

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

PRINTED: 07/09/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2013
NAME OF PROVIDER OR SUPPLIER EFFINGHAM REHAB & HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1610 NORTH LAKEWOOD EFFINGHAM, IL 62401		
(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 1 R1's nurses notes and incident report dated 04-25-13 at 3:20 AM, indicate R1 was transferred to the local hospital's emergency room with skin tears to bilateral forearm, bridge of nose, and right eye brow. R1's Minimum Data Set dated 04-22-13, indicates R1 is totally dependent for bed mobility and requires the physical assist of two plus persons. R1's Physical Restraint/Enabler Assessment (undated) indicates for transfers to use a mechanical lift with two assist, two assist for bed mobility and turning and repositioning. On 04-30-13 at 1:50 PM, R1 was asked what happened to his nose. R1 replied, "They threw me out of bed". R1 was observed to have steri strips across the bridge of his nose, a small scabbed area near his right eyebrow, light greenish with a small amount of light bluish discoloration mostly below both eyes. R1 was noted to have a dressing on top of each hand.	F 323			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.610a) 300.1210b)5 300.1210c) 300.1210d)6) 300.3240a)	F9999			

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F9999	Continued From page 2 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. 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: 5) All nursing personnel shall assist and	F9999			

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F9999	<p>Continued From page 3</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 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> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview, observation, and record</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>review, the facility failed to use 2 staff members to properly transfer one resident (R1) reviewed for falls. This failure resulted in R1 being sent to the Emergency Room for treatment of a laceration to the bridge of his nose with bleeding, laceration to right forehead, bruising to left ribs, and skin tear to left wrist.</p> <p>Findings include:</p> <p>1. On 04-25-13 at 2:30 AM, per E8's (Certified Nurse Aide) written statement, E8 was rolling R1 over in bed to put a pillow under his side. R1 rolled out of the bed. The facility's Final Investigation report dated May 02, 2013 indicates E8 failed to have another nursing staff member assisting her with R1's bed mobility, per R1's plan of care.</p> <p>R1's nurses notes and incident report dated 04-25-13 at 3:20 AM, indicate R1 was transferred to the local hospital's emergency room with skin tears to bilateral forearm, bridge of nose, and right eye brow.</p> <p>R1's Minimum Data Set dated 04-22-13, indicates R1 is totally dependent for bed mobility and requires the physical assist of two plus persons. R1's Physical Restraint/Enabler Assessment (undated) indicates for transfers to use a mechanical lift with two assist, two assist for bed mobility and turning and repositioning.</p> <p>On 04-30-13 at 1:50 PM, R1 was asked what happened to his nose. R1 replied, "They threw me out of bed". R1 was observed to have steri strips across the bridge of his nose, a small scabbed area near his right eyebrow, light</p>	F9999			

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F9999	Continued From page 5 greenish with a small amount of light bluish discoloration mostly below both eyes. R1 was noted to have a dressing on top of each hand. On 05-01-13 at 11:10 AM, E1 (Administrator) stated R1 is a two person assist. E8 did not wait for E11 to help her. (B)	F9999		