

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>145384</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/30/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDEN VILLAGE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 SOUTH STATION ROAD GLEN CARBON, IL 62034</b>		
(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 323	Continued From page 5	F 323			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS:</p> <p>300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>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.</p>	F9999			

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F9999	Continued From page 6  Section 300.1220 Supervision of Nursing 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 requirements are not met as evidenced by:  Based on record review and interview, the facility failed to assess, identify causative factors contributing to falls, implement interventions based on fall history, and monitor and modify those interventions when injuries continued for 1 of 8 residents (R17) in the sample of 19. This failure resulted in R17 fracturing her left wrist and	F9999			

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F9999	<p>Continued From page 7</p> <p>receiving concussion/contusion to her left eyebrow eyesocket area after removing her alarm(s) and falling.</p> <p>Findings include:</p> <p>R17's Minimum Data Set (MDS), dated 7-1-11, documented diagnosis, in part, of Alzheimer's Disease and impaired balance with moving from seated to standing position, walking, moving on and off toilet and surface to surface transfer. R17's Care Plan, initial date of 9-24-10, documented R17 was at risk for falls related to having a history of falls, poor safety awareness, stooped posture and unsteady gait. It was also documented R17 would try to get up out of bed or chair and walk unassisted.</p> <p>R17's Incident Report, dated 9-17-11 at 7:05a.m. and signed by E7, Licensed Practical Nurse (LPN), documented "Fall reported...observed at bedside, in sitting position. Stated, 'I was trying to get in my chair.' A reddened raised area noted to forehead, stating 'I hit my head on the floor.' A &amp; O (alert and oriented) to self only. Likes to be independent. Bed alarm did not activate. Stated, 'I turned it off because I hate its loud noise.' he uses w/c (wheelchair) for mobility, but will attempt to amb (ambulate) about room indep (independently), requires assists transfers, poor safety awareness, poor short term memory."</p> <p>E7 stated, on 3-30-12 at 11:00a.m., "Yes, R17 took off her alarm..she felt she was being trapped...yes..alarm sound irritated her..never liked that alarm."</p> <p>R17's Incident Report, dated 9-18-11 at 6:20a.m., documented "Observed resident lying on back on floor. Red area noted to back of head.</p>	F9999			

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F9999	<p>Continued From page 8</p> <p>Had removed alarms from bed and pt (patient) prot (protector) (alarm)."</p> <p>R17's Incident Report, dated 9-28-11 at 8:50a.m., documented "Pt noted to be laying on her right side parallel to bed with head directed towards HOB (head of bed). Large hematoma to right side of forehead with skin tear in center, left wrist noted to be disfigured bruise to right knee. Smart pad was in place and she turns off the alarm."</p> <p>R17's Nursing Notes, dated 9-28-11, documented R17 was sent to a local emergency room for evaluation and returned to the facility with a cast on her left arm for a fractured left wrist and</p> <p>R17's Incident Report, dated 10-4-11 at 5:57a.m., documented "Found on floor in front of bedside chair. Pt protector not sounding, removed by eldr (elder) previous to fall. No injured noted."</p> <p>On 3-29-12 at 11:30a.m., E3, Assistant Director of Nursing (ADON), provided a list of R17's Fall Prevention Approaches which documented "Verbal cueing and reminders (not dated), frequent visual checks (not dated), ambulation (not dated), proper shoes/non-skid socks (dated 10-26-10), patient protector (not dated) , keep in high traffic areas (dated 10-1-10), smart pad bed (dated 12-4-10)." E3 stated, on 3-29-12 at 11:30a.m., that the patient protector and smart pad bed were alarms.</p> <p>During review of R17's Incident Reports, with E3 stated, on 3-29-12 at 11:30a.m., that she did not know why R17's repeated removal and verbalized irritation with her alarms had not been addressed.</p> <p>During review of R17's fall history with E1, Administrator, on 3-30-12 at 11:00a.m., E1 stated</p>	F9999			

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F9999	Continued From page 9 R17's irritation with the alarm and removal should be addressed. The facility did not provide documentation that R17's alarms had been identified as factors contributing to her repeated falls or that the facility assessed, monitored and/or modified R17's fall interventions to prevent repetitive falls.  (B)	F9999			