

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

PRINTED: 09/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/03/2016
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF NORMAL			STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(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 #1665004/IL88173</p> <p>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 observation, record review and interview, the facility failed to follow post fall interventions for one of three residents (R1) reviewed for falls in the sample of three.</p> <p>Findings Include:</p> <p>R1's Admission Screen dated 8/15/16 by E3 RN (Registered Nurse) documents the following Diagnoses: Repeated Falls, Multiple Rib Fractures, Abnormal Gait, Muscle Weakness and Macular Degeneration. This report also documents R1 has a history of falls, utilizes a walker and wheelchair and was admitted with a "large purple bruise {on} right flank due to fall, scattered purple bruising to mid back due to fall, and swelling to bilateral knees."</p> <p>R1's care plan dated 8/15/16 documents, "at risk for falls due to history of falls, impaired balance/poor coordination, potential medication side effects, unsteady gait....{is at} nutritional risk</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>related to recent falls with rib fractures...bed in low position and refer to therapy plan of treatment for more details".</p> <p>R1's Fall Assessments document:</p> <p>8/20/16 - fall: attempted to transfer self to bathroom using wheelchair and fell. New Intervention: keep walker in reach.</p> <p>8/20/16 - fall: took self to bathroom and fell. New Intervention: bright colored visual reminder in room to push call light for assistance.</p> <p>8/21/16 - fall: transferred self from wheelchair to bed, brakes to wheelchair were unlocked and resident fell. New Intervention: reinforce wheelchair safety as needed such as locking brakes.</p> <p>8/26/16 - fall: attempted to take self to bathroom and fell. New Intervention: check for unmet needs frequently, such as toileting.</p> <p>R1's Progress Notes dated 8/29/16 documents, "fell in room. Went to answer call light and (R1) on the ground facing bed, sitting upright. (R1) was transferring from wheelchair to bed and wheelchair moved away from (R1). Wheelchair brakes were not locked."</p> <p>On 8/30/16 at 8:30 am, R1 was sitting up a wheelchair in R1's room. There was no walker in the room.</p> <p>On 8/30/16 at 10:17 am and 2:05 pm, R1 was lying in bed, and the bed was not in the low position, it was at regular height. There was no walker in the room.</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>On 8/30/16 at 2:10 pm, E2 DON (Director of Nursing) confirmed R1's bed was not in the low position but should be and lowered the bed to the floor. E2 also confirmed that R1 was to have a walker within reach and stated, "I don't know why it isn't in here, I will have to check with therapy to see if they removed it and when." At 2:16 pm, E2 stated, E4 PT (Physical Therapist) doesn't know what happened to the walker either but E4 didn't remove it from the room.</p> <p>On 8/30/16 at 3:30 pm, E7 CNA (Certified Nursing Assistant) stated, "I never use a walker with (R1), I don't recall ever seeing one in the room to use. (R1's) bed is normally at regular height, this is the first time I've ever seen it lowered to the floor."</p> <p>On 8/30/16 at 3:45 pm, E5 LPN (Licensed Practical Nurse) stated, "I have not noticed a walker in (R1's) room. (R1) has requested one and used to use one at home but she hasn't been cleared to use one here." E5 also stated, R1's bed should be in the low position but when R1's family is here, they put it at regular height so R1 can sit on the side of bed to visit. "(R1's) bed was in the normal position on 8/29/16 when the fall occurred, not a low position."</p> <p>On 8/31/16 at 8:35 am, E4 Physical Therapist stated, a walker was given to R1 upon initial evaluation. "I did not know that the walker had been removed from (R1's) room. Due to (R1's) cognition, (R1) should not use the walker independently but staff should be using it during transfers with (R1)."</p>	F 323			