

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

PRINTED: 04/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER MAPLE LAWN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET EUREKA, IL 61530		
(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=E	<p>Annual Recertification Survey</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, interview and record review the facility failed to analyze a resident fall and failed to identify interventions and care plan for falls for one of nine residents (R1) reviewed for falls in a sample of 15. The facility also failed to restrict access to a hot steam table in the multipurpose room during non-dining times for 13 residents (R19, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33 and R34) in the supplemental sample.</p> <p>Findings include:</p> <p>1. Facility Safety Event dated 1/19/13 for R1 describes an event in which R1 was found lying on the floor. The Facility Safety Event dated 1/19/13 does not include any analysis of the fall and the following sections of the document were left blank: Event Details, Pain Observation, Body Observation, Neurological Check, Mental Status, Possible Contributing Factors and Interventions.</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>On 4/11/13 at 10:00 AM, E2/DON (Director of Nursing) verified the analysis of R1's fall on 1/19/13 was not completed.</p> <p>Facility Safety Event dated 2/26/13 for R1 documents, "Found (R1) lying on right hip, middle of hallway. Nursing related that (R1) had pain in her leg. R1 said that (R1) had been reaching for a glass on the shelf and was walking across the floor when (R1) fell. (This is a hallucination...)"</p> <p>Local Hospital Consultation Report dated 2/27/13 for R1 documents, "There is a fracture seen at the base of the neck of the femur."</p> <p>Current Care Plan dated 3/14/13 for R1 does not document any identified interventions or care plan revisions related to R1's fall on 2/27/13.</p> <p>On 4/11/13 at 10:00 AM, E10 MDS (Minimum Data Set) Coordinator, verified that no new interventions were identified and the care plan was not updated regarding R1's fall on 2/26/13.</p> <p>2. During the general tour of the facility on 4/9/2013 at 9:00 AM, the steam table in the multipurpose room on first floor was hot to touch and the short door (about three feet tall from floor) was not locked. On 4/9/2013 at 9:02 AM E4, head of maintenance, stated the steam tables were left on after breakfast meal. Temperatures of the water in two of four steam compartments recorded 198 and 192 degrees.</p> <p>On 4/9/2013 10:30 AM E3, Registered Dietian (E5's supervisor), stated E5, dietary aid, served breakfast that morning in the multipurpose room. On 4/9/2013 10:45 AM E5 stated she always</p>	F 323			

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F 323	Continued From page 2 leaves the steam tables on between breakfast and lunch. On 4/10/2013 12:00 PM E3 stated the steam tables in the multipurpose room should not be left on between breakfast and lunch meals. On 4/10/2013 at 4:45 PM E1 provided a list of residents (R19, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33 and R34) who are cognitively impaired and wandering.	F 323			
F 514 SS=D	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to operationalize there Comprehensive Assessment Policy by completing pain, fall, bowel, and bladder assessments for two of 15 residents (R14 and R15) reviewed for assessments in a sample of 15. Findings include:	F 514			

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F 514	<p>Continued From page 3</p> <p>Policy and Procedure revised October 2010 states, "The comprehensive care plan is based on a thorough assessment that includes, but is not limited to these assessments; the MDS (Minimum Data Set), the Fall Risk, Braden, Pain, Bowel and Bladder, Nutrition, AIMS (Abnormal Involuntary Movement Scale), BIMS (Brief Interview for Mental Status), Elopement, Activity, ADL (Activities of Daily Living), and Wheelchair." This policy also states reviewing and updating will be done "...at least quarterly."</p> <p>R15's Medical Record shows no evidence of Pain assessments on the following dates; August 2012 and February 2013. R15's Medical Record shows no evidence of Fall assessments on the following dates; August 2012 and February 2013. R15's Medical Record shows no evidence of Bowel and Bladder assessments on the following dates; August 2012, November 2012 and March 2013.</p> <p>R14's Medical Record shows no evidence of Pain assessments on the following dates; September 2012 and December 2012. R14's Medical Record shows no evidence of Fall assessment in December 2012. R14's Medical Record shows no evidence of Bowel and Bladder assessments on the following dates; September 2012 and December 2012.</p> <p>On 4/10/13 at 8:00 am, E1 Administrator stated all nursing assessments are completed by the E10 MDS coordinator and Activity assessments are completed by E11 Activity Director and these assessments are to be done quarterly with the MDS schedule.</p> <p>On 4/11/13 at 9:50 am, E10 MDS Coordinator</p>	F 514			

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F 514	Continued From page 4 stated she completes all the Fall, Braden, Bowel and Bladder, Pain, Wheelchair and AIMS assessments quarterly with each resident MDS schedule. E10 also stated if assessment is not in the "observation" section of the computer system then it is not done.	F 514			