

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: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2012
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSNG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
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F 323 F9999	Continued From page 4 from administrative nursing staff. No plan of care was given. FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b) 300.1210d)6) 300.1220b)3)2) 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.	F 323 F9999			

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F9999	<p>Continued From page 5</p> <p>Section 300.1220 Supervision of Nursing Services</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. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview the facility failed to prevent one resident (R3) from falling and sustaining injuries during a staff assisted transfer from bed to wheel chair.</p> <p>As a result of this failure R3 fell to floor and was hospitalized with a right hip fracture. R3 also sustained lacerations which required sutures to the bilateral knee and right lower leg.</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>This is for one resident (R3) in the sample of four reviewed for falls and transfers.</p> <p>The findings include:</p> <p>Review of R3's admission face sheet showed R3 was originally admitted to the facility on 7/24/10 with diagnoses including Left Hip Arthroplasty and Difficulty in Walking. Review of a facility incident/investigation report dated 6/28/12 at 10:50 a.m. for R3 showed R3 sustained a fall while transferring himself with his walker from his bed to his wheel chair while staff was assisting. The report notes R3 complained of pain to his right side. First aid was rendered and R3 was transferred to a nearby hospital with resultant diagnosis of right hip fracture.</p> <p>Nursing note documentation for the same date and time showed R3's right lower leg with a moderate amount of bleeding and with R3 complaining of right lower leg pain.</p> <p>Nursing note documentation dated 7/3/12 showed R3 was readmitted to the facility with diagnoses including right hip fracture. Continued nursing documentation showed R3 had 9 staple sutures to the right hip, 4 staple sutures to the upper outer thigh, 2 separate lacerations with 2 staples in each laceration to the outer side of the right knee, and 11 stitches in the right shin.</p> <p>On 8/8/12 at 3:10 p.m. R3 was observed sitting up in his wheel chair in his room. R3 was noted leaning to the right side and drooling from the right side of his mouth. R3's right arm and hand</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>was constantly shaking with tremors. R3's speech was slow but R3 was alert and verbally responsive.</p> <p>Interview with R3 at this time regarding his fall on 6/28/12 noted R3 to say, "E5 (CNA) was helping me. E5 was cleaning me up for a long time. I can't stand that long. I was getting tired. I usually have 1 person help me with a transfer. They usually put their arm around me and help me walk. I don't use a walker. I was walking to my wheel chair, made a sharp turn to sit down and down I went. I broke my hip. It still hurts."</p> <p>Further review of the 6/28/12 fall incident showed E5 (CNA) was assisting with R3's transfer when R3 fell. Review of facility interview with E5 and interview with E5 on 8/8/12 at 2:25 p.m. noted E5 to say, "R3 needs limited or extensive 1 assist with standing. I grabbed him under his arm and assisted him to stand. I didn't use a gait belt. He doesn't need assistance with walking to his wheel chair. When I stood him up he had a BM (bowel movement). He was standing and holding on to his walker while I was cleaning him. He told me he needed to sit down so I finished cleaning him, pulled up his pants and went to stand behind his wheel chair so he could sit down. He started to walk to his wheel chair and fell. I never hold on or touch R3 when he's ambulating. He walks on his own."</p> <p>Review of R3's annual MDS (minimum data set) showed R3 needed extensive 2+ persons physical assist. This MDS showed R3 had impaired mobility in both lower extremities. It also showed with balance during transfers and walking, R3 was not steady and only able to</p>	F9999			

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F9999	<p>Continued From page 8</p> <p>stabilize with staff assist in moving from seated to standing position, moving on and off toilet, and moving from surface to surface transfers (between bed and chair or wheel chair).</p> <p>Interviews with nursing/restorative staff, review of CAA (care area assessment) information, and review of R3's personal care card showed conflicting information as to whether R3 was a 1 person or 2 person assist with transfers.</p> <p>R3's personal care card was not descriptive in addressing transfers. The care card showed R3 was extensive assist with walker but did not address whether R3 needed 1, 2, or more staff assistance.</p> <p>Interview E4 (LPN - Restorative Nurse) on 8/8/12 at 3:40 p.m. noted E4 to say, "R3 was a 1 person assist with gait belt and contact guard assist, meaning the CNA should apply the gait belt to the resident and hold on to the back of the gait belt when the resident walks."</p> <p>Interviews with E7 (CNA) and E9 (Restorative CNA) on 8/16/12 at 12:55 p.m. and 1:30 p.m. noted both to say, "R3 is a 2 person assist transfer." E8 (CNA) stated, "I worked with R3 before he fell and he was a 2 person sit to stand mechanical lift transfer." During interview with E10 (Restorative CNA) on 8/16/12 at 1:45 p.m. E10 stated, "I believe R3 is a 2 person assist transfer, but according to the care card he is a 1 person assist transfer." E10 admitted with a 1 person assist transfer a gait belt is used and contact guard assist is used when the resident ambulates. As noted above, E5 (CNA) stated R3 was a 1 person assist transfer, but only needed</p>	F9999			

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F9999	Continued From page 9 assist with standing, no contact guard assistance with ambulation. Review of CAA (care area assessment) documentation dated 6/13/12 addressing ADL Functional Status showed "R3 requires extensive staff assist with ADL's and utilizes sit to stand for transfers." The CAA addressing Falls notes, "R3 requires use of sit to stand lift for all transfers with 2 staff assist." R3's plan of care addressing falls that was in effect on 6/28/12 (date of R3's fall) was requested from administrative nursing staff. No plan of care was given. (B)	F9999		