

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

PRINTED: 08/27/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145758	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/19/2010
NAME OF PROVIDER OR SUPPLIER GLENWOOD HEALTHCARE & REHAB.			STREET ADDRESS, CITY, STATE, ZIP CODE 19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425		
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F 000	INITIAL COMMENTS	F 000			
F 323 SS=J	<p>Complaint Investigation 1092649/IL48287 - No deficiencies 1092653/IL48286 - No deficiencies 1092743/IL48391 - F323</p> <p>An extended survey was conducted. 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 record review, interview and review of the smoking policy and procedure, the facility failed to:</p> <ol style="list-style-type: none"> 1). Monitor, supervise, assess and analyze a resident's (R3) ability to handle cigarettes, matches and lighters. 2). Prevent a resident (R3) bringing unsafe smoking products into the facility. 3). Effectively implement the care plan to prevent a resident from smoking in undesignated areas. 4). Ensure residents follow the smoking policy which indicate smoking is only allowed in designated areas established by management. <p>These failures led to R3 being admitted into Z1 Burn Center (Intensive Care Unit) with diagnosis of 3rd and 2nd degree burns on left hand and</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>thigh. R3 was admitted on 07/08/10 at 3:19 am with 5% flame burn. R3 body burn <10% 3rd degree, blisters with epidermal loss due to 2nd degree of left upper arm, hand multi and thigh. R3 was not being supervised appropriately to prevent this resident from using unsafe products in his room resulting in burn injuries.</p> <p>These failures resulted in an Immediate Jeopardy which began on 07/07/10.</p> <p>These failures also resulted in R3 being admitted into the Z2 Burn Unit with diagnosis of Body Burn <10%/ 3rd degree, Blisters with Epidermal Loss due to Burn (Second Degree) of Upper Arm, 2nd degree burn hand-multi, 2nd degree burn thigh and critically ill with significant ongoing problems.</p> <p>The Immediate Jeopardy, was called on 08/12/10 at 10:45 am. when E1 (Administrator) was notified of the Immediate Jeopardy.</p> <p>The immediacy was removed on August 12, 2010 at 5:30 pm. The facility remains out of compliance at a level 2 severity in order for the facility to evaluate the changes they made and implemented , including resident assessments and staff inservices/training.</p> <p>Finding include:</p> <p>The closed medical record denoted R3 is a 58 year old male with diagnoses Legal Blindness, Seizure, Pneumonia, Cerebral Vascular Accident, Bipolar Affective Disorder, Anemia, Substance Abuse and Hypertension. The nurses notes also denoted R3 was receiving oxygen 2 liters per nasal canula. The medical record denoted the resident was in the room filling a lighter with</p>	F 323			

