

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER FAIRVIEW CARE CENTER OF JOLIET			STREET ADDRESS, CITY, STATE, ZIP CODE 222 NORTH HAMMES JOLIET, IL 60435		
(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 F9999	Continued From page 2 was transferred manually by a single Certified Nurse's Aide (E3) FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210b)5) 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.	F 323 F9999			

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F9999	<p>Continued From page 3</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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 300.3240 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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F9999	<p>Continued From page 4</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to provide a safe environment during the transfer of a resident.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 3.</p> <p>This failure resulted in a fall in which the resident sustained a fractured right femur.</p> <p>Findings Include:</p> <p>R1 is a 89 year old resident admitted to the facility on 2/15/95. Admitting diagnoses include, degenerative joint disease, hypertension, hemiplegia, depression, anxiety, coronary artery disease, osteoarthritis, atrial fibrillation, seizure disorder, bradycardia and metabolic encephalopathy.</p> <p>According to facility documentation, including the initial incident report, nurse's notes and the final investigative report, R1 sustained a fall on 3/8/13 while being transferred by a Certified Nurses' Assistant (E3). After complaining of persistent pain in her right leg following the fall, R1 was subsequently transferred to a local area emergency department (ED). Hospital X-rays showed a right impacted distal femur fracture.</p> <p>According to the post fall investigation report and E3's signed statement, E3 transferred R1 alone to the bathroom using a gait belt. The fall occurred while R1 was being transferred back</p>	F9999			

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F9999	<p>Continued From page 5 from the bathroom.</p> <p>The facility's Interdisciplinary Resident Rehab screen completed on 2/22/13, recommended that R1 be transferred using a mechanical lift. R1's care plan (Initiated 1/12/13) also indicated that R1 was a 2 staff assist with mechanical lift for transfers.</p> <p>R1's most recent Minimum Data Set (MDS) completed on 1/3/13 indicated that R1 requires extensive assistance for transfers. The MDS section G item A2 was scored (3) as a 2+ person physical assist for transfers.</p> <p>On 3/12/13 at around 3:00 pm E2 (Director of Nurses) stated "on 3/8/13 CNA (E3) took upon herself to transfer resident from the recliner to the toilet without following protocols that she is well aware of." Statements obtained from the facility's Administrator (E1) on 3/12/13 at between 3:00 PM and 4:00 PM confirm the events surrounding R1's fall on 3/8/13. E1 and E2 also verified the validity of the post fall investigative report and all witness statements there in, including that R1 was transferred manually by a single Certified Nurse's Aide (E3)</p> <p>(B)</p>	F9999			

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