STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145893	A. BUILDING _____ B. WING _____	12/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS WEST	11860 SOUTHWEST HIGHWAY PALOS HEIGHTS, IL 60463

(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 441	Continued From page 14 proven to reduce the risk of infections	F 441		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b)6) 300.1220b)3) 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. Restorative measures shall include, at a minimum, the following procedures: 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 300.1220 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 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,	F9999		

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F9999	Continued From page 15	F9999		

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.
Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.
These Requirements were not met as evidenced by:

A.) Based on interview and record review the facility failed to implement interventions and thoroughly investigate falls to prevent injury for one (R7) of 24 residents this resulted in an introchanteric fracture.

Findings include:

R7 was admitted on 10/28/11 from a hospital. Nursing admission progress note indicate the reason for admission and past medical history included status post fall.

On 11/24/11 R7 got up without assistance and fell per the incident report. R7 incurred a right intertrochanteric fracture requiring surgical repair and returned to the facility 12/2/11.

Per nursing progress notes dated 11/23/11 E6 was found on the floor with the alarm sounding very low.

On 12/5/11 at 12am, per nursing progress note documentation, R7 was noted attempting to get

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F9999	Continued From page 16	F9999		

out of bed at rounds and reassessed at 12:40am sleeping in no distress. On 12/5/11, per nursing progress notes and incident reports, R7 was found on the floor with the alarm sounding at 3:45am. An x-ray was completed 12/5/11 with results showing an old right intertrochanteric fracture without significant healing.

A care plan initiated 10/30/11 included an intervention for fall prevention. This care plan shows interventions revised 11/4/11 and 12/5/11. Per the incident report dated 11/24/11 the facility investigated the fall and the intervention completed in response to the fall was to send E7 to the emergency room.

R7 returned to the facility on 12/2/11 and the care plan show no other interventions until 12/5/11.

On 12/6/11 at 6:50am, Z1 (family) was bedside. An interview with Z1 indicated Z1 was staying the night with R7 due to R7 falling the previous night and Z1's concern that R7 keeps falling and concern as to why the facility is not able to prevent the falls.

The Fall Practice Guide policy indicates:
1) The approach for fall interventions are clear, specific and individualized for the patients needs.
2) Regardless of the interventions that are put in place a key factor to success is the timely review of the interventions as patient's condition and needs change.
3) Patient falls are traced by time, location and causative factors. The data is reviewed to identify any trends.
4) During a change in condition or fall occurrence,

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F9999	Continued From page 17 the interdisciplinary care plan teams reviews the patient's most current Falls RAP to determine if the patient's present condition or status has changed and therefore requires the completion of a new off-cycle Falls RAP. If the current Falls RAP still describes the patient accurately, then a narrative summary of the patient's condition and circumstances surrounding the event are documented in the patients clinical record. The care plan is revised s clinically indicated to meet the patient's current needs. As a result of the facilities failure to thoroughly investigate the cause of the falls and place preventative measures, R7 sustained a fracture. (B)	F9999		