

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

PRINTED: 06/14/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145446</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/12/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARIGOLD REHABILITATION HCC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 EAST CARL SANDBURG DRIVE</b> <b>GALESBURG, IL 61401</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>Original investigation of Complaint #1623086/IL86017</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 implement an intervention of padded siderails according to the plan of care for one of three residents (R1) reviewed for careplans in a sample of three.</p> <p>Findings Include:</p> <p>The Facility Policy named Injuries of Unknown Origin, revised 1/22/2014, documents: "Interventions will be established to prevent further injury."</p> <p>R1's Admission History and Physical, dated February 2, 2016 from prior hospital documents the following diagnoses: Encephalopathy, Left Hemiplegia, Agitation and Psychosis.</p> <p>R1's current Physical Exam , dated 4/10/2016 from local PAC (Certified Physician Assistant) documents the following assessment: History of a</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>significant CVA (Cerebral vascular Accident) with Left sided hemiplegia." R1 is confined to a wheelchair, speech is fairly good, but R1's topic and orientation certainly distracted. R1 is blind in the right eye and after R1's stroke lost half the vision in L eye."</p> <p>R1's nurses' notes dated 6/4/2016 at 2:15a.m. by E3/LPN (Licensed Practical Nurse) documents: "R1 states, A big white guy came in here and tried to kill me. R1 is restless and unable to calm. R1 has several small skin tears, redness and purple discolorations to upper and lower left arm. When asked what happened, R1 stated, "My arm was shoved down in between the mattress and the arm rail, by the big white man that is trying to kill me."</p> <p>R1's local emergency room report dated 6/4/2016, documents under Psychiatric: R1's thought content is Paranoid and Delusional. Cognition and memory are impaired.</p> <p>R1's emergency report from local hospital dated 6/4/2016 documents, "Arm Injury: Injury mechanism: got caught in a bedrail, paralyzed on that side."</p> <p>R1's Plan of Care Revision dated 6/4/2016 documents, "Revision of Care: padded siderails."</p> <p>On 6/8/2016 at 9:30a.m. R1 was sitting next to R1's bed in a wheelchair. Siderails were on both sides of the bed, but were not padded.</p> <p>On 6/8/2016 at 2:00p.m. E2/DON (Director of Nurses) stated, " The intervention put into place for the incident on 6/4/2016 is that R1's siderails are to be padded at all times.R1 is able to remove</p>	F 323			

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F 323	Continued From page 2 bath blankets from siderails, that is probably why they are not padded right now."	F 323			