

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: 145771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2012
NAME OF PROVIDER OR SUPPLIER RIVER BLUFF NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4401 NORTH MAIN STREET ROCKFORD, IL 61103		
(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 494	Continued From page 45 observation. She said they are not to do any patient care. She said the Unit Attendants need to ask the CNAs to do the resident care. E2 was asked what the job of the Unit Attendants is. E2 said they pass water, linens, and make beds. She said sometimes they help with resident's requiring 1:1 supervision. E2 said the Unit Attendant is not to do any patient care. The Job Description for Unit attendant states the following: Summary of Responsibilities: Provides general duties in the nursing department not requiring certification. Essential Job Functions: 1. Wash beds 2. Make unoccupied beds; may assist with making occupied bed with a certified nursing assistant. 3. Place call light on unoccupied bed or within reach of a resident in the room. 4. Place extra blankets on bed when requested. 5. Prepare empty rooms for admissions/re-admissions. 6. Keep residents supplied with fresh drinking water. 7. Clean and straighten bedside cabinets, dresser drawers and closets, wipe over-bed tables.	F 494			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS	F9999			

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F9999	Continued From page 46 300.610a) 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	F9999		

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F9999	<p>Continued From page 47</p> <p>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)</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. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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,</p>	F9999			

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F9999	<p>Continued From page 48 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 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. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure that a resident was not injured while being pulled down the hall by staff in her wheelchair. This failure resulted in R2 hitting her left arm against the handrail and sustaining a left radius fracture on 2/14/12. The facility failed to transfer residents in a safe manner to prevent injury to the residents and staff.</p> <p>This applies to 5 of 30 residents (R2, R1, R3, R12 and R9) reviewed for safety in a sample of 30.</p> <p>The findings include:</p> <p>1. The Physician's Order Sheet dated 2/2012 shows that R2 has diagnoses including Hemiparesis, Congestive Heart Failure and</p>	F9999			

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F9999	<p>Continued From page 49</p> <p>Diabetes.</p> <p>The Nurse's Notes dated 2/14/12 state, "CNA reported left arm bruise. Assessed- left arm bruise from elbow to wrist- approximately 12 x 8 cm with swelling. Resident with no complaints of pain. States only a little sore. Resident states she hit it on the bed railing while trying to get up with her walker and arm slipped. Denies falling."</p> <p>Left Forearm Xray report dated 2/15/12 states, "There is a torus fracture in the dorsal cortex of the distal radius."</p> <p>On 2/29/12 at 3:45 PM, E16 (Activity Assistant) stated, "I was pushing 1 resident and pulling R2 and I got too close to the wall and she hit her arm against the wall. She said ouch and then she went to the activity and never said a word. I looked at it, I didn't see anything. I certainly didn't think anything like this happened."</p> <p>A written statement from E19 (CNA) dated 2/14/12, states, "I was coming up 1 hall to answer an alarm I heard R2 yelling , 'my arm, my arm- that hurts' about 8ish or soon after BINGO got done. I came out of the resident room and looked down the hall. A lot of people were coming down 1 hall. The activity's aide (E16) was bringing them back."</p> <p>On 2/29/12 at 1:25 PM, E19 stated that on 2/14/12 she was in a room caring for another resident and she heard R2 yell out, "Oh, my arm!". E19 stated that she reported to the nurse that R2 had hit her arm on the hand rail.</p> <p>2. The Physician's Order Sheet dated 2/2012</p>	F9999			

