

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: 145371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/22/2012
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN			STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701		
(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 10 7. On 3/21/12 at 11:25 a.m. E17 (Licensed Practical Nurse) administered a subcutaneous injection of insulin to R21 and failed to don gloves prior to administering the injection. E17 then performed a glucose monitoring test on R22 at 11:30 a.m. and R7 at 11:35 a.m. and failed to don gloves prior to performing a finger stick for blood. The facility's Bloodborne pathogens exposure control plan dated 1/1/98 documents gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, non-intact skin, and mucous membranes. The facility Policy, titled "Infection Control", indicates "direct source of infection can be the residents own environment. Other potential sources include inanimate objects in the environment which have become contaminated." The Policy further indicates, "effective cleansing of equipment and materials is of primary importance..." A facility handwashing policy (no date provided), documents for staff to "wash your hands: before coming in contact with a resident and after you have taken care of him/her," and "after handling a resident's articles, dressings, or any equipment or supply used in his/her care."	F 441			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.610a) 300.1210b)	F9999			

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F9999	Continued From page 11 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	F9999			

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F9999	<p>Continued From page 12 shall include, at a minimum, the following procedures:</p> <p>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:</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 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>These Regulations were not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to use the full mechanical lift instead of the sit to stand lift for</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>one resident (R15). This failure resulted in R15 sustaining significant bruising across the upper chest, bilateral breasts, right axilla, and right upper arm down to just below the right elbow, and significant swelling to the right upper chest extending into the axilla.</p> <p>Findings include:</p> <p>A Physician's Order Sheet, dated 3/01/12, documents R15 has the current diagnosis of Dementia. A Minimum Data Set, dated 1/09/12, indicates R15 has difficulty with her short and long term memory and requires extensive assistance of two people to transfer. The Plan of Care, dated 1/10/12, indicates R15 requires the use of a full mechanical lift to transfer. Nursing Notes, dated 3/10/12, document R15 had bruising the entire length of the right arm. On 3/12/12, Nursing Notes indicate R15 developed swelling to the right side of the chest and the physician ordered an x-ray.</p> <p>An Incident/Accident Report, dated 3/10/12, documents R15 was noted to have a bruise on the entire length her right bicep. The Incident/Accident Report further documents E2 (Director of Nursing) interviewed staff to determine the cause of the bruising and "believed bruising to be caused by harness of stand lift." An Inservice Program Sheet, dated 3/12/12, documents all staff were educated that R15 requires a full mechanical lift to transfer and has required this since 1/10/12. The Inservice Program Sheet further educated staff to not use a stand lift when transferring R15.</p> <p>On 3/21/12, at 11:02 a.m., E16 (Licensed</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>Practical Nurse) stated R15 is "confined to her wheelchair and does not try to get up on her own."</p> <p>On 3/21/12, at 11:30 a.m., E22 (Certified Nursing Assistant) stated R15 is unable to stand on her own and has required the use of a (mechanical) lift for some time."</p> <p>On 3/21/12, E2 (Director of Nursing) stated R15 is unable to stand and bear weight independently. E2 stated, based on her investigation, it is believed that staff used a stand lift instead of a full mechanical lift to transfer R15. E2 further stated that, since R15 is unable to bear weight, she would have hung in the harness/straps of the stand lift and that would have caused the bruising in the area she was injured.</p> <p>On 3/21/12, at 11:33 a.m., R15 had extensive purple and yellow bruising across her upper chest, dark purple bruising across the right and left lower breast, dark purple bruising and significant swelling (approximately two inches in diameter) in the right axilla, and purple and yellow bruising on the upper right arm extending down below the elbow (approximately three inches wide). R15 was unable to respond when asked how the injury occurred.</p> <p>(B)</p>	F9999			