

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

PRINTED: 10/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145924</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF CHAMPAIGN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 SOUTH MATTIS STREET</b> <b>CHAMPAIGN, IL 61821</b>		
(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>Incident Report Investigation to Incident of 10/4/15 / IL 80615</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 record review and interview, the facility failed to investigate a fall and implement interventions for one of three residents (R2) reviewed for falls in the sample of three.</p> <p>Findings Include:</p> <p>R2's Physician Order Sheet (POS) lists the following Diagnoses: Dementia, Abnormal Posture, Left Below Knee Amputation, and Dysphagia.</p> <p>R2's Minimum Data Set (MDS) dated 8/25/15 documents R2 is severely cognitive impaired and requires total assist of two for transfers.</p> <p>R2's Care Plan dated 3/5/15 documents, "(R2) is at risk for falling related to decreased mobility and history of falls." This Care Plan was updated on 9/24/15 and documents, "(R2) slid out of wheelchair in dining room at table," and no</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 interventions were added to the Care Plan.</p> <p>R2's Fall Risk Evaluation dated 8/27/15 documents R2 as "High Risk".</p> <p>R2's Accident/Incident Report dated 9/23/15 completed by E6, Registered Nurse (RN), documents, "(R2) fell backward in the dining room, slight bump on the occipital area of the head." The witness portion of the report, completed by E4, Certified Nursing Assistant (CNA), documents, "(E4) was coming out of the kitchen with two plates of food, and saw (R2) fall backward in wheelchair, hitting the floor...(E4) heard a thud."</p> <p>On 10/6/15 at 2:00 pm, E2 Director of Nursing (DON) stated, "when a fall happens...and an accident report is given to me for review, then a post fall investigation is done, that is where the root/cause and interventions are determined, and then put into place and put onto the care plan." E2 confirmed that no new interventions were added to R2's care plan after the 9/23/15 fall and stated, "I don't know why it says (R2) slid out of her wheelchair, (R2) fell forward out of it." E2 stated, "the only people I spoke to about the incident was (E6) when she called to report it to me, and (R2) the next day but she wasn't able to say what happened so I wasn't able to determine a root/cause." Upon reading the Accident/Incident Report to E2, E2 stated, "well, (R2) should have had anti-tip bars added to her wheelchair then if she flipped backwards." E2 stated, "I looked at the report but don't know how I missed that, I was just going off what (E6) told me. E2 called E4 CNA, with the surveyor present, and interviewed E4. E4 confirmed the witness statement that she wrote was correct. E2 and E4 both stated this</p>	F 323			

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F 323	Continued From page 2 was the first time they discussed R2's fall.  The facility Falls Management Policy dated 7/2014 documents, "It is the policy...to assess and manage resident falls through prevention, investigation, and implementation and evaluation of interventions."	F 323			