

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

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

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|--|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146031 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/05/2012 |
| NAME OF PROVIDER OR SUPPLIER GREEK AMERICAN REHAB CARE CTR | | | STREET ADDRESS, CITY, STATE, ZIP CODE 220 N FIRST STREET WHEELING, IL 60090 | | |
| (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 5 Physician's Order Sheet from 6/1/12-6/30/12 has physician order dated June 7, 2012 for R2 to be "NWB (non weight bearing) L (left) leg s/p (status post) fx (fracture)". Record titled "After Visit Summary" from local Orthopedic specialist indicated that R2 had an office visit on July 23, 2012 at 3:30 p.m. for diagnoses of left tibia/fibula fracture and right webspace laceration, sutured in the emergency room on June 7, 2012. July 26, 2012 at 2:30 p.m. E2, Director of Nursing (DON - Director of Nursing), stated that during her investigation it was determined that R2 sustained multiple injuries as a result of improper transfer by a Certified Nursing Assistant (CNA). E5, CNA admitted to E2 that she knew that R2 was a mechanical lift for transfer, but attempted to transfer R2 by herself without a mechanical lift device. E2 stated that E5 told her R2 hit her feet against the bed rail. E2, DON stated that E5 has been an employee of the facility for several years and was aware of R2's condition related to transfer. July 27, 2012 at 11:00 a.m. E2, DON was asked if E5, CNA was available for interview, E2 stated that E5 was no longer employed with them. E2 stated she had to terminate E5 as a result of the incident on June 6, 2012 involving R2. | F 323 | | | |
| F9999 | FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b) | F9999 | | | |

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| F9999 | Continued From page 6 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the 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. (Section 3-202.2a of the Act) 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. d) Pursuant to subsection (a), general nursing | F9999 | | | |

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| F9999 | <p>Continued From page 7</p> <p>care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>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.</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. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform a resident transfer according to the care plan for 1 of 3 residents (R2) reviewed for falls/fractures in the sample of 3. As a result of this failure, R2 sustained injuries that required transfer to the local hospital emergency room (ER) for treatment of a leg fracture and sutures between her great toe and second toe.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated May 1, 2012 and August 8, 2012 notes that R2 is to be transferred by a mechanical lift with two staff</p> | F9999 | | | |

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| F9999 | <p>Continued From page 8</p> <p>person minimum. The care plan for R2 dated May 1, 2012, states that R2 requires a mechanical lift and two staff minimum for transfer.</p> <p>Nursing notes dated June 6, 2012 at 6:50 p.m. stated that E7, Nurse, found resident in bed with multiple injuries. Resident was noted with a deep cut on right foot approximately 2.5 inches between big toe and 2nd toe, left lower extremity had swelling and a bruise. E7 asked R2 if she knew how this incident happened; E7 documented that R2 was confused and did not know how the injuries occurred. Doctor was paged and ordered R2 to be sent out to hospital (ER) for evaluation.</p> <p>Facility Unusual Occurrence Report dated June 6, 2012 noted R2 in bed lying down with an injury on the right (R) foot; bleeding between big toe and second toe; left (L) lower leg swelling and painful to touch. R2 was transferred to the local ER for possible suturing and evaluation.</p> <p>Nursing notes dated June 7, 2012 at 5:30 a.m., stated that R2's brother called the facility and advised E7 that R2 received 9 sutures to the right (R) foot between the great toe and the second toe and that R2 had her left leg broken in two places.</p> <p>Nursing notes for R2 dated June 7, 2012 at 7:00 a.m. indicated ER (emergency room) nurse contacted facility and "confirmed" left leg fracture of the tibia and fibula and nine stitches to right foot between great toe and 2nd toe.</p> <p>Physician's Order Sheet from 6/1/12-6/30/12 has physician order dated June 7, 2012 for R2 to be</p> | F9999 | | | |

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| F9999 | <p>Continued From page 9</p> <p>"NWB (non weight bearing) L (left) leg s/p (status post) fx (fracture)".</p> <p>Record titled "After Visit Summary" from local Orthopedic specialist indicated that R2 had an office visit on July 23, 2012 at 3:30 p.m. for diagnoses of left tibia/fibula fracture and right webspace laceration, sutured in the emergency room on June 7, 2012.</p> <p>July 26, 2012 at 2:30 p.m. E2, Director of Nursing (DON - Director of Nursing), stated that during her investigation it was determined that R2 sustained multiple injuries as a result of improper transfer by a Certified Nursing Assistant (CNA). E5, CNA admitted to E2 that she knew that R2 was a mechanical lift for transfer, but attempted to transfer R2 by herself without a mechanical lift device. E2 stated that E5 told her R2 hit her feet against the bed rail. E2, DON stated that E5 has been an employee of the facility for several years and was aware of R2's condition related to transfer.</p> <p>July 27, 2012 at 11:00 a.m. E2, DON was asked if E5, CNA was available for interview, E2 stated that E5 was no longer employed with them. E2 stated she had to terminate E5 as a result of the incident on June 6, 2012 involving R2.</p> <p style="text-align: center;">(B)</p> | F9999 | | | |