

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

PRINTED: 02/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/15/2013
NAME OF PROVIDER OR SUPPLIER GENESIS SENIOR LIVING, ALEDO			STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9TH AVENUE ALEDO, IL 61231		
(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>Investigation of Resident Incident #00061567</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 follow their procedure for using a transfer belt to prevent fall for one resident (R3) of three reviewed for falls.</p> <p>Findings include:</p> <p>On 2/15/13 at 10:00 am, E2 DON(Director Of Nursing) stated CNA's(Certified Nurse Aides) are to use a transfer belt on every resident transfer requiring staff assist.</p> <p>On 2/15/13 at 10:24 am E8 LPN(Licensed Practical Nurse) stated she was the nurse on duty the day R3 was lowered to the floor by E9 CNA.</p> <p>On 2/15/13 at 10:37am, E9 CNA stated R3 was admitted to the facility with bilateral shoulder fractures and wore slings to both of her arms at the time of her fall. E9 stated she transferred R3 on 1/6/13 without a transfer belt, from her wheel</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.

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

PRINTED: 02/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146138	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/15/2013
NAME OF PROVIDER OR SUPPLIER GENESIS SENIOR LIVING, ALEDO			STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9TH AVENUE ALEDO, IL 61231		
(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 323	<p>Continued From page 1</p> <p>chair to the bathroom. E9 stated R3 lost her balance, bumped her right arm on the wall and she (E9) had to lower R3 to the floor. E9 also stated it is facility policy to use a transfer belt on all residents needing assistance.</p> <p>On 2/15/13 at 10:55 am, R1 was sitting in (R1's) room and stated she does not remember E9 lowering her to the floor or hitting her arm on the wall. On 2/15/13 between 10:50 am and 11:03 am, E10 LPN, E11 thru E13 CNA's all stated the procedure for transfers is that a transfer belt is used on all residents requiring assistance.</p> <p>Post Fall Assessment Form dated 1/6/13 states E9 transferred R1 without the use of a transfer belt. Employee Warning Notice, dated 1/6/13 is signed by E8 LPN and states, "CNA did not use (transfer belt) with transfer/ambulation on a resident. Resident was lowered to floor by CNA. CNA will use (transfer belt) with all transfers/ambulation with residents that need assistance with transfers and ambulation."</p> <p>Transfer Activities Procedure 655 states "Basic Responsibility: Licensed Nurse and Nursing Assistant, Restorative Nursing Assistant, Other", "Purpose: To transfer the resident from bed to chair, toilet or tub safely". Transfer belt is listed as equipment and the procedure states "apply transfer belt...Hold the transfer belt from underneath..."</p>	F 323			