STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145930	A. BUILDING _____ B. WING _____	C 04/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN - PONTIAC	15335 US HIGHWAY 66 PONTIAC, IL 61764

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F 323	Continued From page 3 hold on to the gait belt as stand by assist for walking and transfers. E2 stated that she was not aware that E4 had let go of the gait belt. E2 thought that R1 had just tripped over her feet. The current POS confirms that R1 now is transferred by mechanical lift. Nurses notes and POS dated 3/21/12 also indicate that R1 developed two open areas on the left buttock. Facility policy/procedure for gait belts, dated 3/1/10, states that "Gait belts are to be used on every transfer unless medically contraindicated. . . .grasp belt at residents back and to the side - stand as close to resident as possible. If resident begins to fall, do not try to prevent the fall. Guide the resident to the floor by bending your knees. . ."	F 323		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1210b)4)5) 300.1210c) 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.	F9999		

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F9999	Continued From page 4 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 shall include, at a minimum, the following procedures: 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 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 5 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. These requirements were not met as evidence by: Based on record review and interview, the facility failed to provide adequate supervision for one of three residents sampled for falls (R1), by failing to maintain use of the gait belt throughout ambulation and transfer, resulting in a fall. This fall caused a fracture of the humerus. Findings include: According to admission records and the current Physician's Order Sheet, R1 has a diagnosis of Cerebrovascular Accident with Left Hemiplegia. The Minimum Data Set (MDS) dated 2/8/12 also lists a diagnosis of Osteoporosis. The MDS assesses R1 with moderate cognitive impairment, and requiring limited to extensive assistance for transfers and ambulation. The MDS states R1 is only able to stabilize with human assistance. The	F9999		

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F9999	Continued From page 6 facility listed R1 as interviewable. The Occurrence Report dated 4/3/12 stated the following: "Aid was walking resident with gait belt and walker, following with w/c (wheelchair); Res. (resident) walking to DR (dining room) table for breakfast. Became distracted and tripped over her own foot, fell forward onto left side (hit head on table and possible floor also). Resident states she heard loud cracking in the left upper arm when she hit the floor. .. ." R1 was sent to the hospital where she was found to have a fracture of the left proximal humerus, according to the Orthopedic follow-up notes dated 4/1/12. The Occurrence Report states that the incident was probably caused by "Resident distracted while walking to dining room to sit down for breakfast; distracted and stopped paying attention to her walking." The Care Plan Intervention on this report was to "Remind to stay focused on walking while walking res." On 4/12/12 at 8:40 a.m., R1 was in the room in the wheelchair with a sling on her left arm. R1 was alert and oriented. R1 stated regarding the incident that she was walking to the dining room with her walker with E4 (Certified Nurse Aide/CNA) following behind her and pushing the wheelchair. "I told her (CNA) I couldn't go any further, but she said to try a little further. The next thing I know the floor was coming up and I was on my face. I heard a crack in my left arm. . . .I had a gait belt on but she (CNA) wasn't holding on to it" R1 stated that the doctor told her the break was "too high up" to do surgery so she has the sling. R1 states the fracture "is a real setback", she had been able to use the bathroom and do hygiene more by herself. Now R1 has to	F9999		

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F9999	Continued From page 7	F9999		

use a mechanical lift and is in therapy again.

Z1 (friend) stated on 4/12/12 at 10:30 a.m. after the incident he asked E4 what happened and E4 said, " I felt so bad because I couldn't grab her belt in time."

The written statement by E4 states that E4 ". . .heard {R1} sigh. I said; "You're almost there. Do you want to keep going? She didn't answer just kept walking. We got to the table . I asked her if she wanted to sit in a chair or her wheelchair. So I let go of the gait belt and prepared to brace the wheelchair. . ." At that time, E8 (dietary staff) poured coffee at her table. R1 "called out for {E8} to leave the coffee pot, taking a step forward instead of sitting down. Distracted and in a hurry, she tripped over her own feet."

Other written statements by E9 (CNA), E7 (nurse), and E3 (nurse) state that they heard E4 "yell" and call out R1's name prior to the fall. E8's statement said that R1 was walking with her walker and E4 was "pushing the wheelchair behind her."

On 4/12/12 at 10:50 a.m., E4 confirmed her written statement that she did offer R1 the opportunity to stop and sit down. E4 stated that she was holding the gait belt as they were walking, and pulling the wheelchair behind. Then when at the table, E4 confirmed that E4 let go and was not holding on to the gait belt at the time of the fall.

The approach for R1's Restorative Program Lookback Documentation for the Walk to Dine program for 1/12 and 2/12 states, "Ambulate 25

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F9999	Continued From page 8 feet to dining room at meal time with walker, gait belt and stand by assist. Increase distance as tolerated." On 4/12/12 at 2:00pm, E2 (Director of Nursing) stated that this means that staff would hold on to the gait belt as stand by assist for walking and transfers. E2 stated that she was not aware that E4 had let go of the gait belt. E2 thought that R1 had just tripped over her feet. The current POS confirms that R1 now is transferred by mechanical lift. Nurses notes and POS dated 3/21/12 also indicate that R1 developed two open areas on the left buttock. Facility policy/procedure for gait belts, dated 3/1/10, states that "Gait belts are to be used on every transfer unless medically contraindicated. . . .grasp belt at residents back and to the side - stand as close to resident as possible. If resident begins to fall, do not try to prevent the fall. Guide the resident to the floor by bending your knees. . ." "B"	F9999		