

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145563</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/15/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVENA ST ANNE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4405 HIGHCREST ROAD</b> <b>ROCKFORD, IL 61107</b>		
(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 323	Continued From page 4 care plan does not include how R2 should be turned/repositioned in bed with her fractured right arm. The care plan does not show how assistive devices such as side rails should be used to facilitate turning and repositioning R2.  On 3/2/12 at 1:25 PM, R2 was observed in the TV lounge near the C unit. R2 was in her wheelchair. No foot rests were under R2's feet, her feet/legs were dangling and were visibly swollen. (lower legs were wrapped in ace bandages) R2 had an ace wrap and dressing to the left arm/ elbow to hand. R2's left hand fingers were discolored (ecchymotic) and very swollen. R2 was unable to use the left arm. (result from fall at facility)  R2 stated she had fallen at home and then she fell here.(facility) E9 (Certified Occupational Therapy Assistant) was present and said she was going to work with R2 on feeding herself. E9 said that R2 had been to the Orthopedic Doctor for her Right arm and the sling was discontinued. R2 had notable edema of the right arm and hand. E9 said she was going to try and work with R2 to find a way she could feed herself. (both upper extremities are now injured)  At 1:45 PM on 3/13/12, E10 (Licensed Practical Nurse) said that R2 had rolled out of bed when being turned by E11.(CNA)  E2 (Assistant Director of Nursing) said on 3/13/12 at 2:05 PM that E11(CNA) must not have had the side rail up on the side of the bed that R2 rolled out of.	F 323			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS	F9999			

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F9999	Continued From page 5  300.1210b) 300.1210d)6) 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:  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	F9999			

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F9999	<p>Continued From page 6 resident.</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review, and interview, the facility failed to ensure resident safety by not raising the side rail to prevent a resident from being rolled off the side of the bed. The facility failed to ensure that 2 persons were assisting a resident in bed mobility as required. These failures resulted in R2 sustaining a left shoulder injury and fractured metacarpals of the left hand, leaving R2 unable to feed herself.</p> <p>This applies to 1 of 3 residents (R2) reviewed for falls in the sample of 3.</p> <p>The findings include:</p> <p>R2's Minimum Data Set (MDS) Assessment documents that R2 requires extensive assistance of 2 or more persons for bed mobility, and toilet use. R2 required limited assistance of one person to eat. R2 has range of motion Impairment on one side affecting the upper extremity. R2's Active Diagnoses include Diabetes Mellitus, and Fracture. R2 had one fall since admission to the facility that resulted in injury. R2's height is 5 feet and her weight is 223 pounds.</p> <p>The Physician's Hospital Admission note of 3/2/12 documents that R2 had a fall that resulted in injury to her left should and left hand with metacarpal fractures of the left hand. R2 had</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>generalized weakness and a previous fracture of the right humeral head. (Right shoulder area)</p> <p>The Hospital Physician's Consult note dated 3/2/12 documents that R2 had a fall out of bed earlier in the day. She has a prior fracture of the Right proximal humeral bone. On presentation, R2 has ecchymosis and bruising in and around the left hand with some pain around her fingers. She (R2) states that she thinks she broke her fingers as well.</p> <p>She has pain with any kind of motion to the left shoulder.</p> <p>The facility Incident Report of 3/2/12 documents that R2 and E11 (Certified Nursing Assistant) said that while R2 was getting cleaned up, R2 said that she was going to fall. E11 (CNA) said no you won't I have you and shortly after that R2 fell on the ground. R2 complained of left arm pain.</p> <p>The facility Record of Interview Report dated 3/2/12 shows that E11 was providing care to R2 when she (R2) was rolled off the side of the bed. R2's MDS assessment documents that R2 requires 2 persons for bed mobility.</p> <p>R2's Care Plan dated 3/5/12 documents that R2 required assistance with meals due to her Right arm fracture.(original condition on admission)</p> <p>Another Care Plan for fall risk (2/28/12) documents that R2 has pain and impaired mobility as risk factors. The goal is that R2 will not experience a fall with a serious injury. The care plan does not include how R2 should be turned/repositioned in bed with her fractured right arm. The care plan does not show how assistive</p>	F9999			

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F9999	<p>Continued From page 8</p> <p>devices such as side rails should be used to facilitate turning and repositioning R2.</p> <p>On 3/2/12 at 1:25 PM, R2 was observed in the TV lounge near the C unit. R2 was in her wheelchair. No foot rests were under R2's feet, her feet/legs were dangling and were visibly swollen. (lower legs were wrapped in ace bandages) R2 had an ace wrap and dressing to the left arm/ elbow to hand. R2's left hand fingers were discolored (ecchymotic) and very swollen. R2 was unable to use the left arm. (result from fall at facility)</p> <p>R2 stated she had fallen at home and then she fell here.(facility) E9 (Certified Occupational Therapy Assistant) was present and said she was going to work with R2 on feeding herself. E9 said that R2 had been to the Orthopedic Doctor for her Right arm and the sling was discontinued. R2 had notable edema of the right arm and hand. E9 said she was going to try and work with R2 to find a way she could feed herself. (both upper extremities are now injured)</p> <p>At 1:45 PM on 3/13/12, E10 (Licensed Practical Nurse) said that R2 had rolled out of bed when being turned by E11.(CNA)</p> <p>E2 (Assistant Director of Nursing) said on 3/13/12 at 2:05 PM that E11(CNA) must not have had the side rail up on the side of the bed that R2 rolled out of.</p> <p>(B)</p>	F9999			