

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

PRINTED: 06/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145294</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRAIRIE VILLAGE HEALTHCARE CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1024 WEST WALNUT JACKSONVILLE, IL 62650</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 05/28/2016/IL86036</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 provide supervision to prevent elopement for 1 of 10 residents (R1) reviewed for elopement risks in the sample of 10.</p> <p>Findings include:</p> <p>R1's status as an elopement risk is contained in a black binder labeled "Elopement Book" located at both of the facility's nurse stations. These binders serve as easy reference for staff and contain these residents' photos and facility policies on "Missing Residents and Elopement" and "Resident Wandering."</p> <p>R1's most recent Elopement Risk Assessment, dated 03/17/16, documents R1 is "at risk for elopement and requires interventions/care plan."</p> <p>R1's Minimum Data Set, dated 3/16/16, documents R1 had a score of 2 out of 15 which</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>indicates severely impaired cognition. R1's Care Plan, dated 05/08/15, documents that R1 was placed on facility's Elopement Risk Protocols due to "Cognitive Loss/Dementia" and should be "redirected away from exit/entry points."</p> <p>The facility's Occurrence Report, dated 05/28/2016, documents that on 05/28/2016, E3, Certified Nurses Aide (CNA), reported to E7, License Practical Nurse (LPN), at approximately 9:25 PM that R1 was missing. This report documents that R1 was last seen at approximately 8:30 PM. The Report documents R1 was found at 9:50 PM off facility grounds after an outdoor search was conducted. This report documents that R1 was lying on his left side, unable to state what happened and was talking to staff about "random things." The report documents R1 was transported to the local hospital for evaluation and returned with no injuries without being kept there overnight. R1's care plan was updated and R1 was placed on 15 minute checks.</p> <p>On 06/11/2016 at 5:45 PM, E3, CNA, stated that she was working that night and remembers that she last saw R1 about 8:30 PM. She then noticed R1 was missing about 9:30 PM. E3 stated the weather was nice and not a factor. E3 stated that the front door alarm goes off frequently because it alarms every time the door is opened no matter who uses it. They are supposed to check every time it goes off who has triggered the alarm before resetting the alarm and turning the alarm sound at the nurses station location off. If they are not able to notice who it was via the camera monitor at the nurses station they have to walk to the exit door and make a visual check at the exit area itself. She stated this is necessary quite</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>frequently and she does not remember how many times she checked in that manner the night of the elopement.</p> <p>On 06/11/2016, at 7:00 PM, E7, LPN, stated that she initiated the elopement protocols after E3 reported she could not find R1. E7 verified the interview details stated by E3 above. E7 stated that R1 did not appear hurt and was laughing and carrying on in his usual manner when found; however, they called for hospital transport out of caution because R1 was lying down. E7 stated that it is "very hard" to check the exit door every time it goes off because the camera view is poor and the distance to the front exit to the nurses station is considerable. She stated they try to keep track of the residents who are wander risks but it is "physically impossible to do a search every time the alarm goes off" at that front door because it goes off no matter who is using it.</p> <p>On 06/09/2015 at 6:00 PM, E5, Maintenance, stated that he was not present at the time of the elopement and they did not call him in because the alarms were working properly. E5 stated that they check the exit door alarms daily.</p> <p>The facility's policy on Missing Residents and Elopements, undated, documents: "Should an alarm on one of the exits to the outside be sounded, staff shall immediately respond to and determine the cause of the alarm. After the facility's staff investigates an exit alarm, and no reason can be found for the sounding of the alarm, they shall announce a specific missing resident alert code over the facility's public address system....the Director of Nursing or designee shall coordinate the accounting of all residents at risk for elopement. If, after all at-risk</p>	F 323			

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F 323	Continued From page 3 residents are accounted for, the cause of the alarm is still undetermined, the Director of Nursing or designee shall continue a reasonable investigation to determine the cause of the alarm."	F 323		