

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

PRINTED: 07/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145692		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2016	
NAME OF PROVIDER OR SUPPLIER FLORA REHAB & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 232 GIVEN STREET FLORA, IL 62839			
(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 309 SS=D	<p>Complaint Investigation #1653720 / IL86735 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide pain relief for one of three residents (R2) reviewed for pain in a sample of 3 .</p> <p>Findings include:</p> <p>R2's PRN (as needed) Medication Information sheet for July 2016, documented R2 had an order for Acetaminophen 325 milligrams, take two tablets orally every four hours as needed for pain or elevated temperature. This medication was not signed out as given at any time on the July 2016 Medication Information sheet.</p> <p>R2's Nurses Notes for 7/6/16 at 6:15am documented, resident complaining of increased pain to right knee upon assessment, resident grimaced when moved or touched, knee is red and somewhat swollen.</p> <p>The Incident Investigation Form dated 7/6/16 at 9:30am completed by E2 (Licensed Practical</p>			F 309			
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 309	<p>Continued From page 1</p> <p>Nurse) documented on 7/5/16 at approximately 12:30pm therapy brought R2 up to the nurse station and reported complaints of pain to the right leg. R2 documented the resident was noted to complain of discomfort recently with all care.</p> <p>The Incident Investigation Form completed on 7/6/16 by E6 (Speech Therapist) documented R2 was moaning as in pain so E6 reported to E2 (Licensed Practical Nurse) the resident (R2) appeared to be in pain while sitting in a chair and when her right leg was moved. On 7/22/16 at 11:45am, E6 (Speech Therapist) said on 7/5/16 she (E6) saw R2 in the dining room at lunch and she (R2) was moaning and appeared to be in pain so she reported this to the nurse.</p> <p>R2's Incident Investigation Form completed on 7/6/16 by E9 Certified Nurse Assistant (CNA) documented, on 7/5/16 at 9:30pm R2 was resting well, couldn't wake her for supper and on bed check R2 was having some discomfort when rolling over.</p> <p>R2's Incident Investigation Form completed on 7/6/16 by E3 (Registered Nurse) documented, on 7/6/16, E3 came in to work at 6:00am and was told in report by E8 (Licensed Practical Nurse, night shift) that R2 was complaining of pain to her right leg when staff would reposition. E3 documented she heard R2 moaning while in the dining room sitting in her wheelchair so E3 assessed R2 noting the leg was painful to the touch. On 7/8/16 at 12:50pm, E3 said she arrived to work on 7/6/16 at 6:00am. E3 said she was receiving report from (E8) night nurse when she heard R2 moaning. E3 said she went ahead and received report and in report E8 (night nurse) told</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>her (E3) that R2 was displaying grimaces and hollering in pain when bed checks and positioning were done.</p> <p>R2's Incident Investigation Report completed on 7/6/16 by E8 (Licensed Practical Nurse) documented, at 2 am CNA called me to residents room. The resident was complaining of pain when moved right knee.</p> <p>On 7/8/16 at 2:35pm, E5 (CNA) said on 7/5/16 around noon, R3 "moaned on and off", "grabbed at her leg a couple of times," and "was screaming and out of it."</p> <p>The facility's Pain Prevention & Treatment policy with the revision date 4/06 documented, Policy: To assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize activities of daily living functioning and enhance quality of life. Pain Management- the assessment of pain and if appropriate, treatment in order to assure the needs of residents who experience problems with pain are met.</p> <p>E2 was interviewed on 7/8/16 at 1:04pm. E2 said R2 recently started making, "oh, oh noises" like she was hurting but R2 couldn't say what was wrong with her because of dementia. E2 said R2 didn't have any routine pain medication ordered and had not been given the PRN (as needed) pain medication at any time in July, according to R2's July 2016 Medication Record.</p>	F 309			