

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145471 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/09/2012 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MONTEBELLO HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1599 KEOKUK STREET HAMILTON, IL 62341 | | |
| (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 F9999 | Continued From page 13 safe during transport. E7 stated R1's feet typically hang over the side of the reclining wheelchair. FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b) 300.1210d)6) 300.1220b)3) 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 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. 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: 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. Section 300.1220 Supervision of Nursing Services | F 323 F9999 | | | |

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| F9999 | <p>Continued From page 14</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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.</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 requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to safely propel the wheelchair carrying R1 through a doorway. R1 has contracted lower extremities which extend past the sides of the wheelchair and is dependent on staff for transport. R1's leg became caught in the door frame when staff pushed the wheelchair forward. This failure involved one of three residents (R1) reviewed for resident injury in the sample of three. This failure resulted in R1 sustaining a fracture of the right leg.</p> <p>Findings include:</p> | F9999 | | | |

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| F9999 | <p>Continued From page 15</p> <p>POS dated 6/12, documents R1 was admitted on 8/11/10 with diagnoses which include Multiple Sclerosis and Spasm of muscles. MDS dated 5/24/12, documents R1 has moderately impaired cognitive skills with short and long term memory problems. MDS, dated 5/24/12, documents R1 requires total assist of two for transfers, is unable to ambulate, and requires total assist of one for transport in a reclining wheelchair. MDS, dated 5/24/12, documents R1 has limitation of range of motion in both upper and lower extremities.</p> <p>On 6/27/12 at 9:20 a.m., R1 was in a reclining wheelchair with the right foot wrapped with elastic bandage. R1's bilateral knees were bent to the left and bilateral feet went to the right of the knees. R1's right foot was hanging off the edge of the reclining wheelchair approximately six inches. R1 was unable to recall any injury to her right foot due to impaired cognitive status.</p> <p>On 6/27/12 at 12:30 p.m., R1 was propelled in a reclining wheelchair by E4 (Certified Nurse Aide) from the dining room to R1's room. On 6/27/12 at 11:50 a.m., E4 stated R1 is unable to ambulate and does not bear weight. E4 stated a mechanical lift is used for all of R1's transfers.</p> <p>On 6/28/12 at 9:45 a.m., R1's right foot was hanging off the reclining wheelchair approximately 4-6 inches.</p> <p>An Incident/Accident report dated 5/24/12 at 9:15 p.m., documents E10 (Certified Nurse Aide) was propelling R1 in a reclining wheelchair and "caught (R1's) right foot on doorway."</p> <p>A Physician Progress noted dated 6/12/12, Z3</p> | F9999 | | | |

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| F9999 | <p>Continued From page 16 (Orthopedic Surgeon) documents "(R1) returns now two and a half weeks post right ankle injury. "She apparently bumped her ankle while going through a doorway in a chair."</p> <p>On 6/28/12 at 10:35 a.m., Z2 (R1's Physician) stated R1 cannot bear any weight due to diagnosis of Multiple Sclerosis. Z2 stated he was aware of the incident on 5/24/12 when R1's foot was hit on the door frame causing a fracture to the right fibula.</p> <p>On 6/27/12 at 2:46 p.m., E10 (Certified Nurse Aide) stated she was pushing R1 in the reclining wheelchair back to R1's room. E10 stated R1's reclining chair has to be swung wide into the doorway to make sure there is clearance on both sides of the chair. E10 stated R1's right foot hangs off the right side of the reclining wheelchair due to contractures and the way her legs lay. E10 stated she was watching the left side of the chair and the right side of the chair and R1's right foot/leg hit the door frame. E10 stated R1 complained of pain immediately.</p> <p>On 6/27/12 at 2:30 p.m., E11 (Licensed Practical Nurse) stated R1's legs are bent at the knees and lean over to the left causing her right foot to hang over the side of the reclining wheelchair.</p> <p>On 7/2/12 at 1:32 p.m., E17 (Registered Nurse) stated R1 was in pain the morning of 5/26/12. E17 stated she remembers instructing the staff to lay R1 back in bed after breakfast. E17 stated R1 did not have any obvious edema prior to the 5/24/12 incident. E17 stated this was an obvious change for R1. E17 stated R1's right foot/ankle area was "very swollen."</p> | F9999 | | | |

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| F9999 | Continued From page 17 On 6/28/12 at 9:15 a.m., Z1 stated R1 had pain and swelling in her right foot/ankle area on 5/25/12 and 5/26/12. Z1 stated R1's foot hangs off her chair at least six inches most of the time. Z1 stated it can be difficult to get her through doorways at times. On 7/2/12 at 2:18 p.m., E1 stated the widest part of R1's reclining wheelchair was 28 inches. E1 stated R1's door frame was 42.75 inches. On 6/28/12 at 11:10 a.m., E7 stated R1's plan of care does not reflect the need to keep R1's feet safe during transport. E7 stated R1's feet typically hang over the side of the reclining wheelchair. (B) | F9999 | | | |