

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

PRINTED: 07/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146113	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/01/2012
NAME OF PROVIDER OR SUPPLIER CUMBERLAND REHAB & HEALTH CC			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MARIETTA STREET GREENUP, IL 62428		
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F 000	INITIAL COMMENTS Complaint Investigation # 1260648 / IL56567 The Cumberland Rehab and Health Care Center is in compliance with 42 CFR Part 483, Requirements for Long Term Care facilities for this survey.	F 000			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b) 300.1210b)2) 300.1210b)4) 300.1210b)5) 300.1210c) 300.1210c)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, 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	F9999			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F9999	Continued From page 1 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. 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and	F9999			

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F9999	<p>Continued From page 2</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>Based on record review and interview the facility failed to re-evaluate the effectiveness of interventions for R1, who has a history of standing without assistance, was re-admitted to the facility with left sided paralysis, and was cognitively impaired. Failure to have effective interventions in place for R1 while sitting in the wheelchair unattended, resulted in R1 to stand up from the wheelchair and fall backwards onto the floor. R1 sustained a fractured left hip. R1 was one of three residents sampled for falls in a sample of three residents.</p> <p>Findings include:</p> <p>The Physician's Orders (POS) dated 8/25/10 lists the following diagnoses for R1: Acute Stroke</p>	F9999			

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F9999	<p>Continued From page 3</p> <p>(Cerebrovascular Accident) and Fall Risk. The Minimum Data Set (MDS) dated 8/28/10 for R1 documents that R1 has Short Term and Long Term Memory Problems and is moderately impaired in cognitive skills for daily decision making. The same MDS documents that R1 requires extensive assistance with one person assist for locomotion on and off the unit and for toilet use. The MDS also lists R1 to have range of motion limitations on one side and partial loss of range of motion for the leg to include the hip or knee. The MDS states that R1's primary means of locomotion is the wheelchair (w/c) to be wheeled by staff. R1's Fall Risk Assessments dated 7/27/10, 8/25/10 and 8/28/10 states R1 is at High Risk for falls.</p> <p>The Nurses Notes dated 7/28/10 at 2 AM and 2:30 AM, 8/1/10 at 10:45 AM, 8/2/10 at 2 AM, 8/3/10 at 8:30 PM, 8/8/10 at 6:30 PM, 8/11/10 at 12:25 PM and 3:50 PM, 8/17/10 at 3:40 PM, 8/18/10 at 2:30 AM, 10:15 AM and 1:00 PM describe incidents of R1 standing up and ambulating without supervision. The Nurses Notes dated 8/10/11 at 11:45 PM for R1 states that R1's alarm was sounding and R1 was found on the floor in front of the sink flat on her back.</p> <p>R1's Nurses Notes dated 8/22/10 at 6:20 PM states that the hospital called the facility and was requesting information about R1 because R1's family had taken R1 to the emergency room for possible stroke symptoms. The Nurses Notes on 8/25/10 at 1:10 PM documents that R1 was re-admitted to the facility from the hospital at 11:45 AM that day. The same day at 1:30 PM the nurses notes states that a Physical Therapy Evaluation was completed.</p>	F9999			

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F9999	Continued From page 4 The Physical Therapy (PT) Evaluation dated 8/25/10 states that R1 has the following impairments: weakness, activity tolerance, paralysis, balance and cognition. The same PT Evaluation section titled "Wheelchair Mobility and Wheelchair Management" states R1 requires constant assist for w/c propulsion in the room, in the facility and outdoors. The evaluation states the need for constant assistance for positioning the w/c for transfers and negotiating obstacles. The PT evaluation states R1 needs constant assistance for managing the w/c brakes, foot rests, armrest and pressure relief. The Physical Therapy Discharge Summary dated 8/30/10 under the section titled "Patient/Caregiver training provided and response to training and indicators of success of training:" reads "(R1) has increase safety risk due to weakness and confusion, (R1) follows some verbal cues, but decrease retention for safety." A Facility Form titled "Investigation Report For Falls" dated 8/25/10 states under the section "What was the resident doing at that time?" states "(R1) sitting in dayroom in wheelchair" , section titled "What was the resident doing or trying to do at the time of the fall?" states "attempting to stand" section titled "Root Cause Analysis" states "(R1) attempting to stand without assist." Facility form titled "Fall Documentation Worksheet" dated 8/28/10 under the section titled "Why did the fall occur" states "(R1) attempting to stand wheelchair rolling backward". Same form section titled "ROM (Range of Motion) / Leg alignment/Shortening" states "(R1) left leg rotated outward."	F9999			

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F9999	<p>Continued From page 5</p> <p>On 3/1/12 at 2:25 PM E4,RN (Registered Nurse) stated she witnessed the 8/28/10 incident and "I was sitting at the desk at the nurses station, heard an alarm go off, I looked up and saw (R1) standing up with her arms on the wheelchair armrests moving backwards with the wheelchair. By the time I got there (R1) went down...."</p> <p>E3, RN stated on 3/1/12 at 2:35 PM "....(R1) was different when she returned from the hospital, (8/25/10) (R1) had more confusion, more weakness noted and more unsteady than when she first came to the facility.....(R1)'s wheelchair was not locked we only lock for transfers...."</p> <p>R1's care plan dated 8/28/10 states under Category 11: Falls under (P) Problems "....Risk factors include poor balance, poor cognitive skills, and poor decision making abilities as evidenced by repeated attempts to transfer self and walk per self. Related diagnosis/condition/history includes alzheimer's dementia s/p (status post) stroke....." Section (G) Goal states: "(R1) will follow safety suggestions and limitations with supervision and verbal reminders for better control of risk factors thru next 90 days.... Approaches to include "Review quarterly and prn (whenever necessary) (R1) ADL's (activities of daily living), mobility, cognitive, behavior and overall medical status. IDT (interdisciplinary team) review of changes and needs with (R1) and or Responsible Party during care plan. Discuss fall related information to review and revise plan as needed..... Approach Remind (R1) to lock wheel chair brakes...."</p> <p>E4, RN Care Plan Coordinator was asked on 2/28/12 at 2:45PM if R1 had any revisions to the</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>care plan when R1 was re-admitted to the facility on 8/25/10, E4 replied she did not know because she was not the care plan coordinator during that time. The facility did not give any additional information to the surveyor when requested regarding revised or updated care plan interventions implemented upon R1's return from the hospital. There is no documented evidence that R1's care plan related to fall prevention, was ever revised following the 8/25/10 Physical Therapy evaluation.</p> <p>A Radiology Form dated 8/28/10 for R1 under the section titled "Findings" states "There is a transcervical fracture of the left femur with mild impaction and foreshortening...."</p> <p>(B)</p>	F9999			