

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: 145829	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/27/2012
NAME OF PROVIDER OR SUPPLIER BOULEVARD CARE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3405 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616		
(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 2 R1's nurse's notes dated 2-18-12 denotes "informed per 11-7- CNA that resident (R1) slid off bed landing on her buttock and right leg. R1 started crying that her right leg hurt. Doctor paged orders to send R1 to hospital." R1's hospital record dated 2-18-12 denotes X-ray of right knee showed comminuted fracture involving distal right femur with posterior medial displacement. R1's hospital consultation report dated 2-25-12 indicates that R1 underwent ORIF (open reduction internal fixation) on 2-24-12.	F 323			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210b) 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	F9999			

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F9999	<p>Continued From page 3 meeting.</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>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</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met, as evidenced by the following:</p> <p>Based on record review and interview the facility failed to follow their policy for transferring one resident (R1) out of five residents reviewed for falls in a sample of seven. This failure resulted in one resident (R1) sustaining a fracture of the right leg.</p>	F9999			

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F9999	Continued From page 4 Record review of facility's final incident report dated 2-18-12 denotes E7(certified nurse assistant - CNA) in room with resident preparing to transfer resident into wheelchair and resident slid off the side of bed landing on her right side. Resident complained of pain to right leg. Medical doctor was notified and gave order to send resident to emergency room. In an interview, E1 (Director of Nursing) on 3-16-12 at 9:50 AM stated that E7 was terminated because of the fall incident. E7 did not wait for help before transferring R1. The facility's safe lifting and movement of residents policy denotes "Mechanical lifting devices shall be used for any resident needing a two person assist." R1's Minimum Data Set dated 12-2-11 denotes under section G: Transfer- how resident moves between surfaces including to or from bed,chair, wheelchair; (4) total dependence, (3) two+ persons physical assist. The facility's written statement of witness dated 2-18-12 denotes, "was in the process of transferring R1 to chair and I sat her up on the side of the bed and turn around to put the sit to stand belt on R1 and she moved and started to slide so to prevent her fall I slid her to the floor by her bed. In the process of sliding her left leg was bend while trying sit to the floor. She complained of pain and I reported to 11-7 nurse and 7-3 nurse."	F9999			

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F9999	<p>Continued From page 5</p> <p>On 3-27-12 at 10:05 AM E6, (CNA) stated she was showering another resident when E7 came in shower room and asked her to help get R1 off the floor. E6 states after she put her resident in the chair and came out of the shower room the nurse told her that they had already gotten R1 off the floor and put him in the bed.</p> <p>R1's nurse's notes dated 2-18-12 denotes "informed per 11-7- CNA that resident (R1) slid off bed landing on her buttock and right leg. R1 started crying that her right leg hurt. Doctor paged orders to send R1 to hospital."</p> <p>R1's hospital record dated 2-18-12 denotes X-ray of right knee showed comminuted fracture involving distal right femur with posterior medial displacement.</p> <p>R1's hospital consultation report dated 2-25-12 indicates that R1 underwent ORIF (open reduction internal fixation) on 2-24-12.</p> <p>(B)</p>	F9999			