

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

PRINTED: 09/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/25/2014
NAME OF PROVIDER OR SUPPLIER FAIR HAVENS CHRISTIAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521		
(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 314 SS=D	<p>Complaint # 1464174 / IL 72120</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that pressure ulcer treatment was initiated in a timely manner for one of four residents (R5) reviewed for pressure ulcers in the sample of seven.</p> <p>Findings include:</p> <p>R5's Minimum Data Set dated 7/28/14 documents that R5 is severely cognitively impaired, incontinent of bowel and bladder, dependent on staff for bed mobility, transferring, and hygiene, and at risk for pressure ulcers. R5's Braden Scale for Predicting Pressure Sore Risk dated 7/28/14 documents that R5 is high risk for developing pressure ulcers.</p> <p>Observation on 9/25/14 at 2:17pm, R5 had 1.0 centimeter (cm) by 0.4cm red area with a small open slit present on R5's right buttock.</p>	F 314			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/25/2014
NAME OF PROVIDER OR SUPPLIER FAIR HAVENS CHRISTIAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521		
(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 314	Continued From page 1 R5's Weekly Wound Sheet dated 9/19/14 document that R5 had a "1.0cm X (by) 0.4cm" area on the right buttock of "shearing, superficial, not open," and "onset 9/19/14." R5's Progress Notes dated 9/19/14 and written by E14, Registered Nurse (RN), document "MD (Medical Doctor) and POA (Power of Attorney) notified of areas of redness and shearing to bottom and treatments ordered." R5's Electronic Medical Record (EMR) documents that the order "Apply Lantiseptic to areas of shearing q (every) shift and prn (as needed) until healed" was entered into R5's EMR Orders 9/23/14. R5's Treatment Administration Record (TAR) documents that R5's treatment to buttocks was initiated on 9/23/14 at 2:17pm. On 9/24/14 at 2:58pm, E9, Registered Nurse (RN)/ Assistant Director of Nursing (ADON) confirmed that R5's area of shearing to the right buttocks was identified on 9/19/14, a treatment order received on 9/19/14, and that the order was not entered into R5's EMR Orders until 9/23/14. E9 stated the nurses would not have known to provide the treatment for R5 because the treatment was not listed on R5's TAR until 9/23/14. E5 confirmed that R5's treatment was not signed as completed until 9/23/14 on R5's TAR. E5 stated "If it (the treatment) isn't signed off, it wasn't done."	F 314			