

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

PRINTED: 05/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/03/2016
NAME OF PROVIDER OR SUPPLIER CRYSTAL PINES REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL 60014		
(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=G	<p>Incident Report Investigation to April 22, 2016/ IL85047</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, interview and record review, the facility failed to transfer R1 in a safe manner. This failure resulted in R1 having to be lowered to the floor, sustaining a fracture to her right femur. This applies to 1 of 4 residents reviewed for transfers in the sample of 4. The findings include: The Physician order sheet dated May 2016 shows R1 has a diagnoses that include Dementia, Anxiety and Convulsions. The Minimum Data Set (MDS) dated February 16, 2016 shows R1 is severely cognitively impaired and needs extensive assist of 2 or more staff for bed mobility and transfers. A progress note for R1 dated April 17, 2016 documented by E3 RN (Registered Nurse) shows that E4 CNA (Certified Nursing Assistant) lowered R1 to the floor during transfer from bed to chair. R1 laid on her right side. E4 then assisted R1 into padded reclining chair. R1 was already in her</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>padded reclining chair in the hallway before E4 notified E3. The Assessment of R1 showed an increase in agitation, combativeness and striking out. R1 was uncooperative with ROM-(range of motion) in the upper extremity.</p> <p>On May 2, 2016 at 10:05 AM, R1 was in bed asleep with immobilizer intact on her right leg.</p> <p>On May 2, 2016 at 10:20 AM, E3, RN (Registered Nurse) said that on April 17, 2016 she was informed by E4 (CNA) that she was in the process of transferring R1 and had to lower R1 to the floor. E4 had assisted R1 to her chair before E4 made E3 aware of the incident. E3 stated " the protocol for this facility is no resident should be moved without the nurse assessing the resident first. " E3 said E4 transferred R1 by herself. E3 said, R1's transfer status should always be 2 person assist. E3 also said during her assessment with R1, R1 was agitated and combative.</p> <p>On May 2, 2016 at 10:45 AM, E4 said that on April 17, 2016, she was trying to transfer R1 by herself from bed to her padded reclining wheelchair. E4 said during the transfer, she (E4) kicked the garbage can and lost her balance so she was not able to completely put R1 in her chair. R1 was on the edge of the chair. E4 said she was not able to lift R1 to position her better to the chair, so she sat R1 down to the floor. R1 was on her right side with her knees towards the left. E4 stated " I lifted R1 by myself from (the) bed to (the) chair." E4 said she lifted R1 again by herself from the floor to the bed. E4 said she is aware that R1 is a two staff assist on transfers but "the other CNA's were busy." E4 also said she did not tell the nurse about what happened until R1 was already back in her chair sitting in the hallway.</p> <p>May 2, 2016 at 10:40 AM, E2 (Director of</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>Nursing) said R1 is a 2 transfer assist. E2 also said, residents that had fallen should never be moved until a nurse has assessed the resident and safe to be moved.</p> <p>On May 2, 2016 at 12:00 PM, Z2 (Hospice nurse) and Z3 (Hospice CNA) both said they were in the facility on April 20, 2016. (3 days after the incident.) R1's right leg was swollen and R1 was complaining of pain in her right leg. R1's Doctor was notified and an order for x ray was received.</p> <p>The radiology report dated April 21, 2016 shows R1 has a Fracture of the femur.</p> <p>On May 2, 2016 at 1:30 PM, Z1 (physician) said R1's fracture in the Right Femur was caused by the fall (on April 17, 2016.)</p> <p>R1's fall risk assessment dated February 5, 2016 shows R1 is high risk for falls.</p> <p>R1's Care Plan on Activities of Daily Living with a revision date of November 20, 2016 shows R1 is a 2 person extensive assistance with transfers.</p> <p>R1's Fall Care Plan dated June 2, 2015 shows R1 has gait/balance problems but did not show any interventions on transfers</p> <p>A facility document entitled in service Education dated April 21, 2016 states: If a resident experiences a change of place (falls) prior to assisting resident to original position, (an) assessment must be completed by (a) nurse before assisting a resident.</p> <p>On May 2, 2016 at 2:35 PM E2 (DON) said the facility has no policy on Transfers.</p>	F 323			