STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

145439

MULTIPLE CONSTRUCTION
A. BUILDING _____________________________

B. WING _____________________________

DATE SURVEY COMPLETED

03/12/2013

NAME OF PROVIDER OR SUPPLIER

CHAMPAIGN URBANA NRSG & REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

302 WEST BURWASH
SAVOY, IL 61874

SUMMARY STATEMENT OF DEFICIENCIES

(GENERAL DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

F 323 Continued From page 2
On 3/8/13 at 2:45 pm E6 acknowledged that she was coming down the hall with another resident in a shower chair when she heard R5's voice in the shower room and thought..."Oh she's in the shower room, and I wondered what shower chair she was using since I had the only one for that particular shower room." E6 stated she then heard a loud thud and went to the shower room to find R5 on the floor and E9 leaning over her. E6 stated that the staff are aware that the backless shower benches are not to be used on the residents while giving showers. "They are used to put towels and clothes on. We all know residents are not to be in them during a shower and (E9) used the wrong chair because she did not want to wait for the right one."

F9999 FINAL OBSERVATIONS

LICENSURE VIOLATIONS:

300.1210a)
300.1210b)
300.1210d(6)
300.3240a)

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the
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resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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.

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:

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.

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 requirements are not met as evidenced by:

Based on record review and interview, staff failed to use a shower chair with a back, when bathing one of three residents (R5) reviewed for falls in a sample of five. This failure resulted in R5 falling and sustaining a fractured hip.

Findings include:

R5's Physician Order Sheet dated February 2013 list diagnoses of Dementia and Idiopathic Scoliosis. The Minimum Data Set (MDS) dated 2/19/13 documents R5 with severe cognitive impairment. The MDS documents R5's functional status as not steady and only able to stabilize with staff assistance when moving from seated to standing, moving on and off toilet and surface to surface transfer. R5's Care plan dated February 2013 documents that a reclining shower chair is to be used during bathing. The Fall Risk Assessment dated February 2013 assesses R5 as a high fall risk.

R5's Nursing Notes dated 2/19/13 at 5:50 am documents R5 slid out of a shower chair while E9 Certified Nursing Assistant was giving her a shower, no injury was assessed at this time. R5's Nursing Notes dated 2/19/13 at 10:30 am document that R5 was not able to bear weight on her right leg and complained of pain. R5 was
Continued From page 5

transported to the hospital. The hospital notes for R5 dated 2/19/13 document under Assessment - Right Subcapital Femoral Head Fracture with some displacement. Plan - Admit to hospital with Right Hip Hemiarthroplasty 2/20/13.

The facility's investigation (of R5's fall of 2/19/13) is dated 2/20/13 and documents an interview with E6, Certified Nursing Assistant stating that she had been coming down the hall at the time of R5's shower and heard a thud (like a boom) and heard R5 calling for help. E6 stated that she looked in the shower room and saw R5 on the floor and E9 standing over R5. An investigation interview by the facility dated 2/21/13 documents E8, Licensed Practice Nurse stating that E9 had used a shower bench instead of a shower chair while giving R5 a shower.

On 3/1/13 at 11:50 am E1, Administrator stated that E9 had used the wrong shower chair while giving R5 her shower. E1 stated that during the investigation E9 had told the facility that she had used a chair with a back, but the facility's fall investigation revealed that a bench without a back was used during R5's shower. E1 stated that since false information was given by E9 and E9's actions of using an unsafe chair caused injury to R5, E9 was terminated.

On 3/8/13 at 2:45 pm E6 acknowledged that she was coming down the hall with another resident in a shower chair when she heard R5’s voice in the shower room and thought..."Oh she's in the shower room, and I wondered what shower chair she was using since I had the only one for that particular shower room." E6 stated she then heard a loud thud and went to the shower room to
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