

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:  <b>145610</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/18/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLOOMINGTON REHABILITATION &amp; HCC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701</b>		
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F 520	Continued From page 48 Quality Assurance attendance records for the past twelve months document meetings were held on 9/24/11, 12/12/11 and 5/7/12. The attendance record for the 5/7/12 meeting indicates data for January, February and March of 2012 was reviewed. On 9/12/12 at 1:10 p.m. E1, Administrator, stated Z1, Medical Director, is a member of the Quality Assurance Committee and Z1 was not available in July or August, so the fourth quarterly meeting had been scheduled for 9/10/12. E1 explained that on 9/10/12 the facility was having difficulty retrieving information due to computer problems, so the meeting was canceled. E1 stated a concern with the lack of an active Restorative Nursing program had been identified, but the Quality Assurance Committee had not established a quality improvement program to address this.	F 520			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS:  Section 300.2010a)1)  Section 300.2010 Director of Food Services  a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.  1) This person shall be either a dietitian or a	F9999			

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F9999	<p>Continued From page 49 dietetic service supervisor.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview the facility does not have a Dietetic Service Supervisor who meets the educational requirements.</p> <p>The findings include:</p> <p>On 9/10/12 at 1:00 pm Dietary Manager E9 stated that she has been acting as Dietary Manager for the last 6 months. E9 stated she is just getting ready to start her Certified Dietary Manager Course. E9 stated she had not started the on line course.</p> <p>On 9/12/12 at 1:00 pm Administrator E1 stated that the last Dietary Manager had left the end of October 2011. E9 started as Dietary Manager in December 2011. E1 stated E9 is not yet enrolled in the course.</p> <p>300.1210a) 300.1210b)5) 300.1210d)1)3)6) 300. 3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the</p>	F9999			

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F9999	<p>Continued From page 50</p> <p>resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>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:</p> <p>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.</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>	F9999			

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F9999	Continued From page 51  1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.  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.  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.  Requirements were not met as evidenced by:  Based on observation, record review and interview the facility failed to safely transfer one of three residents (R1) reviewed for falls, in the sample of 13. R1 fell to the floor, receiving a Fractured Left Humerus. Facility staff failed to document, assess and report the fall to the oncoming staff, Physician and Guardians immediately following the fall, resulting in a delay in treatment for R1. The facility failed to assess,	F9999			

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F9999	<p>Continued From page 52</p> <p>careplan and administer pain medication to one of three residents (R1) reviewed for pain, in the sample of 13. As a result, R1 continued to experience pain as evidenced by grunting, crying, and patting her left arm for an extended period of time.</p> <p>Findings include:</p> <p>The History and Physical dated 8/31/12 states that R1 had diagnoses of Developmental Delay/Mentally Challenged and a history of Seizure Disorder. The MDS(Minimum Data Set) dated 6/11/12 states R1 has a cognitive/communication problem, does not ambulate and requires extensive assist of 1 for transfers, bed mobility and toilet use. The facility fall assessment dated 6/11/12 identifies R1 as high risk for falls. The Care Plan dated 5/22/12 and 9/10/12 states that R1's speech is "unclear." The care plan does not identify how much assistance R1 requires for transfers.</p> <p>The Comprehensive Nursing Assessment dated 6/11/12 states, "[R1] doesn't stand well, she is a full assist with gaitbelt x[times] 2 people. Some days are better than others. [R1] has more endurance in the am and is able to stand long enough for transfers to w/c[wheelchair]. On pms[evenings] [R1] doesn't transfer as well. The undated Resident Information Sheet located on the back of R1's room door states R1 is limited assist with transfers, but does not specify how many staff are needed for the transfer. The undated Resident Kardex located in the CNA notebook states R1 transfers with one assist. The Pain Assessment dated 6/18/12 is the most</p>	F9999			

