

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

PRINTED: 12/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145924	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2013
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CHAMPAIGN			STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821		
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F 323	Continued From page 5 investigated, and no interventions were added to R2's Care Plan. On 4-18-13 at 11:30am E1, Administrator stated in reference to R2's fall on 4-7-13 that staff needed to identify the root cause and implement care plan interventions to avoid future falls from occurring.	F 323			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.690a) 300.1210a) 300.1210b) 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. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.690 Incidents and Accidents	F9999			

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F9999	<p>Continued From page 6</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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.</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.</p>	F9999			

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F9999	<p>Continued From page 7</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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, staff failed to complete a report of an incident, conduct an investigation to identify the root cause of falls, and implement interventions into the plan of care to avoid future falls for two of three residents (R1 and R2) reviewed for falls in a sample of 21. R1 experienced repeat falls and sustained a Left Shoulder Fracture.</p> <p>Findings include:</p> <p>1. R1's Minimum Data Set (MDS) dated 1-23-13 identified R1 with severe cognitive impairment, inattentive behavior and disorganized thinking. For transfers and toileting R1 is assessed as needing extensive assist of one person.</p> <p>R1's Fall Risk Evaluation dated 8-31-12 assesses R1 at high risk for falls. R1's 1-24-13 and 2-1-13</p>	F9999			

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F9999	<p>Continued From page 8</p> <p>Fall Risk Assessments both assess R1 as being at high risk for falls. This was verified by E10, Care Plan Coordinator/Licensed Practical Nurse (CPC/LPN) on 4-18-13 at 1:30pm.</p> <p>R1's April 2013 Physician's Order Sheet (POS) lists diagnoses include Dementia and Left Shoulder Fracture with Clavicle Dislocation.</p> <p>The Incident Report for R1 dated 11-19-12 documents a witnessed fall but does not have any attached investigative documentation or statements. Under the description of the incident it states "found on floor in (bathroom) by (Certified Nurses Aide) she states she didn't hit head moves extremities well, no injury, up to feet per 2 people . . . also states [I slipped and fell.]" Under Action Taken : "Continue to monitor (patient) answer call light promptly."</p> <p>On 4-18-13 at 10:55am E10 (CPC/LPN) stated about the 11-19-12 fall "well it seems the night falls are the problem. It doesn't have a complete investigation. And just to continue to put on there to answer the call light that she doesn't use, that's not an appropriate intervention.</p> <p>According to R1's Nurses Notes dated 11-19-12 at 5:00am E12, LPN made an entry about R1's fall. This is the only timed entry of this fall.</p> <p>R1's next fall was documented on the Accident/Incident Report dated 1-27-13 at 10:35pm. Under the Account of Occurrence: ". . . (Resident) was found sitting on the floor by the Certified Nurses Aide (CNA) next to her bed. (Resident) tried to get back from her (wheelchair) to bed and fell. . . ." Under Supervisor's Investigation of Events and Interventions: ". . .</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>This writer immediately went to asked the resident what happened and per resident's account, she was trying to transfer from the wheelchair to the bed and fell. Floor in the room is dry and free of clutter. Re-educated resident to wait for help (CNA) when transferring. Wheelchair alarm on; call light placed and clipped on pillow case." IDPH (Illinois Department of Public Health) Information FAX Sheet Incident Report Form continues ". . . Resident slept well and (no) complaint presented during the night. In the morning of 1-28-13, this writer was called to resident's room to assess further because resident refused to get up and is complaining of pain on (left) shoulder. . . Medical Doctor immediately notified about the incident and gave order to send resident to (hospital) for evaluation and management. At about 6pm on 1-28-13, resident came back from (Emergency Room with a diagnosis of (left) shoulder fracture (with clavicle dislocation. A (left) shoulder immobilizer in place."</p> <p>On 4-17-13 at 11:00am E2, Director of Nursing (DON) spoke about R1's fall on 1-27-13 and stated the root cause was "she tried to get back to bed from going to the bathroom herself." E2 stated she was not sure if R1's Care Plan was changed or any interventions were added.</p> <p>An Incident Report dated 4-14-13 documents another fall involving R1. The Description of Incident: states, "(Resident) was going to bathroom when she lost her balance no apparent injuries moving all extremities well (no complaints or signs and symptoms) of discomfort (or) wet." According to the 4-14-13 Nursing Notes for this fall happened at 4:30am.</p>	F9999			

