

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

PRINTED: 01/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145781	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/08/2016
NAME OF PROVIDER OR SUPPLIER APPLEWOOD REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE MATTESON, IL 60443		
(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 Investigation</p> <p>1690005/IL82470 - F323 cited.</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 interview and record review, the facility failed to follow the fall reduction policy and ensure that bed wheel brakes were locked during a transfer from the bed to a chair for 1 of 2 residents (R2) all reviewed for safe transfers and falls.</p> <p>Findings include:</p> <p>R2 said during interview (1.6.16 at 10:09 A.M.) said he has had one fall since his admission to the facility. R2 said a CNA attempted to transfer him from the bed to wheelchair. The bed was not locked and he started to slide from the bed. The CNA helped him to the floor. A gait belt was not utilized during the transfer.</p> <p>Review of R2's medical record (Fall Occurrence of 11.25.15) confirms R2's statement and documents in part: "Called to room by CNA.</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>Resident observed laying supine on the floor directly next to his bed. Resident and CNA stated during transfer the bed brakes were not locked and resident began to slide and was lowered to the floor by CNA."</p> <p>E9 (CNA, 1.7.16 at 2:47 P.M.) said she attempted to transfer R2 from bed to chair, the bed brakes were not locked, R2 began to slide and she lowered resident to the floor. E9 said she attempted the transfer alone and did not utilize a gait belt.</p> <p>Z2 (Physical Therapist, 1.8.16 at 8:59 A.M.) said staff should be using a gait belt during transfers with R2.</p> <p>E2 (DON, 1.7.16 at 4:59 P.M.) said bed brakes should be locked.</p> <p>R2's fall assessments (8.5.15 and 11.25.15) list R2's fall risk as 21 and 17 respectively and states: "A score of 10 or higher represents a high risk for falls."</p> <p>R2's ADL (Activity of Daily Living) Functional/Rehabilitation Potential (transfers) lists the following approach: "Apply gait belt around resident's waist. If contraindicated, apply gait belt around chest/under arm pits."</p> <p>R2's Fall care plan lists the following approach: "Keep bed brakes in locked position prior to transfer."</p> <p>Review of R2's MDSs (Minimum Data Sets) of 8.5.15 and 10.26.15(Section G-Functional Status) scores R2 as 3/3(extensive assistance/Two+ persons physical assist) in the area of Transfers.</p>	F 323			

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F 323	Continued From page 2 The facility's "Fall Reduction Program" policy states in part: "The bed locks will be checked to assure they are in the locked position at all times."	F 323			