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F9999	<p>Continued From page 53 recent pain assessment found.</p> <p>The Nurse's Notes dated 8/31/12 at 7:45 am state R1 was ".....rubbing lower posterior[left] arm and back of hand. When asked if her arm hurts, [R1] makes a loud moaning noise...Tyl(Tylenol) was given....no bruising notes..." The Nurse's Note dated 8/31/12 has entries at 9:00am and 10:30am of R1 attempting to wheel her wheelchair. The entry at 12:10pm states, "...at lunch table, remains guarded left arm, [no] edema or bruising noted....." The entry at 12:15pm states, "[Physician] made aware.... of pain left arm, guarding....sent....for xray and evaluation..." The Nurse's Notes do not document a fall or any trauma to R1.</p> <p>The statement dated 8/31/12 at 3:45pm by E16, RN states, "called to [R1's] room by [E10] to help lift [R1] off the floor. [E10] stated that she had to lower [R1] to the floor. They applied a gait belt and lifted [R1] onto the wheelchair. [E16] stated she didn't think that it was considered a fall so she didn't fill out any paperwork. This occurred at about 5am [on 8/31/12] during [medication] pass." There is no documentation in E16's statement or the Nurse's Notes(8/31/12)of any assessment being done by E16 to determine if there was any injury to R1 from the fall.</p> <p>The Radiology Report dated 8/31/12 states the "Fracture of the distal one-third of humerus looks relatively acute because of lack of bony reaction. Sharply defined fracture margins.....there is at least one bone with fracture fragment displacement..." The Interagency Transfer Form dated 9/5/12 states that R1 had a Percutaneous Pinning of Left Humerus on 9/1/12.</p>	F9999			

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F9999	<p>Continued From page 54</p> <p>The Care Plan dated 9/10/12 states that R1's speech is "unclear." The care plan does not address the potential for pain related to a recent Fractured Humerus(8/31) for R1.</p> <p>On 9/10/12 at 11:25am, 12:10pm, 12:40pm and 12:50pm R1 was lying in bed with the immobilizer to her left arm. R1 was continuously grunting/moaning and patting her left arm with her right hand. At 12:55pm E12, CNA(Certified Nurse Aide), was feeding lunch to R1. R1's left arm immobilizer was partially off. R1 was moaning/grunting while pointing to her left upper arm. R1 ate 25% of her potatoes and drank her juice, but ate nothing else. At 1:55pm R1 was in bed with the head of the bed elevated, pointing to her left arm and crying.</p> <p>When asked if she thought R1 was having pain, because she keeps grunting and patting her left arm E12, CNA, stated on 9/10/12 at 2:10pm that she thought she was having discomfort this morning and reported it to E14, LPN (Licensed Practical Nurse). E12 stated she thought R1 just wanted to get up.</p> <p>E14, LPN, stated on 9/10/12 at 2:10pm that she assessed R1 for pain at 9:30am (9/10) and she was not moaning or rubbing her arm at that time. E14 confirmed she did not give R1 pain medication.</p> <p>On 9/10/12 at 3:10pm and 4:55pm R1 was lying in bed grunting, patting and pointing to her left upper arm.</p> <p>E7, CNA, stated on 9/11/12 at 9:30am that prior</p>	F9999			

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F9999	<p>Continued From page 55</p> <p>to R1's fractured humerus, he was able to transfer her by himself. E7 stated some of the girls(CNA's) need two to transfer R1. E7 stated generally for "back up" it would take a second CNA.</p> <p>E17, CNA, stated on 9/11/12 at 9:30am that she has always transferred R1 with two assists.</p> <p>E11, CNA, stated on 9/11/12 at 10:00am that prior to R1's fractured humerus, she was able to transfer R1 by herself during the day, but not at night. E11 stated at night R1 took two people plus a gait belt for transfers. E11 stated, "I didn't trust her[R1] standing. For her safety did not want to transfer by myself."</p> <p>E1, Administrator, stated on 9/11/12 at 11:30am the conclusion of the facility investigation was the night shift CNA(E10) transferred R1 from the bed to wheelchair, R1's knees buckled and E10 lowered R1 to the floor. E2 stated R1's left arm hit the wheelchair during the incident. E2 stated E10 reported to E16 that R1 was lowered to the floor. E2 stated neither E16 or E10 reported what happened to R1, to oncoming staff. E2 stated the Physician was not notified by E16 because she did not consider it a fall. E1 stated later in the day(8/31) R1 was having pain, was sent to the hospital and had a fractured humerus. E1 stated E10 was terminated and E16 was disciplined for not reporting the fall with R1.</p> <p>The PRN(as needed) Medication Record documents that R1 received Roxanol 5mg (milligrams) on 9/9/12 at 6:30pm. The record documents that R1 did not receive any Tylenol or</p>	F9999			



