

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: 145863	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2012
NAME OF PROVIDER OR SUPPLIER MARION REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST DEYOUNG MARION, IL 62959		
(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 314	Continued From page 2 MD as needed, skin condition, presence of any new areas. Document appearance, measurement, drainage, and stage of any areas. Notify MD and family of development of any new areas. An approach dated 4-24-12 states treatment to right upper posterior thigh as ordered and treatment to right lateral ankle. Heel protectors/float heels. Z#3 stated at 3:30 P.M.on 6/5/12 that he felt that there was a communication breakdown at the facility regarding removing the brace and periodically checking of the skin underneath. He felt if that had been done properly the developement of the pressure areas could have been avoidable. The failure of the facility to implement or coordinate an established frequency (other than weekly) for nursing to observe/assess the leg/foot for break down put R1 at risk developing pressure sores without facility awareness. No padding was applied inside the brace to relieve pressure points. A plan to float heels was not implemented until after the wounds were found on 4-24-12. This was confirmed with E1, (Administrator), at 4PM on 6-5-12.	F 314			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.1210a) 300.1210b) 300.1210d)4)A)5) 300.1220b)3) 300.3240a)	F9999			

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F9999	Continued From page 3 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 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. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	F9999			

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F9999	<p>Continued From page 4 following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.1220 Supervision of Nursing</p>	F9999			

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F9999	Continued From page 5 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, 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. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on record review and interview the facility	F9999			

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F9999	<p>Continued From page 6</p> <p>failed to provide adequate intervention to prevent the development of pressure ulcers for 1 resident (R1) reviewed for skin impairment. This failure resulted in the development of pressure wounds requiring hospitalization for debridement.</p> <p>Findings include:</p> <p>1. The face sheet in R1's medical record indicates a 75 year old female admitted to the facility on 1-25-12 and discharged to the hospital on 5-4-12. The undated diagnoses list sheet includes Fractured Femur and Morbid Obesity. E4, (Treatment Nurse, Licensed Practical Nurse, LPN), stated R1 was admitted to the facility with a full leg brace for a fractured right femur. E4 noted the brace did not fit properly for it would slide down and have to be readjusted. E4 stated R1 was previously treated for a wound that occurred on her right heel 2-21-12 and healed on 4-10-12. E4 stated the morning of 4-24-12 she was asked to do a full body skin assessment on R1. During this assessment the following was noted and recorded on the Treatment Record: skin turgor fair, ulcers noted to right lateral ankle upper site 1 and lower site 2. Site 1 was 3.5cm x 5.3cm x ?, 80% eschar, 20% slough, site 2 was 1.0cm x 1.2cm x ?, 100% slough. Right upper posterior thigh 3cm x 4cm, with 80% slough, 10% granulation and 10% eschar. The right and left heels slightly red, stage I. Treatment begun to all areas. Skin dry and flaky, less than 1 plus edema to feet and ankles. Well healed scar to abdomen.</p> <p>E7, (LPN), stated at 4:05PM on 6-4-12, Z2, (R1's daughter), removed R1's brace to apply a clean one around 9PM on 4-23-12 and found open areas on the right outer ankle. Z2 informed E7 of the areas, an assessment was completed</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>by E7 with doctor notification, and treatment orders were obtained. The nursing note by E7 on 4-24-12 notes four pressure ulcers around the right ankle. The sizes noted by E7 were 2.2cm x .8cm, .6cm x .8cm, 1.2cm x .3cm, and 3cm x 4cm.</p> <p>The facility's care plan dated 3-5-12 indicates problem/need of risk for impaired skin integrity related to limited mobility/activity, incontinence, inadequate intakes, obesity and a problem with friction/shearing. The goal states will show healing to current pressure ulcers and have no further skin breakdown through next review. One approach noted was assess/record/report to MD as needed, skin condition, presence of any new areas. Document appearance, measurement, drainage, and stage of any areas. Notify MD and family of development of any new areas. An approach dated 4-24-12 states treatment to right upper posterior thigh as ordered and treatment to right lateral ankle. Heel protectors/float heels.</p> <p>Z#3 stated at 3:30 P.M.on 6/5/12 that he felt that there was a communication breakdown at the facility regarding removing the brace and periodically checking of the skin underneath. He felt if that had been done properly the development of the pressure areas could have been avoidable.</p> <p>The failure of the facility to implement or coordinate an established frequency (other than weekly) for nursing to observe/assess the leg/foot for break down put R1 at risk developing pressure sores without facility awareness. No padding was applied inside the brace to relieve pressure points. A plan to float heels was not implemented until after the wounds were found</p>	F9999			

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F9999	Continued From page 8 on 4-24-12. This was confirmed with E1, (Administrator), at 4PM on 6-5-12. (B)	F9999		
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