

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145629	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2013
NAME OF PROVIDER OR SUPPLIER PRAIRIE MANOR NRSG & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 345 DIXIE HIGHWAY CHICAGO HEIGHTS, IL 60411		
(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 441	Continued From page 18 rooms on her unit. E36 demonstrated that she uses the same cleaning and disinfecting compounds as E35 uses. None of the compounds on either housekeeping carts had a chlorine base that kills the C-diff spores. On 5/9/13 at 11 AM, E28, Director of Environmental Services, stated what chemical are used within the facility and produced the manufacturer's directions for the indicated uses. The chemicals used in the facility are all quaternary ammonia based and none of the chemicals kill the C. Diff. pathogen. E28 stated that the facility does not use bleach except in the laundry department.	F 441			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b) 300.1210d)6) 300.3100d)2) 300.3240a) 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	F9999			

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F9999	<p>Continued From page 19</p> <p>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.</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> <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 300.3100 General Building Requirements</p> <p>d) Doors and Windows</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</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>	F9999			

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

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FORM APPROVED
OMB NO. 0938-0391

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F9999	<p>Continued From page 20</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement safety measures to prevent 1 of 3 residents (R1) reviewed for elopement risk, from leaving the facility without supervision from a total sample of 24. This failure resulted in R1 eloping from the facility and sustaining a fracture while out of the facility.</p> <p>Findings include:</p> <p>1) R1's diagnoses include Dementia with Behavior Disturbance, Psychosis and Anxiety. R1 transferred from another long term care facility. On 4/19/13, at 3:00 PM, admission records show that E4, Nurse, assessed R1 to be alert and oriented to person and place and independent with ADL's (Activities of Daily Living). The Elopement Risk assessment did not identify R1 at risk for elopement at that time. E5, Nurse noted on the following day, 4/20/13 that R1 had a resident alarm device to the right wrist. On 5/02/13 at 10:43 PM, E2, Director of Nursing (DON) stated that the resident alarm device was placed by another facility. On 5/02/13 at 10:10 AM, E5, Nurse stated that R1 was redirected several times, by the second day, because of wandering into other resident's rooms.</p> <p>On 5/01/13 at 2:53 PM, E6, Nurse said that, between 6:00 and 6:30 PM on 4/23/13, R 1 walked out of the dining room towards the elevator and attempted to enter it. E6 said he was able to verbally redirect R1 from entering the</p>	F9999			

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F9999	<p>Continued From page 21</p> <p>elevator. E6 stated that he intercepted R1 from leaving by the elevator multiple times that evening.</p> <p>On 5/01/13 at 2:35 PM, E7, Certified Nurse Assistant, (CNA) stated that R1 tried to exit the elevator on the first floor at about 7:30 PM on 4/23/13 but was escorted back to the third floor. E7 stated that about an hour later, the intercom made an announcement about R1's elopement.</p> <p>On 5/03/13 at 10:50 AM, E8, Nurse stated that she was R1's nurse on 4/23/13 at the time of the elopement. E8 stated that R1 was very restless on 4/23/13, around 8:15 PM and was medicated with Ativan. Review of the Medication Administration Record (MAR) for that date and time is not signed off for Ativan while the other 8 PM medications, Aricept and Desyrel, have been signed off. E8 stated that R1 was so restless that she would not stay in her room. E8 said that at 8:45 PM, E10, CNA was assigned to monitor R1. E8 said that E10, CNA sat at the nurse's desk facing R1. E8 said that at 8:50 PM, she noticed that R1 was no longer sitting across from the nurse's station and the emergency code was activated for elopement. E8 said that after all able staff searched the building and grounds, R1 was not located. A missing person report was filed with the police.</p> <p>The police report shows that R1 was reported missing at 9:21 PM and was found sitting in a driveway of a home .82 miles away at 10:40 PM. The Weather Underground History Report (www.wunderground.com) showed that the weather in that area on 4/23/13 was rainy with a mean temperature of 49 degrees Fahrenheit and</p>	F9999			

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F9999	<p>Continued From page 22 wind gusts up to 26 miles per hour.</p> <p>According to the Emergency Room report, E1 arrived at 11:02 PM accompanied by emergency ambulance service. Upon arrival, R1 was confused, skin cold to touch, clothes completely saturated with mud and water due to rain and wore an incontinence brief which was wet and covered in mud. R1 had abrasions to both knees. R1 was diagnosed to have a fractured left fibula (the smaller of the two bones of the lower leg).</p> <p>On 5/01/13 at 9:55 AM, E2, DON stated that R1 left the building via the first floor main entrance door between 8:45 PM and 9:10 PM. E2 stated that the door alarm was programmed to engage at 9:00 PM every night. On 5/03/13 at 3:00 PM, E11, Receptionist, stated that she left the facility at 8:00 PM on 4/23/13; the time sheet stated 8:02 PM.</p> <p>On 5/3/13 at 3:00 PM, E1, Administrator did not show that the front entrance of the building was monitored between 8:02 PM and 9:00 PM on 4/23/13, including the time R1 was thought to leave the building. On 5/03/13 at 3:10 PM, E12, Maintenance Director stated that the alarm is now scheduled to trigger at 8:00 PM, when the receptionist leaves.</p> <p style="text-align: right;">(B)</p>	F9999			