

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2012
NAME OF PROVIDER OR SUPPLIER OAKVIEW HTS CONT C & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE R R 4 1320 WEST 9TH STREET MOUNT CARMEL, IL 62863		
(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 323	Continued From page 2 diagnoses including; hypoxia, Copd , Left below the Knee Amputation, and Anemia . R'3s last fall risk assessment was completed on 7/3/12. He scored a 15 on this assessment, which is considered a high risk for falls. Review of a facility incident report dated 7/16/12 indicated R3 fell on 7/16/12. The report states " CNA was attempting to assist res from toilet to W/C, res leg gave out, lower to floor by CNA." The incident report indicated that there were no injuries to R3. The section of this form marked "Steps taken to prevent recurrence." Indicates encourage resident to use prothesis when transferring. R3's care plan dated 7/10/12 has interventions to encourage resident use prothesis when transferring, and for staff to make sure prothesis is in proper position before attempting transfer. On 8/15/12 at 9:30 A.M., E3 (Minimum Data Set Coordinator) confirmed during interview, that R3 did not have his prothesis on while being transferred on 7/16/12	F 323			
F9999	--- FINAL OBSERVATIONS Licensure Violations:	F9999			

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F9999	Continued From page 3 300.1210b) 300.1210c) 300.1210d)6) 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: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	F9999			

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F9999	<p>Continued From page 4</p> <p>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 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 Regulations were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to implement care plan approaches to prevent falls for 2 (R2, R3) reviewed for falls. These failures resulted in R2 being hospitalized with a fractured ulna.</p> <p>Findings include:</p> <p>1. R2 has diagnoses including: Abnormality of gait, Lack of coordination, and hypertension.</p> <p>R2's last fall risk assessment was completed on 6/28/12. She scored a 14 on this assessment, which is considered a high risk for falls.</p> <p>Review of a facility incident report dated 5/16/12 indicated that R2 fell on 5/16/12. The report</p>	F9999			

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F9999	<p>Continued From page 5</p> <p>states "resident was trying to get a clean brief from the bedside table, foot slid while leaning down, sat down of floor hit elbow on O2 concentrator" This report indicates R2 received a hematoma on her right elbow from this fall. On the section of this report titled "Steps taken to prevent recurrence," it states CNA reminded to use non-skid stockings.</p> <p>The Post Fall Assessment Form dated 5/16/12 has a question marked "Was the resident wearing non-skid slippers, gripper socks, or shoes?" This section was marked No.</p> <p>Review of another facility incident report dated 7/10/12, indicates that R2 had another fall on 7/10/12. The report states "Resident was getting up to use commode (B/S) lost balance and fell face first into B/S table." The report states the resident complained of wrist pain, had a hematoma to the forehead and lacerations to the nose, lip, right knee and great toe. On the section marked "Steps taken to prevent recurrence". gripper socks was entered. The Post Fall Assessment Form dated 7/10/12 has a question marked, "Was the resident wearing non-skid slippers, gripper socks, or shoes?" This section was marked No, and regular socks was written in.</p> <p>R2's care plan dated 7/21/12 has an intervention stating "Staff re-ed to use non-skid stockings "</p> <p>R2 was sent to a hospital in Evansville Indiana. The Discharge Summary indicates the resident was admitted with the following diagnoses: Fall from standing, Ulna Fracture, Epistaxis, and laceration to Great right toe.</p> <p>On 8/15/12 at 10:0 A.M., E2 (Director of Nurses)</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>confirmed that R2 did not have non-slip socks on at the time of these two incidents .</p> <p>2. R3 was admitted to the facility on 5/8/12 with diagnoses including; hypoxia, Copd , Left below the Knee Amputation, and Anemia .</p> <p>R'3s last fall risk assessment was completed on 7/3/12. He scored a 15 on this assessment, which is considered a high risk for falls.</p> <p>Review of a facility incident report dated 7/16/12 indicated R3 fell on 7/16/12. The report states " CNA was attempting to assist res from toilet to W/C, res leg gave out, lower to floor by CNA."</p> <p>The incident report indicated that there were no injuries to R3.</p> <p>The section of this form marked "Steps taken to prevent recurrence." Indicates encourage resident to use prothesis when transferring.</p> <p>R3's care plan dated 7/10/12 has interventions to encourage resident use prothesis when transferring, and for staff to make sure prothesis is in proper position before attempting transfer.</p> <p>On 8/15/12 at 9:30 A.M., E3 (Minimum Data Set Coordinator) confirmed during interview, that R3 did not have his prothesis on while being transferred on 7/16/12</p> <p>(B)</p>	F9999			