

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: 145717	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2012
NAME OF PROVIDER OR SUPPLIER COLUMBIA REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236	
(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 000	INITIAL COMMENTS Incident Investigation of 2/28/12/IL 56840 The Columbia Rehab and Nursing Center is in compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities for this survey.	F 000		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION: 300.1010h) 300.1210d)6) 300.3240a)b) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care 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	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	<p>Continued From page 1</p> <p>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.</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to immediately notify the physician of an accident, and failed to provide necessary assistance during a transfer for 1 of 3 residents (R1) reviewed for falls in the sample of 3. This failure resulted in R1 sustaining a fracture of the left hip. E6 and E7 failed to report fall to nursing staff thus delaying medical attention.</p> <p>The findings include:</p> <p>R1 was admitted to the facility on 4/12/11 with diagnoses, in part, of cerebral vascular accident with left hemiparesis and contractures on the left side. According to the care plan dated 1/12/12, R1 requires extensive assistance with activities of daily living due to the left sided cerebral vascular accident. The Care Plan dated 4/24/11 documented R1 requires 2 people to assist her with transfers.</p>	F9999			

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F9999	<p>Continued From page 2</p> <p>The "Incident/Accident Report" and the "Investigation of Incident" dated 2/27/12 documented R1 complained of leg pain during care to E9, CNA (Certified Nurses Aide). E9 reported the statement to E5, 3:00 PM to 11:00 PM evening nurse. The report documents that R1 told E5 "I fell when being put to bed".</p> <p>In a written statement dated 2/28/12 by E5 , R1 was questioned at 12:10 AM regarding the incident. E5 documented R1 could raise her right leg with no discomfort. A bruise was noted to the back of the right leg. E5 called E7, CNA, to question if R1 had fallen. The statement documented E7 told E5 that when they were putting R1 to bed her foot had become tangled, but R1 did not fall.</p> <p>The nurses notes dated 2/28/12 at 12:25 AM documented that E5 called E7. The nurses notes documented E7 stated "Res (resident) did not fall caught foot (under) chair causing 2 cna's to be knocked off balance momentarily. Res assisted to bed stating "I'm OK". There is no documentation the Physician was notified.</p> <p>E4, 11:00 PM to 7:00 AM nurse, stated in an interview on 3/1/12 at 12:45 PM that she was given a report regarding R1 by E5 when she came onto her 11:00 PM to 7:00 AM shift on 2/27/12 . E4 stated she did not see R1 until about 4:00 AM on 2/28/12 when R1 was complaining of pain. R1 told E4 that she fell on the floor, and hit her head. E4 stated she lifted R1's left leg, and she complained of pain. E4 confirmed that she did not call the Physician regarding the pain or fall until 6:00 AM on 2/28/12, and should have called at 4:00 AM. E4 stated she did not have any pain medication orders to give R1 anything but R1 had her</p>	F9999			

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F9999	<p>Continued From page 3</p> <p>scheduled pain medication at 8:00 PM the night before. E4 confirmed that she did not call the Physician until 6:00 AM on 2/28/12, or give R1 any other pain medication.</p> <p>E4 documented on the incident report that R1 stated to her about 4:30 AM that "They dropped me on the floor last night. It hurts from my knee (up) to my hip". The report documented the Physician was called at 6:00 AM, and ordered X-rays of the leg and hip.</p> <p>E6, CNA, stated in an interview on 3/1/12 that E7 asked her to help her pick up R1 on 2/27/12. E6 observed R1 on the floor. E6 stated she and E7 picked R1 up off the floor, and put R1 to bed. E6 stated she did not tell the nurse because E7 asked her not too. E6 stated E7 transferred R1 by herself, and R1 was a two person transfer. The written statement dated 2/28/12 confirmed the above.</p> <p>E7 stated in an interview on 3/1/12 at 11:30 AM that she was putting R1 to bed alone. E7 stated that during the transfer she lost her footing, grabbed R1, and lowered her to the floor. E7 stated R1 hit stuff on the way down as there was a lot of furniture in the room. E7 confirmed R1 was a 2 person transfer. E7 stated she asked E6 to help put R1 back into bed. E7 confirmed that she did not report the incident to the nurse. The written statement by E7, dated 2/28/12, confirmed her interview.</p> <p>E3, Assistant Director of Nursing, ADON, stated in an interview on 3/1/12 at 11:10 AM that E7 transferred R1 with only one person and it should have been two. E3 confirmed that the Physician was not notified until 6:00 AM on 2/28/12.</p> <p>The written "Summary of Accident/Incident" with no date documented the following</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>information from an interview with E7: "1). You lowered a resident to the floor 2) You transferred inappropriately and 3) you did not report the incident (4) you gave false information to your supervisor when she called and questioned you about a fall. (E7) stated yes to all".</p> <p>Z1, Physician, stated in an interview on 3/1/12 that staff generally call her when there is a fall. Z1 stated she was called in the morning regarding the leg pain and ordered X-rays. Z1 stated R1 is a two person transfer due to her contractures and stroke, and should not have been transferred by one staff.</p> <p>On 2/28/12 at 6:00 AM, Z1 ordered an X-ray of the left hip, pelvis and and knee according to the Physician Order Sheet. The nurses notes dated 2/28/12 at 9:50 AM documented that R1 had a "Fx L hip". R1 was transferred to the hospital.</p> <p>The history and physical dated 2/28/12 documented that R1 presented to the emergency room after "being dropped at the NH (nursing home). She states that last night while at the NH yesterday evening the nurses aid was transferring the patient to bed and dropped her on the floor. The event was not reported to the family or nursing home until this morning". She is noted to have a left femur fracture. R1 was admitted for pain control and possible surgery to repair the hip fracture.</p> <p style="text-align: center;">A</p>	F9999			