

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

PRINTED: 09/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER HAMMOND-HENRY DISTRICT HSP			STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH COLLEGE AVENUE GENESEO, IL 61254		
(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 221 SS=D	<p>Annual Certification Survey-F221</p> <p>Complaint # 1323536/IL00065128-F323</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assess and release restraints for 1 of 1 residents reviewed for restraints (R3) on the sample of 10.</p> <p>Findings include:</p> <p>On 9/3/13, while under constant observation from 11:30 am through 2:15 pm, R3 sat in the main dining room in a wheelchair with a laptop cushion across R3's lap.</p> <p>E4, CNA, (Certified Nurse Assistant) and E3, ADON, (Assistant Director of Nurses) were present while R3 dined at the noon meal on 9/3/13 from 11:30 am until 2:15 pm. The laptop cushion was across R3's lap throughout the meal.</p> <p>On 9/3/13 at 2:30 pm, E3, ADON verified that the restraint was not removed as indicated in the resident's physician's plan of care dated 12/7/11, "Use (laptop cushion) when up in wheelchair, release every two hours and as needed due to</p>	F 221			

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 221	<p>Continued From page 1</p> <p>resident attempting independent ambulation, balance poor." On 9/4/13 at 3:00 pm, E2, Director of Nurses, confirmed that the current orders for R3, dated 8/5/13, do not include the use of the lap cushion or parameters for use.</p> <p>On 9/5/13 at 9:30 am, E3, ADON (Assistant Director of Nurses) confirmed that the last completed restraint assessment was dated 12/7/11. This assessment recommended "use of lap restraint for poor safety judgement, falls, positioning. Release every two hours and as needed. Reassess every 90 days and as needed."</p> <p>On 9/4/13 at 3:00 pm the Director of Nurses, E2, verified that R3's "Safety Restraint Monitoring Form" filled out by Certified Nurse Assistant, E5, for the 9/3/13 day shift, erroneously documented that the lap restraint was removed at 12 noon and 2 PM.</p> <p>R3's Physical Restraint Care Area Assessment for 1/7/13 analysis of findings states, "Triggered restraints due to use of lap restraint. Resident has poor safety judgement and awareness, impaired cognition-dementia, history of falls, poor balance, poor gait, poor muscle endurance, poor trunk control due to resident slids out of wheelchair. Resident is on repositioning/turning program every two hours and as needed. Will continue to care plan for skin breakdown and use of restraint."</p> <p>Facility Policy for Restraints states: "Nursing staff will have yearly review of alternatives to the use, safe application and the policy for use of the restraint." and under "Special Circumstances: Long Term Care: (c.)</p>	F 221			

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F 221	Continued From page 2 Physician will update orders for Lap restraints every 30 days."	F 221			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide adequate supervision for R5, who exhibited biting behaviors. This facility failure resulted in R6 sustaining bite injury requiring medical treatment. R5 is one of seven residents reviewed for supervision in the sample of ten. FINDINGS INCLUDE: R5's facility Registration Form shows R5 was admitted to the facility on 6/18/13. R5's facility transfer sheet includes the diagnosis of Severe Dementia. R5's "Post Discharge Plan of Care" dated 6/18/13 from the transferring facility states"... (R5) is going to a new environment. (R5) will probably act out until (R5) becomes familiar with staff and routines...". R5's medical record also includes nurse to nurse report notes dated 6/5/13 concerning R5 which state"... attempts to bite...". On 9/3/13 at 1:40 PM, E4 Certified Nursing	F 323			

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F 323	<p>Continued From page 3</p> <p>Assistant (CNA) stated, "... you have to be careful taking care of (R5). You can't get too close or (R5) will bite you. (R5) bit (R5)'s room mate..."</p> <p>On 9/3/13 at 1:45 PM, E5 Certified Nursing Assistant (CNA) stated, "... I've been told to be careful around (R5). (R5) bites. We don't park (R5) around residents. We don't want (R5) biting anybody else".</p> <p>On 9/3/13 at 2:40 PM, E6 Registered Nurse (RN) stated, "... I was told when (R5) was admitted that (R5) was a biter".</p> <p>R5's "Plan of Care" dated 7/1/13 instructs staff to "... approach calmly... provide reassurance...attempt to redirect resident's behavior...do not rush resident...explain all cares before completing them...resident will bite when scared..."</p> <p>R6's chart documents on 7/16/13 at 1:40 PM "... CNA called writer into room. (R6) was previously talking with (R5) and holding hands. (R5) then took (R6)'s hand and bit left thumb. (R6) has mild to moderate pain. (R6)'s left outer thumb has two bite marks, 1.5 CM X 2 CM and left inner thumb has one bite mark, 2.6 CM with serosanguinous drainage..."</p> <p>An order obtained from R6's physician on 7/16/13 states"... wound tx (treatment) to left thumb: wash with saline daily, may steri strip and apply kerlix... dressing daily and Levaquin 500 MG daily for 10 days..."</p> <p>On 9/3/13 at 1:45 PM R6 stated, "(R5) bit me. It hurt really bad...They hadn't told me (R5) was a biter. If I had known, I would have stayed away</p>	F 323			

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F 323	Continued From page 4 from (R5)...". On 9/3/13 at 3:30 PM, E2 (Director of Nursing) stated, "... we knew (R5) had a history of biting when (R5) was admitted... I did not tell (R5's roommate (R6) that (R5) would bite when we moved (R5) in here. Maybe I should have...".	F 323			