

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: 14E848	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2012
NAME OF PROVIDER OR SUPPLIER DECATUR REHAB & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 136 SOUTH DIPPER LANE DECATUR, IL 62522		
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F 458	Continued From page 13 by: Based on observation and record review the facility failed to provide at least 80 square feet of space per resident in 27 of 27 multiple resident rooms on 2 of 2 resident living corridors. These conditions have the potential to affect all 36 residents residing at the facility. Findings include: Review of documented historical room size information reflects that the double occupancy resident bedrooms do not meet the minimum required square footage. Room sizes are previously measured as follows: Rooms 1 and 2 measure 77.9 square feet per bed. Rooms 3,4,5,6,7,8,9,10,11,12,13, and 16 (currently being used for Physical Therapy), 17, 18,19,20,21,22,23,24,25,26 and 28 measure 74.3 square feet per bed. Room 27 measures 68.5 square feet per bed. Room 30 measures 77.5 square feet per bed. All resident rooms are certified for Title 19(medicaid). According to the Centers for Medicare and Medicaid Services, Form 672 - (Resident Census and Conditions of Residents) 36 residents reside in the facility.	F 458			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS	F9999			

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F9999	Continued From page 14 300.1210b)5) 300.1210d)6) 300.1220b)8) 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. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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 b) The DON shall supervise and oversee the	F9999			

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F9999	<p>Continued From page 15</p> <p>nursing services of the facility, including 8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.</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.</p> <p>THIS REQUIREMENT IS NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview, the facility failed to provide safe supervision and utilization of devices for one of four residents reviewed for falls (R7) and one of five residents reviewed for side rails (R4) in the sample of ten, by failing to secure the mechanical lift (R7), and failure to utilize a safe side rail and pad the side rail as directed (R4). This failure for R7 resulted in a fall out of the mechanical lift, requiring hospital treatment and sutures.</p> <p>Findings include:</p> <p>1. According to the current Physician's Order Sheet for 8/2012, R7 has multiple diagnoses including Cerebrovascular Accident, history of Brain Tumor, Seizure Disorder and Dementia.</p>	F9999			

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F9999	<p>Continued From page 16</p> <p>The Minimum Data Set dated 2/6/12 assesses R7 with severe cognitive impairment and totally dependent on staff for all activities of daily living. R7 was assessed on 3/10/12 as a high fall risk. The careplan last reviewed on 8/9/12 states that R7 is transferred by mechanical lift with 2 staff persons.</p> <p>Nurses notes written by E3 (nurse) for 4/27/12 at 6:15pm state the following: ". . .Found res. on floor under {mechanical} lift, Rt (right) flank over leg of {lift}; head face down on floor {with} blood coming from laceration of mid-center forehead. 2.5cm (centimeter) {by} 1.0cm laceration. . . ."</p> <p>The physician was called and R7 was sent to the hospital.</p> <p>Hospital emergency records dated 4/27/12 show that R7 had a 3cm laceration that required 3 subcuticular sutures and 8 skin sutures. R7 returned to the facility the same evening.</p> <p>The Fall Documentation sheet and the Investigation Report for falls dated 4/27/12 state that while being transferred per mechanical lift by E13 and E14 (Certified Nurse Aides/ CNAs), the "strap on hook came loose" and R7 fell to the floor. The interventions to prevent falls is "All CNAs are to read manual regarding lift." The written statement by E13 dated 4/27/12 states that "the top hooks was hooked on blue on the pad and the bottom was hooked on purple as we was moving him to the bed. The left bottom hook came undone and he fell forward and to the left. "E14's written statement dated 4/27/12 stated that the sling "was placed on the first loop on the top and the third on the bottom as we were taking him up the left bottom {sling loop} snapped off. . .</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>." E3's written statement dated 4/27/12 states that when E3 arrived in the room "Res was found on Rt side. . . . 3 hooks on {lift} were secure. Rt top hook was off. . . ."</p> <p>On 8/14/12 at 12:20pm, E3 stated that it appeared that the loops on the lift sling were not secured correctly. E3 demonstrated on the sling that the correct color loops for top and bottom are to be secured, and then the top black "rescue loop" is also secured, so that if the colored loop slips, there is the top loop to stop a fall.</p> <p>On 8/15/12 at 2:00pm, E14 stated that on the day of the fall, E13 had asked for help in transferring R7 after supper from the wheelchair to bed. E14 stated that when E14 arrived in the room, E13 had already placed the sling loops on the mechanical lift. E14 stated that she noticed one of the loops was not secured correctly and she fixed it. E14 stated that she did not check all the loops to see that they were double-looped, and "she wished she had." E14 stated that as they were lifting R7 up from the chair the left loop came loose and R7 fell onto the floor. E14 stated that the sling loops are always to be double-looped.</p> <p>On 8/15/12 at 2:15pm, E2 (Director of Nursing) stated that the cause of the fall was that staff did not correctly secure the sling to the mechanical lift.</p> <p>2. R4's Physician Order Sheet dated August 2012 list diagnoses of Dementia, Parkinson's Disease, Osteoarthritis, Restless leg syndrome, Osteopenia, and Anemia. R4's Minimum Data Set (MDS) dated 5/14/12 identifies R4 with</p>	F9999			

