

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

PRINTED: 05/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145900	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2016
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW CR CTR-LEWISTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 175 EAST SYCAMORE LEWISTOWN, IL 61542		
(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 203 SS=D	<p>Complaint Investigation #1622467/IL85329</p> <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is</p>	F 203			

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 203	<p>Continued From page 1</p> <p>transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide a resident with a 30 day notice prior to an involuntary discharge for one of three residents (R1) reviewed for involuntary discharge in the sample of three.</p> <p>Findings include:</p> <p>A Discharge/Transfer Policy dated 3/15/98, documents Involuntary Transfer or Discharge of a resident shall be preceded by a discussion with the resident and/or responsible party and by a written notice of 30 days.</p> <p>R1's current computer generated diagnoses list, documents R1 has diagnoses which include Profound Intellectual Disabilities, Schizoaffective Disorder, Autistic Disorder, Delusional Disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, and Conduct Disorder.</p>	F 203			

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F 203	<p>Continued From page 2</p> <p>A Minimum Data Set (MDS) Assessment dated 2/5/16, documents R1 was admitted on 9/4/13.</p> <p>Incident Reports dated 3/8/15, 3/18/15, 4/7/15, 5/26/15, 7/1/15, 9/3/15, 10/28/15, 1/5/16, 1/7/16, 1/8/16, 1/26/16, 1/30/16, 4/27/16, and 5/2/16, document R1 had physical altercations with peers on those dates.</p> <p>A Nurses Note dated 5/2/16 at 12:35 p.m., documents R1 struck a peer with the back of his hand...The peer had no apparent injuries.</p> <p>A Nurses Note dated 5/2/16 at 5:00 p.m., documents R1 was sent to the hospital for evaluation and possible admission to the psychiatric floor for medication evaluation and treatment.</p> <p>A Nurses Note dated 5/5/16 at 3:35 p.m., documents the hospital was considering discharging R1 back to the facility due to R1 not meeting the criteria for further inpatient psychiatric treatment. The note also documents that E1 (Administrator) asked the hospital to consider keeping R1 a few more days due to several new changes made in R1's medications. The hospital denied E1's request.</p> <p>A Nurses Note dated 5/5/16 at 3:59 p.m., documents, "Due to (the hospital) stating that they could not continue to keep (R1) as an inpatient to monitor the efficacy of medication changes, multiple resident to resident altercations (in the facility), and agitation of (R1), Emergency Involuntary Discharge paperwork completed, faxed and mailed to resident, hospital, (State Agency), and Power of Attorney due to the safety of individuals in this facility being endangered."</p>	F 203			

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F 203	<p>Continued From page 3</p> <p>A Notice of Involuntary Transfer or Discharge and Opportunity for Hearing dated 5/5/16 (three days after discharge to the hospital), documents R1 was issued an emergency discharge for "the safety of individuals in this facility is endangered."</p> <p>On 5/11/16 at 9:20 a.m., E1 (Administrator) stated the Emergency Involuntary Discharge was issued to R1 due to the hospital refusing to keep him longer after several medications had been changed. E1 stated "I wanted them to monitor (R1's) medication changes and (the hospital) said no." E1 stated R1 has had the same behaviors "for a long time."</p> <p>On 5/11/16 at 12:58 p.m., E3 (Social Service Director) stated R1 has been physically aggressive since he was admitted.</p> <p>On 5/11/16 at 1:18 p.m., E4 (Licensed Practical Nurse) stated R1 has always had physical behaviors towards others.</p> <p>On 5/11/16 at 1:30 p.m., E5 (Certified Nurse Aide) stated R1 has had physical aggressive behaviors for as long as E5 could remember.</p> <p>On 5/11/16 at 10:58 a.m., Z2 (Hospital Social Worker) stated the facility refused to take R1 back at discharge and then E1 issued an "Emergency Involuntary Discharge." Z2 stated, "This is not an emergency discharge because this is the behavior (the facility) has handled for four years." Z2 stated, "I talked to the Ombudsman and he said it wasn't an emergency discharge because (R1) had already been discharged to the hospital and (R1) wasn't exhibiting new behaviors."</p>	F 203			

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F 203	Continued From page 4 On 5/11/16 at 12:48 p.m., Z3 (Ombudsman) verified that R1 should have received a 30 day notice of Involuntary Discharge. Z3 stated, "It's not an emergency after the resident has been in the hospital for three days."	F 203			