

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: 146016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2012
NAME OF PROVIDER OR SUPPLIER SUNSET REHABILITATION & HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE CANTON, IL 61520		
(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 4 R3's legs and during the transfer R3 fell out the front of the sling and landed on her knees. On 10/31/12 at 10:40 a.m., E7 stated that she (E7) and E8 were transferring R3 from her bed to reclining chair by mechanical lift transfer. E7 stated that they did not apply the lift sling correctly and R3 fell out during the transfer.	F 323			
F9999	Facility's Notices of Termination dated 10/24/12 state that E7 and E8 failed to follow proper procedures when executing mechanical lift transfer, resulting in resident injury. FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 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 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. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing	F9999			

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F9999	<p>Continued From page 5</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.</p> <p>These Requirements are NOT MET as Evidenced by:</p> <p>Based on observation, interview, and record review, the facility staff failed to perform mechanical lift transfer in a safe manner for one of three residents (R3) reviewed for mechanical lift transfers on a sample of twelve. R3 fell during a mechanical lift transfer and sustained extensive bruising of her left lower leg, right knee and ankle and a laceration of her right knee which required twenty-six staples.</p> <p>Findings include:</p> <p>On 10/31/12 at 9:05 a.m., E5 and E6 (both Certified Nurse Aides-CNAs) prepared R3 to transfer from her bed to a wheeled recliner. R3's left lower leg has dark purple to green bruising present below her knee to her ankle. A 4 x 4 inch dressing is present on R3's right knee. R3's right lower leg has purple bruising on her lower shin, at</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>her ankle area, and on upper foot. R3 stated she "didn't know" how fall happened. E5 and E6 transferred R3 from her bed to the wheeled recliner via mechanical lift. During this transfer, R3 moaned and grimaced. R3 stated "Oh ..oh my" during this transfer and nodded yes when asked if her legs hurt. At 11:00 a.m., on 10/31/12, E3 (Licensed Practical Nurse) checked R3's right knee dressing. R3's right knee has purple bruising, is swollen and has a large laceration approximately 3 1/2 inches long with staples noted.</p> <p>Nurses notes dated 10/22/12 at 11:30 a.m. stated that a mechanical lift transfer was being conducted when R3 moved forward and fell. Nurses notes state that R3 had bruising above her right foot and complained of pain in her left knee. Nurses notes dated 10/22/12 at 1:00 p.m., state that a laceration was noted on R3's right knee. Nurses notes document that R3's physician was notified and ordered R3 to be sent to the emergency room for treatment.</p> <p>The hospital's Physician's Clinical Report dated 10/22/12 at 2:24 p.m. states that R3 had a deep laceration to the right knee and multiple contusions with soft tissue hematoma of the right knee, right lower leg, left knee and left lower leg. This form stated that R3's laceration was greater than 8 centimeters in length and required twenty-six staples for closure.</p> <p>The facility's investigation report regarding R3's incident of 10/22/12 states that E7 and E8 did not follow proper protocol for safe mechanical lift transfer.</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>On 10/31/12 at 10:10 a.m., E2 (Director of Nursing) stated that E7 and E8 improperly criss-crossed the mechanical lift sling underneath R3's legs and during the transfer R3 fell out the front of the sling and landed on her knees. On 10/31/12 at 10:40 a.m., E7 stated that she (E7) and E8 were transferring R3 from her bed to reclining chair by mechanical lift transfer. E7 stated that they did not apply the lift sling correctly and R3 fell out during the transfer.</p> <p>Facility's Notices of Termination dated 10/24/12 state that E7 and E8 failed to follow proper procedures when executing mechanical lift transfer, resulting in resident injury.</p> <p style="text-align: right;">(B)</p>	F9999			