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F9999	<p>Continued From page 56</p> <p>Roxanol again until 9/11/12 at 4:45am, when Roxanol was given. R1 did not receive any pain medication for 34 hours.</p> <p>On 9/11/12 at 9:55am E7 and E11, CNA's transferred R1 back to bed. R1 was not grunting/moaning or patting her left arm. R1 was resting quietly in bed.</p> <p>E11, CNA, stated on 9/11/12 at 10:00am that she told E13, LPN, that R1 was having pain during breakfast that morning. E11 stated that E13 gave R1 pain medication. When asked how R1 was acting when she was having pain, E11 stated she was grunting and patting her left arm.</p> <p>E2, Director of Nursing(DON), stated on 9/11/12 at 11:50am that she became aware on 8/31/12 at 12:00pm that R1 was having pain in her left arm, when staff asked her to assess the arm. E2 stated when she initially looked at R1, she was not grimacing and there was no "knot" seen on R1's left arm. E2 stated R1 then "shifted her arm and I could see where the fracture was...." E2 stated she immediately began her investigation. E2 stated she talked to the day shift staff and called the evening/night staff to try to find out what happened to cause R1's fracture. E2 stated nobody knew of anything happening to R1 until she got ahold of E10, CNA(Certified Nurse Aide). E2 stated at first E10 "hesitated and said everything was fine." E2 stated E10 then told her that R1 had not had a fall but was "lowered to the floor." E2 stated that E10 reported the incident to the nurse E16. E2 stated R1's fall occurred on 8/31/12 between 4:30am and 4:45am. E2 stated she was at the facility at 4:45am and neither E10 or E16 reported R1's fall to her. E2 stated that</p>	F9999			

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F9999	<p>Continued From page 57</p> <p>both E10 and E16 told her they did not report R1's incident because they did not consider it a fall. E2 stated that E10 transferred R1 with a gait belt by herself and while lowering R1 to the floor, R1's left elbow "bumped" the wheelchair. E2 stated that R1 "has always been a 2 person transfer with a gait belt and staff were aware of this." E2 stated that E10 knew to transfer R1 with 2 assists and E10 told her she(E10) transferred R1 by herself because "everyone was busy and there was no one to help her." E2 confirmed that E10 and E16 did not inform the oncoming day shift staff that R1 had been lowered to the floor. E2 confirmed on 9/11/12 at 11:50am that nothing was documented in the nurse's notes about R1 having a fall or any trauma. E2 stated the Nurse, E20, called the Physician on 8/31/12 at 7:30am for pain medicine for R1's arm pain.</p> <p>E13, LPN, stated on 9/11/12 at 12:00pm that when she gave R1 pain medicine this morning, R1 was moaning and patting her left arm.</p> <p>E10, CNA, stated on 9/12/12 at 8:35am that she was using a gait belt she stood R1, turned R1 to get her in the chair and R1 slid down. E10 stated, "I had a hold of her[R1], her arm hit the chair as I was lowering her down[to floor]. She usually stands up, I usually transfer her by myself." E10 stated, "I didn't know she was a 2 person transfer." E10 stated she told the nurse E16 that R1 was on the floor, but didn't tell E16 that R1's arm hit the wheelchair while she was lowering R1 to the floor. E10 confirmed she lowered R1 to the floor on 8/31/12.</p> <p>Z1, Orthopedic Surgeon, stated on 9/12/12 at 12:00pm R1's left elbow hitting the wheelchair</p>	F9999			

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F9999	Continued From page 58 while she was being lowered to the floor "could have been enough trauma to cause the fracture."  E2, Director of Nursing, confirmed on 9/13/12 at 11:50am that there is no current pain assessment for R1. E2 stated a pain assessment should have been done when R1 returned from the hospital on 9/5/12.  B	F9999			