

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: 145620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/03/2012
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF SWANSEA			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220		
(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 371	Continued From page 17	F 371			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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</p>	F9999			

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F9999	<p>Continued From page 18</p> <p>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. (A, B) (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide safe transfer techniques to prevent injury for one of four residents (R2) reviewed for falls in the sample of 10. This failure resulted in R2 fracturing the right tibia and right fibula on 10/26/11.</p> <p>Findings include:</p> <p>The Physician's Order Sheet, (POS) for June 2012 documents R2 has diagnoses, in part, of Cerebral Vascular Accident and Fracture of Right</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>Lower Extremity. The Minimum Data Set (MDS) dated 4/09/12, documents R2 requires extensive assistance with transfers and is moderately impaired with cognition.</p> <p>The facility's Fracture of Unknown Origin form, not dated "CNA's (Certified Nurse's Aides) transferred guest just prior to c/o (complaints of) pain had heard crack." The form documented staff were educated on (mechanical lift) transfers after this incident.</p> <p>The facility's Incident/Accident Report , dated 10/26/11, documented "Noted yelling out when gotten up this am. Narrowed site to R (Right) ankle. Guest unable to tell us. Also noted L (Left) leg edematous to thigh area."</p> <p>The X-Ray report, dated 10/26/11 documented "There are acute mildly displaced fractures of both the distal tibial and fibula diaphyses."</p> <p>R2's Fall Prevention Measures form, revised on 9/5/10, documented "(Mechanical lift) for transfers."</p> <p>R2's Care Plan, dated 10/19/11, documented "At Risk for Falls related to h/o (history of) left distal femur fracture, muscle weakness, leans to the left side, slides forward in w/c (wheelchair) at times." The interventions for this problem documented " (mechanical) lift for transfers."</p> <p>On 6/26/12, at 4:30 PM, an interview with E2, Director of Nurse's was conducted. E2 stated "They transferred her with 2 assist to the (geriatric) chair and heard a pop. They thought it was the (geriatric) chair and told nurse when she (R2) complained of pain. They did not follow the</p>	F9999			

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F9999	Continued From page 20 plan of care which was a (mechanical lift)." (B)	F9999			