

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

PRINTED: 02/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/21/2014
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF PEORIA			STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE PEORIA, IL 61614		
(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 Complaint # 1420093/ IL 67452 - no deficiency	F 000			
F 323 SS=D	Complaint # 1420130/IL67496- F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to follow the individualized care plan and failed to update the care plan after a fall for one resident (R1) of seven residents reviewed for falls. This failure resulted in R1sustaining a left hip fracture as the result of a fall in the facility. Findings include: R1's 12/10/13 admission sheet included the diagnoses of Changes of Cardiac Decompensation and Bibasilar Atelectasis and/or Infiltrate with Effusion, Congestive Heart Failure, Chronic Kidney Disease, and Diabetes Mellitus. R1's 12/10/13 careplan stated "considered a falls risk due to unsteady gait and weakness with interventions of "Encourage to transfer and change positions slowly, Have commonly used articles within easy reach, and Provide assist to	F 323		2/7/14	

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>transfer and ambulate as needed." On 12/13/13 , an added "Focus" problem was added for "Activity of Daily Living (ADL) Self care deficit related to disease process with interventions for "one person limited assist with transfers, limited assist of one with ADL's and toileting and Physical Therapy/ Occupational Therapy/ and Speech evaluation per physician orders."</p> <p>On 1/17/14 at 12:00 pm, Physical Therapist, E11, stated R1 was receiving physical therapy from 12/11 /13 to 1/12/14. E11 stated that "R1 has decreased balance evidenced by a 1/7/14 Tinetti Assessment Tool noted 16/28 score putting (R1) at a high falls risk. Wheeled walker had been needed for stability during gait training. Resident needs to be with someone with walking and transfers." E11, PT, stated during this interview, that no one had asked for R1 to be evaluated after the fall of 12/15/13, 1/4/14 or 1/11/14.</p> <p>R1's Admission Minimum Data Set of 12/24/13 noted R1 to have scored under Section G. Functional Status to have" impairment to both sides of the upper and lower extremities, and not steady on feet, only able to stabilize with staff assistance for walking, moving from seated to standing position, turning around while walking, moving off and on the toilet and surface-to-surface transfer (transfer between bed and chair or wheelchair)." R1 coded for Bed mobility and Transfers and Walking in room as needing "Extensive Assistance of one person physical assistance." Section I. Toilet use codes " Extensive assistance with one person physical assist." Section E and F. for On and Off unit Locomotion coded " Extensive assistance of one person physical assistance."</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>Incident report, dated 12/15/13 at 9:38 pm states, "(R1) resident was found sitting on buttock beside wife's bed, raised head (area) to right side of head noted-approx 5.5 centimeter -about the size of a golf ball." The Summary of Critical Information obtained during this Investigation section of the incident report states "Resident's short-term memory is very bad- each time educated and reminded to use call-light, (R1) acted as though was first time (R1) saw it."</p> <p>On 12/15/13 R1's careplan was up-dated with an intervention of "slipper socks."</p> <p>R1's 12/16/13 Post Fall evaluation signed by E9, Registered Nurse on 12/20/13, states "Patient being evaluated due to fall, noted to be at wife's bedside on the floor. Patient has cognition and gait difficulties. Patient (R1) provided slipper socks and medication evaluation. Patient will continue to be a fall risk."</p> <p>Incident report of 1/4/14 documents that R1 had a fall at 6:37 PM, and states, "Resident was noted lying on the floor of R1's bathroom on back with head kept above the ground. Resident claimed that tried to use the bathroom by self and lost balance in the process and landed on the floor. No injury noted at the time of the incident."</p> <p>On 1/16/14 at 4:00 pm, E3 verified that the careplan under falls did not address this 1/4/14 fall with an up-dated intervention, stated "It was not the resident's fault the aide should not have left him on the toilet alone. The aide (E13) was in-serviced about toileting transfer assist patients."</p> <p>On 1/17/14 at 3:40 pm, E13 recalled R1's 1/4/14</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>incident stating "I was just walking by when (E10) nurse asked me to take (R1) to the bathroom. I thought R1 was an independent resident for walking. I did not know (R1) needed assistance. I placed (R1) on the toilet and went to find (E10, LPN) to tell (E10) that (R1) was on the toilet. While I was gone, (R1) fell. I should have known if I walked (R1) to the bathroom, I should have stayed with the resident. I was not assigned that hall and did not know (R1), I was just trying to help."</p> <p>On 1/17/14 at 12:30 pm, E9, RN, verified that the R1's "Task List Report" on 12/13/13 states "one person limited assist with ADL's (activity of daily living) and toileting but not until after the fall on 1/4/14 was "Special Need: stay with patient when toileting, do not leave the bathroom." added to the Task List for the Certified Nurse Aides to refer to.</p> <p>On 1/17/14 at 12:54 pm, E9 stated, in regards to R1's 1/4/14 fall, " I heard (R1) fall in (R1's) bathroom from the hall. I went into the room with E10, Licensed Practical Nurse, to help get resident up off of the floor. I did an incident report and later found out from E10, LPN, that E10, LPN, had asked an aide (E13) from another unit who was walking by to place R1 on the toilet."</p> <p>Incident Report, dated 1-11-14 at 1:50 AM, states, "Resident found by CNA (certified nurse assistant) in the bedroom on the floor sitting with head against the wall next to bedside table, resident stated fell while trying to get into wheelchair to go to the restroom, resident complained of pain from back of head skin tear noted, left forehead abrasion noted, top of head abrasion noted, resident stated his pain was mild." 1/11/14 Incident Report-State Report states</p>	F 323			

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F 323	Continued From page 4 "1:50 am full body assessment. No limitation in upper and lower extremities noted at initial assessment. No complaints of pain in range of motion. Patient complained of pain from back of his head, skin tear noted. Assisted to bed. 3:00 am Complaints of pain in left hip- Doctor notified X-ray ordered and fracture of left hip. Doctor notified. (R1) sent to Emergency room."	F 323			