12 from the toilet to the wheelchair, R12's good leg gave out so the CNA assisted R12 to the floor. R12 had complaints of pain to the left hip. Xray results showed left femoral hip fracture. Sent to community hospital for evaluation and treatment. On 2/9/12 at 11:00 AM, E17 (Restorative Nurse) stated the Lift/Movement Profile Assessment and the Function Level Profile are kept inside each residents closet to inform staff how to safely transfer a resident. R12 was to have 2 staff assist with a gait belt. E17 said 2 CNA's with a gait belt should be able to control a transfer when a resident's leg gives out so as not to end up on the floor. E17 confirmed that the falls on January 2, 13, & 25, 2012 occurred while R12 was transferred with 1 staff present. The Function Level Profile dated 10/11/11 and reviewed 1/5/12 states R12 needed extensive assist with 2 staff for sit to stand, stand to sit, stand pivot, bed to chair and toilet transfers. The transfer technique recommendations state: Gait belt at all time's with contact guard assist - 2 staff.	F9999		

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F9999	Continued From page 28 R12's 1/5/12 Lift/Movement Profile Assessment shows a 2 person gait belt transfer was needed. R12's 9/26/11 Care Plan for falls states a goal of : R12 will not sustain a serious injury related to a fall. Care Plan approaches include: Transfer with 2 assist when R12 is being toileted; 1/14/12: In-servicing conducted with staff related to 2 person safe transferring of R12; Analyze previous falls by resident to determine whether pattern/trend can be addressed. (B)	F9999		