

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: 145905	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2012
NAME OF PROVIDER OR SUPPLIER JONESBORO REHABILITATION & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 127, PO BOX B JONESBORO, IL 62952		
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F 323	Continued From page 3 Review of the April, 2012 Medication Administration Record documents that R3 was given Norco 5/325 Tablet at 10 am on 04-20-12. R3's physicians progress notes dated 04-20-12 document that R3 was seen by Z1 and documents that there were second degree burns to R3's abdomen and right hand with a new order for Vicodin 5/500 mg every 4 hours as needed. Review of the facility Controlled Substances Proof of Use for the Vicodin 5/500 mg dated 04-20-12 indicates that from 04-20-12 through 04-24-11, R3 was routinely receiving the Vicodin every 4 hours. R3's Pain Management Flow Sheet for 04-20-12 through 04-24-12 indicates intensity of pain averaging 7 and 8 on a scale of 1 to 10.	F 323			
F9999	FINAL OBSERVATIONS Licensure Violations: 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	F9999			

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F9999	<p>Continued From page 4</p> <p>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</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> <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>	F9999			

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F9999	<p>Continued From page 5</p> <p>Based on record review and interview, the facility failed to ensure resident safety during the refilling of lighters used by residents while smoking for one resident (R3) who use refillable lighters. This failure resulted in R3 sustaining second degree burns to the abdomen in a 18 cm by 13 cm area and on all finger tips of R3's left hand after being allowed to refill his own lighter.</p> <p>The findings include:</p> <p>The facility's Five (5) Day Alleged Abuse/Neglect IDPH (Illinois Department of Public Health) Report dated 04-24-12 documents the following. R3 requested his lighter fluid and E5, Maintenance Staff,, unlocked the maintenance closet and obtained the lighter fluid. E5 observed R3 fill his lighter and returned the can of lighter fluid to the maintenance closet. E5 left to work on another project. R3 struck his lighter to see if he had filled it enough to work when his shirt caught on fire. R3 tried to pat out the fire on the front of his shirt with his left hand when E7, Certified Nurses Aide, noticed the fire, grabbed a blanket, put out the fire, and lifted the shirt off R3.</p> <p>R3's quarterly minimum data set dated 01-31-12 document that he has no long or short term memory problems and rarely has pain issues.</p> <p>Review of the Resident Smoking Assessments for R3 dated 5/13/11 and 12/14/11 do not address R3's ability to fill his refillable lighter with lighter fluid. E4, Social Service Designee stated on 04-24-12 at 11:30 am that she does the smoking assessments but does not include information on filling a lighter with lighter fluid. Also E4 verified that only R1 and R3 have lighters that need</p>	F9999			

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F9999	<p>Continued From page 6 refilling.</p> <p>R3 was interviewed on 04-24-12 at 2:10 pm and stated that on 04-20-12 he and R1 asked E5 for the lighter fluid for their lighters and was surprised when E5 handed the lighter fluid to R1. R1 filled his lighter first and then handed the lighter fluid to R3. R3 said that his hands do not work like they use to and he had to hold the lighter close to his abdomen to fill it. R3 did not think he spilled any lighter fluid on himself but when he struck the lighter to see if it worked, there were a flash, and his shirt was on fire. R3 said he used his left hand to try to put the fire out. Also, R3 said that he smokes a pipe and had been refilling his own lighter for "75 years".</p> <p>E5 said during a telephone interview on 04-24-12 at 3 pm that he did not know if R3 could fill his lighter and had not done this before because the lighter fluid had been moved to his maintenance closet about 2 weeks before the incident.</p> <p>E6, Registered Nurse, stated during an interview on 04-24-12 at 1:15 pm that R1 and R3 are the only 2 residents in the facility with refillable lighters and that before the incident R1 and R3 could keep their lighters all day. E6 stated that nurses usually refill the lighters until recently when the lighter fluid was moved to the maintenance closet. E6 stated that she and the other nurses would always fill the lighters away from the residents and the nurses station.</p> <p>E1, Administrator, stated during an interview on 04-24-12 at 3:20 pm that E5 knew that the lighter fluid was to be kept away from residents in a secure location. E1 also said during this interview</p>	F9999			

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F9999	<p>Continued From page 7 that staff are expected to fill lighters due to the danger involved.</p> <p>The 04-20-12 at 9:15am nurse's notes for R3 document that E8, Licensed Practical Nurse, saw a flicker and turned to see flames going up in the air. E7 put the flames out and E8 rolled up R3's shirt to check his abdomen and noted reddened area 18 cm by 13 cm moon shaped, his left hand had blisters noted on all finger tips and redness of his palm. E8 applied an ice pack for his abdomen and took R3 to his room for further assessment. Z1, R3's physician, was notified and treatment orders were received to cleanse with normal saline, apply Silvadene Cream and dry dressing. R3 denied pain at time of injury but at 10 am according to these nurse's notes R3 requested pain medication which was immediately given.</p> <p>Review of the April, 2012 Medication Administration Record documents that R3 was given Norco 5/325 Tablet at 10 am on 04-20-12.</p> <p>R3's physicians progress notes dated 04-20-12 document that R3 was seen by Z1 and documents that there were second degree burns to R3's abdomen and right hand with a new order for Vicodin 5/500 mg every 4 hours as needed.</p> <p>Review of the facility Controlled Substances Proof of Use for the Vicodin 5/500 mg dated 04-20-12 indicates that from 04-20-12 through 04-24-11, R3 was routinely receiving the Vicodin every 4 hours. R3's Pain Management Flow Sheet for 04-20-12 through 04-24-12 indicates intensity of pain averaging 7 and 8 on a scale of 1 to 10.</p>	F9999			

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