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F 323	<p>Continued From page 2 lighter fluid.</p> <p>The Minimum Data Set for R3 dated 05/18/10 denoted under Section: B Cognitive Pattern- (4). Cognitive Skills For Daily-Decision making - score was 2 (Moderately impaired - decisions poor, cues/supervision required).</p> <p>The Z1 hospital diagnosis dated 07/08/10 denoted patient active problem list body burn <10% 3rd degree - Blister with Epidermal loss due to burn (second degree) of upper arm, 2nd degree burn hand-multi and 2nd degree burn thigh.</p> <p>The nurses notes on the following dates denoted: 07/07/10 at 9:15 pm - Strong burning aroma noted from resident room, upon assessment . Burn to left hand, grayish in color with spot of pink between fingers and positive swelling. Resident able to move digit, positive peripheral pulse and positive pain 9/10. Burn noted to left upper thigh, redness with blisters approximately above knee to side of peri anal. Resident stated attempting to fill lighter with lighter fluid. Hand and leg caught flames. Lighter and lighter fluid confiscated. 911 contacted immediately for transport to hospital. 07/07/10 at 9:20 pm Ambulance crew at bedside for transport to hospital. Resident remained alert and oriented X 3. Medical Physician contacted and message left. 07/08/10 12:15 pm Z3 emergency contacted for update on resident condition. Informed will be transferring to Z2 burn unit. 07/08/10 11:00 am Spoke with Z1 (nurse) at Z2 hospital - she states he (R3) is stable - burns on left hand, fingers and arm. Also on left thigh. Z1 also stated "It looks like 2nd (degree) burns.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>Another doctor is coming in to check him."</p> <p>The incident report for 07/07/10 at 9:15 pm stated, "Resident was discovered by Certified Nurse Aide in his room with burn to left hand and redness with blisters on left thigh. Resident stated he was trying to fill his lighter with lighter fluids when his hands and leg burned. Emergency 911 was immediately called and resident was assessed with first aid provided. Resident transported to hospital and admitted to Z2 medical center burn unit. Resident emergency contact notified."</p> <p>The Z2 Burn Adult Admission Evaluation dated 07/08/10 denoted history of injury event - Patient was replacing Zippo lighter fluid when accidentally lit himself on fire per patient. Patient was immediately take to emergency room where he received intravenous bolus, pain medication and 10 mg Dilaudid before transfer to Z1 hospital. The left upper and lower extremities have decreased range of motion, swelling, and decreased strength. Skin/TBSA (Total Body Surface Area) Burn - Refer to 4.9% per burn (left hand and left thigh) diagram. The patient on ventilator.</p> <p>The Z2 Assessment dated 07/08/10 denoted Pulmonary status - Respiratory status improved and patient changed from non-rebreather to 4 liters oxygen. Speech evaluation suggestive of aspiration pneumonia.</p> <p>Z2's Attending Notes dated 07/15/10 denoted the resident "remains critically ill with significant ongoing problem."</p> <p>E3, (Evening Supervisor) on 07/15/10 at 12:40</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>pm in the conference room stated, "Approximately 9:00 pm - 9:10 pm. I (was) coming off break. I was coming from A -B wing. As, I approached A - B wing. I stopped to talked to B wing nurse. He asked me a question. I smell prevalent odor of smoke. As I hit the nurse station, the smoke odor was evident. I immediately called my A - B staff to the desk station. Staff immediately came to nursing station. I went immediately on a room search of both wings. I initially started to go down A wing with a Certified Nurse Aide. As, I approach A wing the smell was faint. I immediately turn around and told Certified Nurse Aide to search all rooms in A - wing. I preceded down the B wing with the rest of the staff. As I went down B wing the smell of smoke was more evident. As the Certified Nurse Aide and nurse went into room B10 -1, I heard them say you burned your hand. I went immediately to the room. I saw burns on the left hand and left upper thigh. His left hand was swollen, pinkish between fingers (inflamed), and the skin was a grayish color. His left thigh was red (inflamed). His nurse was assessing him. Immediately call 911. He said I tried to pour lighter fluid in the lighter. He was refilling the lighter."</p> <p>Surveyor asked E3 if the resident has lighter fluid for the lighter. E3 stated, "No, I ask him where got the lighter fluid from. He said from the store. I got lighters and lighter fluid out of the room. He asked for it back, I said,"No, He should not have a lighter or lighter fluid in the room."</p> <p>E4, Certified Nurse Aide, on 07/15/10 at 1:15 pm in the conference room stated,"I heard some yelling and smelled smoke. I entered the room and observed R3's left hand was burned. It was</p>	F 323			

