

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: 145183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2012
NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 620 WARRINGTON AVENUE DANVILLE, IL 61832		
(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 371	Continued From page 15 been filled approximately 25 minutes earlier. On 2/22/12 at 9:30 a.m. the concentration of quaternary ammonia sanitizer present in the third compartment of the ware washing sink was tested again to be only 100 ppm. Coffee carafes and drinking cups were soaking in the sanitizing solution. On 2-22-12 at 9:30 a.m. the concentration of the quaternary ammonia sanitizer present in the pail used for storage of the wiping cloths for food contact surface sanitization measured only 100 ppm. According to E20 at this time, the sanitizing solution was dispensed from the 3 compartment sink automatic mixing station. E20 stated that the wiping cloths are used throughout the kitchen and dining room to sanitize food contact surfaces. 2. On 2-21-12 at 11:10 a.m. and 2-22-12 at 10:30 a.m. a coating of brown unidentified matter was present in the bottom of the ice scoop holder mounted on the ice machine of the west residential corridor. On both occasions the ice scoop's food contact surfaces were in direct contact with this contaminant. Ice stored in the ice machine is available for use for residents, staff, and visitors. The CMS (Centers for Medicare & Medicaid Services) Resident Census and Conditions of Residents form 672 dated 2/21/11 documents a total of 75 residents receiving care in the facility.	F 371			
F9999	FINAL OBSERVATIONS Licensure Violations:	F9999			

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F9999	Continued From page 16 300.1210b) 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	F9999			

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F9999	<p>Continued From page 17 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 interview and record review the facility failed to keep R14 safe from falls during assistance with ambulation. Facility staff failed to maintain control of R14 by turning away from her and letting go of the gait belt which permitted R14 to fall to the floor. R14 sustained a fractured left hip.</p> <p>Findings include:</p> <p>An "Occurrence Reporting to IDPH (Illinois Department of Public Health)" form dated 8-12-11 transmitted via fax to the State Survey and Certification Agency on the same date details an incident that occurred on 8-9-11. The report states "...resident lost balance while walking to bathroom, fell backwards, hitting (right) hip on footboard of bed, then fell onto floor on left side..."</p>	F9999			

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F9999	<p>Continued From page 18 (complaint of) pain to left leg after fall...transferred to (local hospital) for eval (evaluation)...negative x-ray results for fracture...received call from (local hospital) at (5:30 p.m.) on 8-10-11 of error in reporting...Res. (resident) noted to have non displaced fx (fracture) of L (left) femur..."</p> <p>A nurse's noted dated 8-10-11 in R14's record states "...IDT (interdisciplinary team) met regarding fall of 8-9-11. Root cause res ambulating to BR (bathroom) (with) 1 assist, gait belt, (and) walker. CNA (Certified Nurse Aide) reached to open bathroom door, res lost balance (and) fell. No injury..."</p> <p>E3, Assistant Director of Nursing stated on 2-23-12 at 10:45 a.m. that she conducted an investigation and found that R14 was being assisted to the toilet room and E16, Certified Nurse Aide let go of the gait belt around R14's waist to momentarily open the bathroom door and could not stop R14's fall to the floor.</p> <p>E3's investigative report dated 8-9-11 states that E16 was "...ambulating res. to BR moved around res to open BR door. let go of gait belt. while opening door res lost balance. CNA still within reach of res but unable to intervene when res fell (secondary to) quickness of fall..."</p> <p>R14's quarterly minimum data set completed 8-9-11 reflected that she was severely cognitively impaired and required limited assist of 1 person for transfers in her room. R14 was assessed as being incontinent and required total assistance from staff for all activities of daily living. R14 was assessed as being "not steady, only able to</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>stabilize with human assistance" while moving from a seated to standing position, walking, moving on/off the toilet, and for surface to surface transfers.</p> <p>R14's 5-17-11 Care Plan in force at the time of the fall states R14 "At risk for falls r/t (related to) impaired mobility, weakness, and confusion". A goal is stated as "(R14) will transfer safely with 2ww (wheeled walker) and 1 assist..." An intervention includes to "Assist to toilet..."</p> <p>R14's 8-8-11 Fall Risk Assessment documents that R14 was assessed as being a moderate fall risk.</p> <p>A diagnostic imaging report dated 8-10-11 and completed in the hospital emergency room reflected the following: "...left hip prosthesis in place. Nondisplaced oblique fracture of the proximal shaft of the left femur just below the level of the greater trochanter below the intertrochanteric region almost at the base of the greater trochanter..."</p> <p>(B)</p>	F9999			