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F9999	<p>Continued From page 10</p> <p>R1's Care Plan for falls dated 12-14-12 lists approaches to: "Educate resident in safety awareness; Remind resident to call when needing assistance; and Keep call light and most frequently used personal items within reach."</p> <p>On 4-17-13 at 1:30pm E10, CPC/LPN stated "re-educating (R1) is not effective with her cognitive level being so low and because she keeps taking her alarm off. Often she has it in her hand and will try to give it to you." When E10 was told of the fall on 4-14-13 E10 stated she was not aware of it. After looking at the Incident Report E10 stated, "going to the bathroom, we can keep her dry in the daytime, sounds like it's a problem at night. They need to check her. . sounds like before when she fell and fractured." At this time E10 verified the MDS information on R1's toileting and transfer ability. E10 stated R1 needs one staff to toilet and transfer and "she will not use the call light."</p> <p>On 4-18-13 at 9:35am R1 denied having any injuries from the prior fall and could not recall her fracture of the left shoulder in January of 2013.</p> <p>The Accident and Incident Policy (undated) states "All accidents/incidents involving residents, visitors, staff will be fully investigated and documentation of such maintained. The charge nurse on duty at the time of the accident/incident shall initiate the initial investigation and document according to the procedures following. . . .The MDS/CarePlan Coordinator shall receive a copy to include interventions in the plan of care. "</p> <p>2. R2's April 2013 POS lists diagnoses of Falls, Seizure Disorder, Gait Instability and Cervical Spinal Stenosis. Nurses Note dated 4-7-13 at</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>10:10pm and signed by E7, Registered Nurse (RN) state, "Resident fell (at 9:15pm) tonight. Resident stated he was sitting on edge of bed and reaching for something but slipped and denies hitting his head on floor. (Complaint) of pain on knees. No major injuries noted. . . ."</p> <p>On 4-18-13 at 9:40am E7 stated she documented in the Nurses's Note but did not complete an Incident Report for R2's fall on 5-7-13. E7 stated E11, CNA had reported that R1 had told E11 that he had fallen and that R1 was sitting on the bed when E11 got to the room.</p> <p>On 4-17-13 at 2:55pm R2 stated he fell (on 4-7-13) when his bed moved. R2 stated the wheels were not locked and he couldn't get them to lock. He stated the bed rolled and he fell forward falling to the floor. R2 stated he had E9, Maintenance Director fix it. R2 continued, "It's fine now. I can unlock them and move the bed if I want." R2's MDS dated 2-9-13 assessed R2's cognitive status as intact.</p> <p>On 4-17-13 at 3:00pm E9, Maintenance Director stated he was asked by R2 to check the locks on the bed, as R2 said he couldn't get it to lock. E9 said he had to tighten the locks. E9 stated he checks the bed/ locks when someone reports it to him.</p> <p>On 4-17-13 at 10:10am E2, DON stated, "The nurse should have started an incident report. Without the report we have not investigated the fall." Interview with both E2 and E10, CPC at this time indicated neither one knew that R2 had the fall, it had not been reported, it was not investigated, and no interventions were added to R2's Care Plan.</p>	F9999			

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F9999	Continued From page 12 On 4-18-13 at 11:30am E1, Administrator stated in reference to R2's fall on 4-7-13 that staff needed to identify the root cause and implement care plan interventions to avoid future falls from occurring. (B)	F9999			