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F9999	<p>Continued From page 18</p> <p>severe cognitive impairment, requires extensive assistance of staff for transfers, is non ambulatory and utilizes bedrails. R4 is assessed with limited range of motion on both sides and has balance impairment.</p> <p>On 8/13/12 at 11:20am R4 was seated in a high back wheelchair with footrests, right wheelchair arm bolster, and a pelvic restraint. Per interview with Director of Nurses E2 on 8/14/12 at 12:55 pm R4 is "like a noodle" and utilizes the restraints and bolsters for positioning and to prevent scooting down in the wheelchair.</p> <p>R4's Fall Risk Assessment dated 05/17/12 showed R4 is high risk for falls. R4's Nurse's notes dated 6/11/12 document "not sleeping past three nights, restless....she tries climbing out of bed, hanging legs over side of bed, staying in a lying position." Notes dated 6/24/12, 6/25/12, 7/13/12, documents R4 restless in bed at night often, desires to get up at 2 am. Nurse's notes dated 12/18/11 documented R4 attempted to climb out of bed and caught hand on siderail and received two skin tears. R4 also had a fall out of bed per 11/20/11 nurse's notes with the 1/2 rails in place and received an skin tear and abrasion. R4 was diagnosed with a right spiral ulnar fracture on 1/09/12. The facility investigation of the injury of unknown origin dated 1/9/12 documented a physician assessment of a "billy club fracture caused by hitting a hard object that could have been caused by the bedrail."</p> <p>On 8/13/12 at 1:15 pm Certified Nurse Aide E15 and E7 were coming out of R4's bedroom. E15 stated they had just laid R4 down. R4 was in bed on her back with the head of the bed slightly</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>elevated. Bilateral 1/2 bedrails were in the upright position on the bed. The rail against the wall was fully padded, however the bedrail on the outside was not padded. There were wide spaces between the bars of the bedrails from 5-7 inches wide that could allow R4 to place an arm, leg or head through. The center opening was 7 inches wide and 15 inches high.</p> <p>R4's head was next to this opening. On 8/13/12 at 1:45 pm, R4 was in bed, leaning toward the unpadded rail and at 2:00 pm was in the same position. On 8/13/12 at 4:20 pm R4 was awake in bed lying on her back. R4 had her knees bent and used her feet to push herself up. The outside rail was not padded.</p> <p>R4's care plan dated 5/21/12 states R4 uses a side rail as an enabler that does not limit movement or accessibility. The 1/2 bilateral side rails are to be padded for safety as R4 has diagnosis of Dementia, Parkinson's and is a high fall risk. The care plan lists R4 at risk for bruising and skin tears and documented R4 was able to turn and reposition self in bed at night. It did not address R4's history of restlessness, attempts to get out of bed, or past history of injuries from bedrails.</p> <p>On 8/14/12 at 1:15 pm R4 was asleep in bed with the outside rail in the upright position and unpadded. R4 was again in bed on 8/14/12 at 3:30 pm, and 3:55 pm. On 8/14/12 at 3:55pm Director of Nurse's E2 was shown R4's bedrail and informed of the potential for entrapment and also the lack of padding. E2 stated that R4 should not have that type of bedrail. E2 stated R4 had been moved to the current room on Friday (8/10/12) and staff did not bring the bed with the</p>	F9999			

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F9999	Continued From page 20 correct padded rails to the new room. <p style="text-align: right;">(B)</p>	F9999			