STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145495	A. BUILDING ______ B. WING ______	06/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDINA NURSING CENTER	**402 SOUTH CENTER STREET DURAND, IL 61024**

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F 441	Continued From page 36 current acceptable infection control standards of practice." The Urinalysis dated 7/29/11, 11/14/11 and 3/5/12 for R1 showed she had Urinary Tract Infections. The Nurses Notes for R1 showed, "7/29/11 - Reported to nurse practitioner R1 has a 101 degree temperature. Received orders for an urinalysis with culture and sensitivity and Bactrim DS, one by mouth twice a day for seven days.; 3/4/12 - R1's catheter was draining blood tinged urine with sediment.; 3/13/12 - R1 remains on antibiotic for urinary tract infection, no adverse reaction noted." The Active Orders for June 2012 for R1 showed Diagnoses including Unspecified Retention of Urine, Urinary Tract Infection, Congestive Heart Failure, Edema and Obesity.	F 441		
F9999	FINAL OBSERVATIONS Licensure Violations: 300.610a)2) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or	F9999		

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F9999	Continued From page 37	F9999		

the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.

2) Resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic service (including laboratory and x-ray).

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

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F9999	Continued From page 38	F9999		

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 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These Regulations were not met as evidenced by

I. Based on interview and record review the facility failed to ensure that 2 staff were used to safely transfer a resident with a mechanical lift and failed to ensure that a resident was safely positioned to avoid injury while giving care. These failures resulted in R17 sustaining a fractured rib on 3/12/12 and R10 sustaining a fractured left humerus on 5/12/12.

This applies to 1 of 5 residents (R10) reviewed for falls/fractures in a sample of 15 and 1 resident in the supplemental sample(R17).

The findings include:

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F9999	Continued From page 39	F9999		

1. The Minimum Data Set of 5/7/12 shows that R17 is totally dependent on 2 or more staff for transfers from one surface to another.

The Incident Report dated 3/13/12 states, "CNA noted dark purple bruise on left side , under arm pit and on left breast. Xray report states "possible fracture left 8th rib. No pneumothorax."

Written interview from E1(administrator) with E18 (CNA) dated 3/20/12 states, " I informed (E18) that the cameras did not show anyone else entering or leaving (R17's) room from the time she took the (mechanical) lift in the room until the time she walked out with the sling, so she must have transferred her by herself. (E18) made no comments."

On 6/27/12 at 10:45 AM, E11 (CNA- Staff Coordinator) stated, "(E18-CNA) claimed she never saw the bruise. When interviewed she was trying not to admit she did it wrong. (E18) was crying, she was very upset."

The undated facility policy entitled Hoyer Lift states, "(Mechanical) lift are used to enable staff to lift and move a resident safely. A minimum of 2 staff members is recommended."

2. The Current Diagnoses Sheet shows R10 with diagnoses to include: Unspecified General Artery Occulsion with Infarct, Hypertension, and Depressive Disorder.

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F9999	Continued From page 40	F9999		

The History & Physical dated 3/31/11 showed R10 is confined to a wheelchair and has right-sided paralysis secondary to Cerebrovascular Accident (CVA).

The Minimum Data Set (MDS) assessment reference date of 4/5/12 assessed R10 as having moderate cognitive impairment. R10 required extensive assistance of 2 staff for transferring, bed mobility, hygiene, bathing and toilet-use. R10 was assessed as having impairment in range of motion in her upper extremity on one side.

The facility's incident report for R10 dated 5/12/12 at 7:30pm documented, "While repositioning resident in bed, resident's right arm was under her and when E19 (CNA- Certified Nursing Assistant) rolled her over; heard a popping noise. CNA informed nurse who assessed [R10] who complained of pain with ROM (Range of Motion) and right shoulder appeared different from the left. Since R10 was not displaying any discomfort of the right shoulder except when transferring, the family and Physician agreed to monitor and wait until 5/14 to obtain an x-ray of the arm due to how it upsets R10 to go to the hospital."

The x-ray report dated 5/14/12 showed R10 sustained a non-displaced oblique fracture of the right humerus. The x-ray showed no signs of osteoporosis.

On 6/27/12 at 3:20pm E11(CNA) said, "E19 (CNA) was in the room turning the resident [R10]. R10 was rolling in the bed and her bad arm was caught underneath [her body]. He [E19] heard a "pop" and went right away to get the nurse. She

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F9999	Continued From page 41	F9999		

had a stroke. He didn't pull the arm out which was underneath her. She was a 2 person transfer when she is in bed. She has good days and bad days and sometimes R10 could help with transferring, but usually not at night, she was tired. E19 should have had help [to reposition R10]."

II. Based on observation, interview and record review the facility failed to ensure an exit door was not blocked by hazards. The facility failed to ensure that portable oxygen tanks were secured to minimize danger to residents and labeled to indicate if they were full or empty.

This has the potential to affect all 65 residents in the facility.

The findings include:

The CMS Census and Condition of Residents (form 672), completed during the survey, shows there are 65 residents in the facility

On 6/25 and 6/26/12 during the breakfast and noon meals, the designated exit door adjacent to the Main Lounge was blocked by a soiled linen hamper, 2 dish carts, a popcorn machine and a wheeled walker. The items blocked the access to exit the door and blocked the fire doors going to the exit. On 6/26/12 at 9:15am, E14 (Maintenance) said "I think we could quickly move the stuff out of the way."

During the environmental tour at 9:25am, 2 small portable oxygen cylinders were observed

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F9999	Continued From page 42 unsecured. E14 thought the portable tanks were broken and empty but he was not certain. There were 7 oxygen tanks without signs to indicate whether they were empty or full. E14 said, "The CNA's come down and fill the portable tanks." The facility's undated oxygen safety policy documented, "1. Oxygen cylinders must be stored in racks with chains, sturdy carts or approved stands. 2. All oxygen cylinders must tagged or properly labeled, to indicate the contents of the cylinder... 7. Store securely empty portable tanks. 8. Label portable tanks in need of repair." (B)	F9999		