

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

PRINTED: 12/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2013
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF PONTIAC			STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764		
(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 458	Continued From page 19 belongings and furnishings, and no infection control issues were identified.	F 458			
F9999	<p>The resident census sheet dated 7/15/13 shows that R4, R9, R43 - R59 reside in these rooms. Room 119 is currently unoccupied.</p> <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210b)4)5) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>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</p>	F9999			

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F9999	Continued From page 20 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: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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. 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	F9999			

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F9999	<p>Continued From page 21 resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to utilize a gait belt while transferring R6, resulting in a fall. R6 received a Left Hip Fracture from the fall. R6 is one of nine residents reviewed for falls, in the sample of 16.</p> <p>The findings include:</p> <p>1. R6's July 2013 Physician Order Sheet lists diagnoses that includes, Obesity, Cerebral Vascular Accident, and Left Hip fracture (2/05/13). R6's quarterly Minimum Data Set (MDS) dated 12/27/13 documents R6 as cognitively intact, requiring limited assistance of one staff for bed mobility, transfers, and ambulation. R6 was assessed as having two previous falls without injury. The January 2013 Monthly Summary for mobility documents "Pt (Patient) ambulatory with walker. Maximum One Assist. Gait Belt, RW (Rolling Walker)." The section titled Restorative Nursing states, "ambulation with two, gait belt and walker and w/c[wheelchair] behind."</p> <p>The Incident Report dated 2/7/13 documents on 2/07/13 at 6:45 pm R6 was walking with E4, Certified Nurse Assistant (CNA) when R6 stumbled, lost balance and fell. Staff unable to hold resident upright. R6 complained of left hip pain and was sent to the Emergency Room for evaluation.</p>	F9999			

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F9999	<p>Continued From page 22</p> <p>The undated Investigative Report for falls documents the fall occurred while attended by staff. E4's written statement dated 2/07/13 documented "Had (R6) on the toilet walking her back from toilet with walker when she stumbled going from the walker to w/c (wheelchair)..tried to catch her but was unable to do so. She fell down and she hit the floor, was hurting.."</p> <p>On 7/17/13 at 9:15 am R6 stated, "I was going to the bathroom with (CNA E4) with no gait belt on me. As we were coming out of the bathroom I stumbled and since there was no gait belt she had no way to hold me and I fractured my hip." R6 stated she was in the hospital for 6 days, then for 2 months she was non weight bearing, had to use a mechanical lift and could not go to therapy. R6 stated before the fall she could walk with a gait belt and walker with assist one staff about 200 feet. R6 stated now she is working with therapy but can only go about 30-40 feet with two staff helping. R6 stated "If the fracture hadn't happened I probably would be walking on my own by now."</p> <p>On 7/17/13 at 2:15 pm E4 stated that on 2/05/13 she walked R6 into the bathroom with a walker to the toilet. E4 stated R6 told her that she didn't think she could walk out with the walker because she felt weak and had balance problems. E4 stated she got the resident's wheelchair and was assisting R6 to turn around and transfer into the wheelchair when R6 caught her foot on the wheelchair and lost her balance. E4 stated she tried to catch her and hold her but couldn't. E4 stated she had not used a gait belt for the transfer. E4 stated "I know I was supposed to use</p>	F9999			