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F9999	<p>Continued From page 50 shows that R1 has diagnoses of Multiple Sclerosis and Anxiety.</p> <p>The facility Incident Report dated 7/29/11, states, "(R1) was being transferred with stand lift, R1 let go of handles and slid through belt, striking head. Complained of headache and decreased mobility of neck. Call placed to doctor. Transferred to hospital emergency department. CNA doing transfer placed on administrative leave pending investigation. "</p> <p>An undated, untitled, typed report by E2 (DON) states, "Follow up investigation (R1) fall from stand lift on July 29, 2011. After investigation it was determined that (CNA) transferred (R1) wrong. She had the belt too loose as evidenced by the belt on the lift measured 41 inches and the resident's waist was 37 inches. There was no give to the belt. After (CNA) pulled up (R1's) pants, the chair was not behind the resident."</p> <p>3. On 2/28/12 at 8:35 AM, R3 was observed as she was transferred from the bed to the toilet using the stand lift. E10 (CNA) applied the belt around R3 and lifted R3 off the bed with the lift. The belt fit loosely around R3's waist. E10 was asked if she had ever had any trouble with the stand lift. E10 states, "Oh, I forgot to tighten it (belt). We have been educated on that." E10 then lifted R3 off of the toilet, again without tightening the belt. E10 then stated to the resident, "I'm trying to figure out where the other sling is. The one that actually fits you. This one is too big."</p> <p>4. The Nurses Notes for R12 dated 11/21/11 showed, "Certified Nursing Assistant (CNA) transferred with mechanical lift and did not</p>	F9999			

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F9999	<p>Continued From page 51</p> <p>position correctly in wheelchair. R12 immediately slid out of wheelchair onto floor. Sitting on her butt in front of wheelchair. Denies pain, did not strike head. States she is just fine. Assist to wheelchair again with mechanical lift device and positioned in the chair correctly."</p> <p>On 2/29/12 at 8:00am, E11 (Registered Nurse/Unit Coordinator) stated, "We educated the Certified Nursing Assistant (CNA) after this happened. She transferred R12 using the mechanical lift and didn't have R12 sitting far enough back in her wheelchair and she slid out onto the floor."</p> <p>The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/30/12 showed extensive assistance needed for bed mobility and transfers.</p> <p>R12's Physician Order Sheet (POS) dated 2/1/12 showed Diagnoses including Dysphagia, Aspiration Pneumonia, Hypoglycemia, Parkinson's and Hypertension.</p> <p>R12's Care Plan dated 11/8/11 and 2/7/12 showed, "I may fall because...Slide from wheelchair onto the floor.; Approach: Follow assigned transfer technique. Assess resident for injury and reposition correctly."</p> <p>5. On 2/28/2012 at 8:45 AM, E9 and Z1 (Certified Nursing Assistants) were observed transferring R9 from her bed to the shower chair. The resident did not participate in any of the activity. During the transfer the resident's leg were bent, appearing contracted. E9 and Z1 transferred the resident using a gait belt around</p>	F9999			

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F9999	<p>Continued From page 52</p> <p>the resident's waist. They each placed one of their arms under each of the resident's arms, and with their other hand, grabbed hold of the gait belt at the back of the resident, lifting her up off of the bed. E9 was asked if that is the way the resident is always transferred. E9 said, "Yes, she doesn't bear weight so we can't use the stand lift."</p> <p>On 2/29/2012 at 10:35 AM, E18 (Unit Manager/Licensed Practical Nurse) was asked how the resident was supposed to be transferred. E18 said she would have to check into it. The facility could not provide any assessment that would instruct staff on how to transfer R9 safely.</p> <p>R9's Minimum Data Set (MDS) of 1/17/2012 documents the resident is totally dependent upon staff for transferring from one surface to another. The MDS shows the resident has bilateral impairment to both of her lower extremities. A 1/17/2012 Comprehensive Evaluation of Skin Risk Factors documents R9 has fragile skin. R9's Fall Risk Assessment of 5/2/11 shows the resident is at high risk for falls. Review of R9's Fall Care plan (10/27/11) shows the resident has had multiple bruises and skin tears.</p> <p>The facility's mechanical lift policy and procedure (12/16/99) states, "The (mechanical lift) will be used to transfer all non-weight bearing residents...unless an assessment by a physical therapist, an occupational therapist or rehabilitation certified nurse indicated that (lift) is dangerous or detrimental."</p> <p>The facility's Pre Test for CNAs states, "39. (Mechanical Lifts) are generally used for residents who cannot stand to transfer safely."</p>	F9999			

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F9999	Continued From page 53 <p style="text-align: center;">(B)</p>	F9999		