

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

PRINTED: 05/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2013
NAME OF PROVIDER OR SUPPLIER FONDULAC REHABILITATION & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 ILLINI DRIVE EAST PEORIA, IL 61611		
(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>Investigation of Incident of 3/4/13/IL62635 - F323</p> <p>Investigation of complaint #1321472/IL62659 - No deficiencies</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, record review and interview the facility failed to ensure safety during transferring of one resident (R1) of three residents sampled for falls in the sample of three. R1 sustained a new fracture requiring surgical intervention.</p> <p>Findings include:</p> <p>1. The admission face sheet for R1 shows original admission date of 2/28/13 with diagnoses including: Post decompressive posterior C1 (C=cervical) laminectomy and laminoplasty of C2-C7 with use of cervical neck brace, Rheumatoid Arthritis, Anemia, Cerebrovascular Accident (stroke) and muscle weakness.</p> <p>The "Interim Care Plan" for R1 dated 2/28/13 states to "Assist with transfers using assist as</p>	F 323		5/8/13	
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>needed to accomplish task safely."</p> <p>The most recent MDS (Minimum Data Set) for R1 documents R1 as having intact cognition.</p> <p>On 4/11/13 at 9:00 am R1 was lying in bed and stated that on 3/4/13 on second shift (R1) informed the (E5/CNA) of (R1) legs feeling funny and (R1) did not think one person was enough (to assist to the bathroom). (E5) stated (E5) could transfer (R1). (R1) then stated that (R1) stood and felt a sharp pain down the legs, both legs went out and (R1) was on the floor. R1 stated (E5) did not use the gait belt. R1 stated the fall was about one month ago and the facility didn't know about the fall until (R1's) family called and needed a copy of the fall report for the insurance company. R1 stated the facility staff rarely used a gait belt until after returning from the hospital with the new fracture. On 4/11/13 at 10:30 am E2 (Director of Nurses) stated she wasn't notified of the fall on 3/4/13 until 3/28/13 when the business office called (E2). E2 stated E5 (CNA) at first denied (R1) fell, then stated (R1) did fall and E4 (Licensed Practical Nurse/LPN) was aware of the fall since (E4) assisted in getting (R1) back to bed. (Attempts to contact E5/CNA on 4/12/13 were unsuccessful). E2 stated all CNA's are to utilize a gait belt when assisting residents to stand, transfer out of bed etc.</p> <p>On 4/12/13 at 9:45 am E4, LPN stated (E4) was not aware of (R1's) fall.</p> <p>Nursing notes on 3/4/13 at 10:30 am document R1 was having "significant" decrease in ability to stand and legs - strength are completely uncoordinated. Z1's (physician) was notified.</p>	F 323			

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F 323	Continued From page 2 Nursing note on 3/4/13 by E4 (LPN) states "resident still weak bilateral lower extremities, has appointment to see (Z1) on 3/5/13." On 3/5/13 R1's clinical record documents that R1 had an MRI (Magnetic Resonance Imaging), went to Z1's office and was directly admitted with a new C1 fracture which required surgery.	F 323			