

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145739</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/30/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET</b> <b>ARLINGTON HTS, IL 60004</b>		
(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 4-26-13 denotes R1 required for transfer limited assistance with one person physical assist. FINAL OBSERVATIONS  LICENSURE VIOLATIONS:  300.610a) 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 300.1210 General Requirements for Nursing and Personal Care  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	F 323  F9999			

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F9999	<p>Continued From page 3</p> <p>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> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interview and record review facility failed to follow their gait belt policy for transferring one resident (R1) out of three residents reviewed for falls. This failure resulted in R1 going to the hospital for evaluation of a laceration that required three staples to the back of his head.</p> <p>Findings Include:</p> <p>Record review of R1's incident report dated 5-17-13 denotes R1 was being transferred to wheelchair on 5-17-13 at 6:40 AM when R1 went down and hit head on bed. Uncertain if Aide used gait belt during transfer. R1 sent to hospital for laceration with three staples.</p> <p>Record review of R1's nurses' note dated 5-17-13 denotes E2 (CNA- Certified Nurse Aide) called for assistance. Observed R1 on the floor with bleeding on the back of his head. Doctor called and ordered R1 sent to emergency room.</p> <p>Review of R1's hospital discharge instructions dated 5-17-13 denotes R1 had 2.5 centimeter laceration to the posterior scalp that required three staples to be kept clean and dry.</p>	F9999			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F9999	<p>Continued From page 4</p> <p>Interviewed R1 on 5-30-13 at 9:30 AM states on the day he fell E2 (CNA) was getting him up out of the bed. R1 states he stood up then all of sudden was on the floor. R1 states he did not recall R1 placing a belt around his waist before trying to get him up.</p> <p>Record review of facility's policy and procedure for gait belt/transfers denotes all staff members who assist resident to transfer or ambulate will be required to use a gait belt during these procedures. In order to promote safety and provide a safe environment for both residents and staff: Gait belt must be used with any assisted transfer or ambulating procedure.</p> <p>Interviewed E1 (Social Director/Abuse Coordinator) on 5-30-13 at 10:30 AM, states that they did an investigation to the fall for R1 and it was substantiated thru another CNA that assisted R1 from the floor after the fall on 5-17-13, observed that R1 did not have on a gait belt. E1 states E2 (Certified Nurse Aide) admitted to not using a gait belt for transfer.</p> <p>Record review of E2's employee file denotes a corrective action document signed by E2 on 5-23-13. Type of corrective action three day suspension for violation of gait belt policy: not using a gait belt for transfer resulted in injury to the resident (R1).</p> <p>Record review of R1's minimum data set dated 4-26-13 denotes R1 required for transfer limited assistance with one person physical assist.</p> <p style="text-align: center;">(B)</p>	F9999			

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