

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:  <b>145948</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEMENT HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 NORTH MORGAN BEMENT, IL 61813</b>		
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F 000	INITIAL COMMENTS  Annual Licensure and Certification Survey  Complaint Investigation 1260409/IL56281-no deficiencies  Complaint Investigation 1260510/IL56395--300.630 s)	F 000			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.630s) Section 300.630 Contract Between Resident and Facility  s)The contract shall provide that if the resident is compelled by a change in physical or mental health to leave the facility, the contract and all obligations under it shall terminate on seven days notice. No prior notice of termination of the contract shall be required, however, in the case of a resident's death. The contract shall also provide that in all other situations, a resident may terminate the contract and all obligations under it with 30 days notice. All charges shall be prorated as of the date on which the contract terminates, and , if any payments have been made in advance, the excess shall be refunded to the resident.  This regulation was not met as evidence by the following:  Based on record review and interview, the facility	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>failed to refund over-payment made by 1 of 1 private pay residents (R7) for care. R7 was discharged and unused payments were not refunded. R7 is one of 10 sampled residents.</p> <p>The findings includes:</p> <p>According to R7 discharge summary, R7 was discharged from the facility on 11-2-12. According to E8, Business Office Manager, E8 e-mailed E11 (Corporate Accounting) on 11-7-11 that R7 "passed away on 11-2-11. She has paid for the month of November the amount of \$3930.00."</p> <p>R7's daughter, Z2, stated on 3-7-12 at 8:30 A.M. that she called the corporate office on 12-14-11 and again on 1-6-12 and talked to E11. Z2 stated that E11 said the refund check would be mailed at the end of January. E11 stated by phone on 3-6-12 at 2:05 P.M. that R7's refund check was not issued and did not say when the check would be issued.</p> <p style="text-align: center;">B</p> <p>LICENSURE VIOLATIONS</p> <p>300.690a)b)c) 300.1220b)1)2)3) 300.3240a)</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written</p>	F9999			

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F9999	<p>Continued From page 2</p> <p>reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <ol style="list-style-type: none"> <li>1) Assigning and directing the activities of nursing service personnel.</li> <li>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</li> <li>3) Developing an up-to-date resident care plan for</li> </ol>	F9999			

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F9999	<p>Continued From page 3</p> <p>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.</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 record review and interview the facility failed to complete a root cause analysis and implement appropriate interventions for two falls for R8. Failure to complete a root cause analysis for R8's first fall resulted in R8 having another fall where R8 sustained a Left Superior and Inferior Pubic Rami Fracture and Left Acetabular Fracture. R8 is one of four residents reviewed for falls in a sample of ten.</p> <p>Findings include:</p> <p>The POS (Physician Order Sheet ) dated December 2011 lists the following diagnoses for R8: Left Pelvis and Left Acetabular fractures. The MDS (Minimum Data Sheet) dated 12/1/11 states R8 is severely impaired in daily decision making skills, requires extensive assist with one</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>staff for bed mobility, transfers and toileting. The facility's report titled "Fall Risk Assessment" dated 10/6/11 and 11/19/11 states R8 is at High Risk for falls.</p> <p>The facility report titled "Investigation Report for Falls" dated 12/12/11 under the section titled "Where was the resident and what was the resident's position?" states "(R8) was laying on floor naked to the right side of toilet stool supine." The section titled "What fall prevention techniques were in use prior to the fall?" is blank. The same form section titled "Why did the resident fall?" is blank. The section titled "What new intervention was initiated to prevent another fall?" is blank.</p> <p>The facility report titled "Investigation Report for Falls" for R8 dated 12/21/11 states under the section titled "Where was the resident and what was the residents position" states "(R8) was laying on right side in room." The same form, section titled "What fall prevention techniques were in use prior to fall?" is blank. The same form under the section titled "Why did the resident fall?" is blank. The section titled "What new intervention was initiated to prevent another fall?" is also blank.</p> <p>R8's care plan dated 10/2/11 under the section titled "Problems/Strengths/Etiologies" states "(R8) has risk factors that require monitoring and intervention to reduce potential for self injury ...." The section titled "Approach/Intervention" does not address or revise the plan related to the two falls dated 12/12/11 and 12/21/11 with new interventions or approaches for R8.</p>	F9999			

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F9999	<p>Continued From page 5</p> <p>E3, RN CPC (Registered Nurse/Care Plan Coordinator) on 3/8/12 at 12:10 PM confirmed the two falls dated 12/12/11 and 12/21/11 was not addressed on the care plan and that there was no new intervention put into place for the falls.</p> <p>E1, Administrator on 3/8/12 at 12:55 PM stated "The Director of Nurses was gone at the time of the two falls and the root cause analysis and new interventions were not addressed for these two falls dated 12/12/11 and 12/21/11.</p> <p>A Radiology Report dated 12/21/11 completed following R8's fall, under section titled "Impression" states "Superior and inferior pubic rami fractures and Suspected left acetabular fracture."</p> <p style="text-align: center;">(B)</p>	F9999			