

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

PRINTED: 04/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2012
NAME OF PROVIDER OR SUPPLIER GENESIS SENIOR LIVING, ALEDO			STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9TH AVENUE ALEDO, IL 61231		
(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 309	Continued From page 6 On 12-10-12 at 2:15p.m., E4 (Nurse Manager) verified that R4's primary Physician was not notified about R4's fall and complaints of pain on 12-7-12, until 12-9-12 at 1:45p.m. by fax. On 12-13-12 at 11a.m. E2 (Director of Nursing) verified that the facility nurses should have notified the Physician immediately following R4's fall on 12-7-12 and after R4's complaints of pain. On 12-13-12 at 11a.m. E2 also verified that the facility staff should not have had R4 bear weight with transfers. According to the facility's undated pain policy an procedure, residents will either be pain free or their pain will be controlled to a level that is acceptable to the resident and allows the residents to maintain the highest level of functioning possible.	F 309			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1010h) 300.1210b)c) 300.1210d)3) 300.1210d)6) 300.3240a) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	F9999			

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F9999	<p>Continued From page 7 injury or change in condition at the time of notification.</p> <p>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. 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: 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.</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</p>	F9999			

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F9999	<p>Continued From page 8 resident.</p> <p>Based on observation, record review and interview, the facility failed to obtain medical treatment, continued to have the resident bear weight with transfers, and failed to provide pain control after a fall with injury for one of ten residents (R4) reviewed for falls on the sample of eighteen. R4 sustained a fracture to the left pubic and ischial bone resulting in pain untreated for two days.</p> <p>These requirements are NOT MET, as evidenced by:</p> <p>Findings include:</p> <p>According to the nurse's notes dated 12-7-12 at 2:45p.m., R4 was found on the floor with her wheelchair tipped over. Review of the nurse's notes and the post fall assessment form dated 12-7-12 to 12-9-12, the Physician was not notified until 12-9-12 at 11:05 a.m. regarding the fall.</p> <p>The nurse's notes dated 12-7-12 at 11:30 p.m, document R4 complained of left hip pain. The nurse's notes dated 12-8-12 at 6:45a.m. document that R4 had difficulty weight bearing, during a transfer, due to pain, appeared to be in more pain on the left side, and grabbed at her left leg when it was moved. The nurse's notes on 12-8-12 at 10:45 a.m. document that R4 continued to have pain during transfers. The nurse's notes on 12-9-12 at 4:30 a.m. document R4 was grimacing, moaning, and yelling out with</p>	F9999		

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F9999	<p>Continued From page 9</p> <p>flexion of the bilateral hips and knees and with repositioning. The nurse's notes dated 12-9-12 at 5:30 a.m. document that R4 was calling out with pain and guarding the bilateral lower extremities during cares and transfers. The nurse's notes dated 12-9-12 at 7a.m. document R4 was having increased pain and moans and grimaces with movement of the legs. According to the nurse's notes dated 12-7-12 through 12-9-12, the Physician was not notified of R4's multiple complaints of pain until 12-9-12 at 11:05a.m when the Physician gave an order for X-rays. The Xray report dated 12-9-12 documents a fracture to the left pubic and ischial bone. On 12-9-12 at 3:40p.m., the Physician gave new orders for R4 to be on bedrest and give the previously ordered Vicodin.</p> <p>On 12-10-12 at 11:25 a.m., during a family interview, Z1 verified R4 was in a lot of pain and screaming out on 12-8-12. On 12-10-12 at 2p.m., E5 (Licensed Practical Nurse) verified that E5 did not notify the Physician about R4's fall and complaints of pain on 12-7-12. On 12-10-12 at 1:40p.m., E6 (Licensed Practical Nurse) verified that a Physician was not notified about R4's fall and complaints of pain on 12-7-12, until E6 called the on call Physician on 12-9-12 at 11:05 a.m. On 12-10-12 at 2:15p.m., E4 (Nurse Manager) verified that R4's primary Physician was not notified about R4's fall and complaints of pain on 12-7-12, until 12-9-12 at 1:45p.m. by fax.</p> <p>On 12-13-12 at 11a.m. E2 (Director of Nursing) verified that the facility nurses should have notified the Physician immediately following R4's fall on 12-7-12 and after R4's complaints of pain. On 12-13-12 at 11a.m. E2 also verified that the</p>	F9999			

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F9999	Continued From page 10 facility staff should not have had R4 bear weight with transfers. According to the facility's undated pain policy an procedure, residents will either be pain free or their pain will be controlled to a level that is acceptable to the resident and allows the residents to maintain the highest level of functioning possible. (B)	F9999			