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F 323	<p>Continued From page 5</p> <p>the left hand. I smelled smoke. There were no flames. His clothing was not burned. The smoke smelled like kerosene. It was in a bottle."</p> <p>E1, Administrator, on 07/15/10 at 2:00 pm in conference room stated, "Resident brought unsafe products into the facility."</p> <p>E5, Restorative Aide, on 07/15/10 at 3:35 pm in the conference room stated, "It was over a month since R3 went out with me. When he purchased a carton of cigarettes, he would get a free lighter. It was a refillable lighter. He usually had a disposable lighter."</p> <p>E6, Certified Nurse Aide on 07/21/10 at 10:05 am per telephone stated, "There was no problem during the day." Surveyor asked did you know he had a lighter and lighter fluid. E6 stated, " No, I did not know he had a lighter and lighter fluid. He should not have those items. He is to be supervised. There no smoking in the room."</p> <p>E7, Certified Nurse Aide, on 07/26/10 at 10:30 am per telephone stated, "When I entered the room, I found him with the lighter. He had the lighter and lighter fluid in his hand and was trying to put fluid in the lighter. He was burned on the left hand. I asked him was he O.K. and was anywhere else burned. His left thigh was burned. He should not have lighter fluid in the room. He needed to be supervised."</p> <p>The Facility smoking safety policy denoted: 1. Smoking is only allowed in designated areas established by management. 2. Smokers will be evaluated to determine their ability to comply with safety rules and their ability to carry smoking materials.</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>3. Individuals who are non-compliant, exercise poor judge and show a lack of concern for the welfare of others will be counseled accordingly. Smoking privilege will be revoked if there is a pattern of persistent, hazardous behavior.</p> <p>The following behaviors will jeopardize and can cause revocation of the person's independent privilege:</p> <p>1). Short attention span, poor safety awareness, wandering/pacing easily distracted making smoking dangerous for the individual and those around him/her.</p> <p>The following was submitted by the facility to remove the Immediacy:</p> <p>1). On 07/07/10 an immediate room search was initiated and completed on 07/08/10 to assure no other contraband and/or hazardous material was in resident rooms.</p> <p>2). Immediate in-servicing by Nursing Supervisor was conducted on monitoring and supervision and conducting room rounds for the 3-11 pm and 11pm -7 am shifts.</p> <p>3). On 07/08/10 in-servicing continued re-educating staff on the importance of monitoring and supervision, accident and incidents, resident room searches for any hazardous materials and the smoking policy. These in-services continue to be ongoing.</p> <p>4). Administrator and Interdisciplinary Team reviewed current smoking policy and procedure. An outside consultation group was contacted to review and provided input on the current smoking policy.</p> <p>5). A Resident council meeting was held at 10:30 am. All smokers were present for the meeting. Residents were re-educated on the smoking policy and provided information regarding the</p>	F 323			

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F 323	<p>Continued From page 7 need for re-assessment.</p> <p>6). All smokers were re-assessed by Social Services to assure appropriateness of handling their own smoking materials. The facility holds all smoking materials for any resident assessed to be unsafe.</p> <p>7). A revised list of residents who smoke and their needs (aprons, supervised smokers etc.) were developed and posted at the nurses' stations and front receptionist desk for easy availability to review.</p> <p>8). A smokers book was created with documents including who are the smokers; which residents have specific needs with smoking such as: smoking aprons, who are on restrictions and/or in need assistance/monitoring. The book is updated as necessary.</p> <p>9). Security Guard who is provided in the evening and on weekends, initiated daily random room searches and was instructed to notify administrator of any items found.</p> <p>10). Activity department, who takes the residents out shopping, added an additional activity aide to ensure residents do not purchase any unsafe items and to assure that the facility has control over smoking materials.</p> <p>07/09/10 - 07/11/10 11). The facility continued various in-services and random room searches.</p> <p>07/12/10 12). Social Services received a revised smoking assessment from Social Work Consultation Group and immediately conducted and completed a re-assessment on all smokers. The new smoking assessment included in-depth questionnaire. Assessments are to be conducted upon admission, quarterly and/or as deemed</p>	F 323			

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F 323	Continued From page 8 necessary due to changes in resident condition. 07/14/10 13). An outside agency (Social Work Consultation Group) presented an in-service on monitoring/supervision, accident/incidents, hazardous materials, and the right to search rooms and the revised smoking policy developed by Social Work Consultation Group.	F 323		