

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

PRINTED: 06/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/20/2016
NAME OF PROVIDER OR SUPPLIER NORTH LOGAN HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832		
(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 000	INITIAL COMMENTS	F 000			
F 323 SS=D	<p>Complaint #1663253/IL86211 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure R1 was wearing her prescribed knee brace while being transferred for one of three residents (R1) reviewed for transfers in the sample of three.</p> <p>Findings Include:</p> <p>The Physician's Order Sheet dated 6/2016 for R1 documents the diagnoses of Left Patella Fracture, Diabetes, Depression and Anxiety. The Minimum Data Set (MDS) dated 5/30/16 for R1 documents a Brief Interview for Mental Status score of 15/15 which indicates R1 is cognitively intact. This same MDS documents R1 needs extensive assistance from one staff for transfers between surfaces and to transfer to the toilet. This MDS documents R1's balance during transitions as not being steady and only able to stabilize with staff assistance. This same MDS documents R1 has moderate pain occasionally and receives pain medication as needed. R1's</p>	F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>Care Plan dated 6/2/16 documents an Intervention of, "knee immobilizer when OOB (out of bed) and while ambulating."</p> <p>Hospital Discharge Orders dated 5/23/16 for R1 documents an order for activity, "may weight bear to left leg in knee immobilizer, wear while ambulating."</p> <p>On 6/20/16, Z1, R1's family, stated R1 had a doctor's appointment on 6/9/16 and R1 was told that her knee cap was separated and R1 would have to have surgery again to repair it. The facility's investigation into when the knee cap separated took place on 6/9/16 after Z2, R1's Surgeon contacted them and informed the facility about the new injury.</p> <p>The facility's investigation dated 6/9/16 documents, "(E3, Certified Nursing Assistant, CNA) took (R1's) brace off (R1's) leg then transferred (R1), causing (R1) to ambulate a few steps, from the wheel chair to the shower chair. (R1) stated that during the transfer (R1) heard (R1's) knee pop when (R1) bent it and did not really think anything of it because knees pop." The investigation also documents R1 stated R1 told E3 that her knee popped. R1 also stated in this documentation that R1 had some pain.</p> <p>On 6/20/16 at 3:40PM, E5 Assistant Director of Nursing (ADON) stated E3 told her that E3 took the knee brace off of R1 to get R1 in the shower and did not check in the computer for instructions E3 just asked the nurse that was taking care of R1 which was E4, Registered Nurse (RN).</p> <p>On 6/20/16 at 12:55PM, E3, CNA stated she asked the nurse (E4, RN) if R1 could have a</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>shower and if E3 could take off the knee brace and E4 told her yes, R1 could have a shower and E3 could remove the brace for the shower.</p> <p>On 6/20/16 at 1:41PM E4 confirmed that she told E3 on 6/2/16 that R1 could have a shower and E3 could take off R1's knee brace for the shower but E4 stated she did not tell E3 that R1 could transfer without the knee brace. E4 stated E3 should have left the knee brace on R1 for the transfer then taken it off for the shower and put it back on for the transfer out of the shower chair.</p> <p>On 6/20/16 at 1:15PM, E2 Director of Nursing (DON) stated there is a section in the computer just for the CNA's to see the Care Plan information and if the order said to keep the knee brace on E3 should have kept the knee brace on R1.</p> <p>The facility's CNA Report sheet documents an admission date of 5/23/16 and R1's knee immobilizer should be on when out of bed and while walking.</p> <p>On 6/20/16 at 2:45PM E6, Physical Therapy Assistant and E7, Occupational Therapy Assistant both confirmed that R1 always had her knee brace on during therapy, that R1 never complained of pain outside what they felt is normal for therapy pain and R1 did not have any swelling in her knee just the lower calf and feet of both legs. E6 and E7 stated they were very surprised to hear about the injury.</p> <p>R1's Pain Assessment dated 6/4/16 documents R1 has pain occasionally rated a 2 out of 10.</p> <p>R1's Medication Administration Record (MAR)</p>	F 323			

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F 323	Continued From page 3 dated 6/2016 documents an order for Hydrocodone/APAP(Acetaminophen) 5/325mg (milligrams) take one tablet by mouth every 4-6 hours as needed for mild to moderate pain. The Controlled Drug Record started 5/23/16 on admission documents R1 received this pain medication zero times on 6/2/16, one time on 6/3, twice on 6/4, one time on 6/5, three times on 6/6, twice on 6/7, twice on 6/8 and one time on 6/9. The order allows for at least four times a day and R1 did not have any day from 6/2/16 when the shower took place to 6/9/16 when R1 went back to the surgeon that she required pain medication four times a day.	F 323			