

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145953</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIEVIEW LUTHERAN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>P O BOX 4, 403 NORTH FOURTH STREET DANFORTH, IL 60930</b>		
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F 309	Continued From page 3 for the change in condition), "...The best thing would have been to send her in (to the hospital) when (R1) started having neurological changes (drowsy, not recognizing her son). Three pm to 6:15 pm is a long time to wait before sending her in. They (facility) have sent residents to the ER (emergency room) before talking to me and I have been fine with it."	F 309			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.1010h) 300.1210b) 300.1210d)3) 300.3240a)  Section 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.  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	F9999			

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F9999	<p>Continued From page 4</p> <p>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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 evidence by:</p> <p>Based on record review and interview the facility failed to obtain/involve the resident's physician and obtain treatment orders timely related to a change in condition after a fall for one of seven residents (R1) reviewed for falls in the sample of seven. R7 sustained a head injury and subsequently died.</p> <p>Findings include:</p> <p>The most recent MDS (Minimum Data Set) prior to discharge dated 1/19/12 shows R1 cognitively intact (Brief Interview of Mental Status 14/15).</p>	F9999			

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F9999	<p>Continued From page 5</p> <p>The Physicians Orders dated 3/1/12-3/31/12 shows diagnoses for R1 including: Anxiety, History of Falls and Cerebrovascular Accident (stroke).</p> <p>The current physicians orders show R1 takes the Cardizem 60 mg (milligrams) at 7:00 am, Isosorbide DiNitrate 20 mg at 7:00 and Coumadin 4 mg at 4:30 pm daily.</p> <p>The Nurses Notes on 3/4/12 at 7:15 pm by E4 (Licensed Practical Nurse) note: "(R1) found on floor laying on backside at the nurses station. (R1) alert/oriented and verbal states 'I was trying to get (another residents) ice cream'.....Large bump noted to back of head, backside with redness, moves extremities WNL (within normal limits). Hand grasps equal. Bilateral eyes PEARL (pupils equal and reactive to light)...."</p> <p>On 3/5/12 nursing notes by E5, Licensed Practical Nurse (LPN) at 3:00 pm state: VS (Vital signs) ...(blood pressure) 211/94. Resident complains of headache. Tylenol given. Resident did not recognize son. Resident drowsy, will continue to monitor.</p> <p>During interview with Z1/son of R1 on 7/6/12 at 9:00 a.m., Z1 stated that when he arrived at the facility on 3/5/12 (the day following the fall) "(R1) did not recognize me." Z1 stated that this was unusual for R1.</p> <p>On 7/6/12 at 10:14 am E2 (Director of Nursing) stated, "I was here then (3/5/12 at 3:00 pm) and we thought she (R1) was just tired so we laid her down." E2 stated they did not call the physician</p>	F9999			

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F9999	<p>Continued From page 6 at that time regarding the blood pressure, the drowsiness or that R1 did not recognize her son.</p> <p>On 3/5/12 Nursing Notes by E5/LPN at 4:45 pm indicating a change in condition state: Resident has increased lethargy, pupils no reaction, pin point in size, hand grasp unequal, difficulty swallowing, drooling noted. Called (Z2/R1 physician). No answer will continue to monitor.</p> <p>On 3/5/12 Nursing Notes by E5/LPN at 5:30 pm state: Resident in bed. B/P (blood pressure) 200/90, pulse 60....mental status decline continue to (try and) reach (Z2/R1's physician).</p> <p>On 3/5/12 Nursing Notes by E5/LPN at 6:15 pm state: Called son let him know of mental status decline and elevated B/P (blood pressure) asked if ok to send to (hospital) for CT (computerized tomography) to rule out bleed; permission given.</p> <p>On 7/6/12 at 9:53 am E5/LPN stated, ".....I called the son at 6:15 pm and sent (R1) to the hospital. Day shift told me she was alert and oriented. Compared to what the day girls told me (R1) was very different - very slow and tired.....Sometimes (R1) has high blood pressure but it would go down after am (morning) meds. This time it didn't. I just wanted her to be checked out - that's why I finally called the son."</p> <p>Nursing notes show R1 was transferred to the hospital at 6:45 pm on 3/5/12. Hospital records indicate that R1's CT scan showed Intra Cranial Bleed. R1 was subsequently transferred to a larger hospital where she died four days later.</p> <p>Death certificate for R1 documents, "Cause of</p>	F9999			

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F9999	Continued From page 7 Death: Respiratory Arrest due to or as a consequence of : Acute Right Parietal Hemorrhagic Right Cerebral Hemorrhage due to or as a consequence of : Fall."  On 7/6/12 at 10:30 am Z2 (Physician) stated (when asked about the delay in medical treatment for the change in condition), "...The best thing would have been to send her in (to the hospital) when (R1) started having neurological changes (drowsy, not recognizing her son). Three pm to 6:15 pm is a long time to wait before sending her in. They (facility) have sent residents to the ER (emergency room) before talking to me and I have been fine with it."  (A)	F9999			