

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

PRINTED: 04/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2013
NAME OF PROVIDER OR SUPPLIER LUTHERAN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 702 WEST CUMBERLAND ALTAMONT, IL 62411		
(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 assist was utilized in the transfer. E7 and E8 each confirmed that R2 did have alarms being utilized prior to the fall of 12/01/12. E7 stated that if a resident has an alarm, the resident is never to be left alone in the bathroom. On 01/03/13 at 2:15PM, E3 confirmed that if a resident has an alarm they are not to be left alone in the bathroom. E1 (Administrator) stated on 1/8/13, at 4 :00 P.M. that the facility does not have a specific policy to monitor residents who utilize alarms while using the toilet , but it is considered a facility protocol .	F 323			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1210b)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	F9999			

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F9999	Continued From page 3 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 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: 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.	F9999			

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F9999	Continued From page 4 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) These regulations were not met as evidenced by: Based on observation, record review, and interview the facility failed to adequately supervise a resident to prevent falls during toileting for 1 resident (R2) reviewed for falls. This resulted in R2 falling after toileting and sustaining a fractured right hip. Findings include: The Physician's Orders dated 12/20/12 states that R2 has a diagnosis of a Right Hip Fracture. The Assessment for use of Personal Alarms, Motion Alarms and Chair Sensor Alarms is dated 11/19/12 and states that an alarm was to be placed on R2's wheelchair, recliner, bed, as well as a motion alarm on the bed. The Fall Risk Assessment dated 11/28/12 indicates that R2 is a High Risk for falls based on a score of 18. ("Total score of 10 or above represents High Risk") E3 (Licensened Practical Nurse/Quality Assurance) stated on 01/03/13 at 2:10PM that R2 was admitted to the facility on 11/18/12 with a left hip fracture from a fall at home and that R2 was only in the facility a very short time, approximately 12 hours, and was sent back to the hospital. E3 stated that R2 was readmitted to the facility on 11/28/12 and fell in the facility on 12/01/12 and	F9999			

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F9999	<p>Continued From page 5</p> <p>was sent to the emergency room. R2 sustained a right hip fracture from the fall and was readmitted to the facility on 12/20/12. E3 stated that once alarms are placed, she continues the alarms upon the return to the facility and that the alarms were still being used when R2 returned to the facility on 11/28/12. The Lutheran Care Center Resident Incident Report dated 12/01/12 at 5:40AM states that R2 was found laying on her right side just outside her bathroom on the floor. A skin tear was noted on her right arm and elbow and R2 complained of pain in the right hip. The Lutheran Care Center CNA (Certified Nurse Aide) Incident Report dated 12/01/12 has a drawing describing the area and position of the resident after the fall and states that R2 was last seen on the toilet, but does not give a written statement as to what occurred. E3 stated that she did interview the 2 CNA's who were in the room with R2 during the incident and was told that R2 was taken to the bathroom and placed on the toilet. E3 further stated that one of the CNA's left the room and went across the hall to assist another resident and the other CNA left the bathroom briefly to assist R2's roommate and that is when the fall occurred.</p> <p>On 01/03/12 at 12:45PM, E7 (CNA) and E8 (CNA) were observed transferring R2 from her wheelchair to her bed. A gait belt and two person assist was utilized in the transfer. E7 and E8 each confirmed that R2 did have alarms being utilized prior to the fall of 12/01/12. E7 stated that if a resident has an alarm, the resident is never to be left alone in the bathroom. On 01/03/13 at 2:15PM, E3 confirmed that if a resident has an alarm they are not to be left alone in the bathroom.</p>	F9999			

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F9999	Continued From page 6 E1 (Administrator) stated on 1/8/13,at 4 :00 P.M. that the facility does not have a specific policy to monitor residents who utilize alarms while using the toilet , but it is considered a facility protocol. (B)	F9999			