

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

PRINTED: 11/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145312		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/03/2010	
NAME OF PROVIDER OR SUPPLIER NORTHWOODS CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008			
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F 000	INITIAL COMMENTS			F 000			
F 309 SS=G	<p>Complaint Investigation 1014173/ IL 50183 - No deficiencies 1014319/ IL 50341 - No deficiencies 1014166/ IL 50176 - F309 cited.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview and Record Review the facility failed to assess and monitor R8 when a hematoma was observed on her right lower leg on 10/18/10 at 11:00am. The facility failed to evaluate R8's response to treatments and/or interventions provided for R8 on 10/17/10. R8's "half dollar" size hematoma changed to extending down her right lower leg from below her knee to 1.5 inches above her ankle during the time the facility did not adequately monitor and assess the area. At 2:00pm on 10/17/10 R8's skin split open and started "oozing" blood. A pressure dressing was applied. When R8 was observed again at 6:30pm (4.5 hours later) she was observed with blood soaked bedding and dressing on her right lower leg. R8 was transported to the emergency room and had surgery for drainage of the hematoma to her right lower leg. R8 had acute blood loss anemia and received a blood</p>			F 309			

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 309	<p>Continued From page 1</p> <p>transfusion of 2 units of packed red blood cells.</p> <p>This is for 1 resident in the sample with a Hematoma (R8) that required frequent assessment and monitoring.</p> <p>Findings include:</p> <p>R8's Nurses Notes showed, "10/17/10 at 11:00am - Hematoma noted below right knee, inner aspect of lower leg after R8's shower. Extremity elevated and ice pack applied.; 11:15am - Hematoma increasing in size, extends below knee to mid calf. Rolled gauze and elastic wrap applied. Leg remains elevated and ice pack reapplied. Nurse practitioner informed and given condition update. Nursing orders noted and processed."</p> <p>R8's Physician Order Sheet dated 10/17/10 showed, "Elevate right leg. Apply elastic wrap and rolled gauze. Then apply ice for 20 minutes on and 20 minutes off for 2 hours."</p> <p>R8's Nurses Notes showed, "1:00pm - Continue to apply ice packs on 20 minutes and off 20 minutes. leg elevated. Rolled gauze and elastic wrap in place. Hematoma extends from below knee to approximately 2 inches above ankle. R8 complains of intermittent pressure and pain helped with as needed Ultram.; 2:00pm - Went to observe R8's leg with day charge nurse when coming on shift. Removed bandage and gauze to see if swelling had increased. Hematoma extended to about 1.5 inches from inner ankle. leg continued to be elevated at heart level. As beginning to re-wrap leg, skin split with blood oozing out. Wrap with figure eight to apply pressure with rolled guaze and elastic wrap on</p>			F 309			

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F 309	<p>Continued From page 2</p> <p>top.; 6:37pm - R8 noted to have saturated elastic wrap and bedding. When removing saturated bandage skin continued to split further. Quick pressure applied due to increased bleeding. Re-wrapped with new gauze dressing and elastic bandage and ice applied.; 6:45pm - Call out to Nurse Practitioner. New orders to send to the emergency room for evaluation.; 7:00pm - Ambulance here to transport. Transporter went to undo pressure dressing and was informed that dressing was applied because skin will continue to tear unless held in place and asked to keep dressing in place. They mentioned they were worried about circulation. Informed them that R8's ankle has looked blue due to increased pressure in leg...."</p> <p>On 11/1/10 at 3:20pm, E5 (Registered Nurse - RN) stated, "For (R8) and her leg, I would look at the leg. Elevate the leg. Assess for bleeding. Apply pressure if there is any bleeding. Check for pedal pulses and capillary refill. Assess for pain and warmth. See if (R8) can move the extremity." E5 was asked if she would document her assessments/monitoring. E5 stated, "Yes. I would document in the nurses notes and give report on what I saw in shift report." E5 was asked how often would she have monitored R8's leg. E5 replied, "Every 20-40 minutes. Even if we weren't documenting, at least every hour."</p> <p>On 11/1/10 at 3:30pm, E2 (Director of Nursing - DON) was asked how often should R8 have been assessed due to the leg Hematoma. E2 stated, "Every couple of hours." E2 was asked if the monitoring of R8's leg changed once her skin split open. E2 replied, "I don't know how often they monitored." E2 was asked if the documentation of monitoring R8's leg would be in</p>			F 309			

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F 309	<p>Continued From page 3</p> <p>the nurses notes. E2 stated, "Hopefully." E2 was asked what the nurse would document when monitoring R8's leg. E2 replied, "Vital signs, condition of the leg, color of the leg, edema to the leg, size of the hematoma, if ice is applied, pedal pulses, measurements of the leg (including circumference), capillary refill and circulation." E2 stated there is no policy and procedure for monitoring or assessment of injuries.</p> <p>The Patient Transfer Form, from the facility to the hospital, dated 10/17/10 for R8 showed, "Right leg hematoma noted after shower this am. About half dollar size. Leg was elevated. Hematoma gradually increased from just below the knee to 2 inches above the ankle with hematoma distended. Wrapped with elastic bandage and ice applied.... Around 2:00pm when nurse went to recheck swelling when unwrapping elastic wrap skin split and began bleeding a small amount. Wrapped with rolled guaze and elastic bandage and ice applied. At around 6:00pm drainage increased and bandage and sheets were noticed to be saturated with blood. When taking off rolled guaze to assess skin split much more oozing blood. Held in place by a gauze dressing to keep skin from further tearing and re-wrapped with rolled gauze and ace bandage and then sent out. Blood pressure within normal limits. Now ankle edema present and pedal pulse are more faint. They were strong until last change and check."</p> <p>R8's Discharge Summary (no date) showed, "On 10/18/10 (R8) received a shower. After right leg was dried a hematoma was noted. The hematoma increased in size and split the skin. (R8) transferred to the emergency room for evaluation."</p>			F 309			

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F 309	<p>Continued From page 4</p> <p>The Hospital History and Physical dated 10/17/10 for R8 showed, "Chief Complaint: Right leg pain and swelling.; Present Illness: The patient is a 91-year-old white female who was struck over the right lower leg with a towel at the nursing home. R8 states there was bruising to the area which increased rapidly and then split open and she began to bleed. R8 was transported to the emergency room for uncontrolled bleeding, pain and swelling.; Impression: Hematoma right lower extremity status post drainage by surgeon. Acute blood loss anemia status post transfusion of 2 units of packed red blood cells.; Plan: R8 has been admitted to the hospital. R8 was taken to the operating room by the surgeon and is status post drainage of hematoma. R8 did suffer acute blood loss anemia and is status post transfusion with improvement in hemoglobin."</p> <p>The Hospital Wound Care Note dated 10/20/10 for R8 showed, "Right lower leg with surgical sutured wound and partial open superficial wound 6.5cm by 6.5cm area with trace bleeding. Large area of ecchymosis at lower leg. Right foot very edematous. Fragile skin. (R8) complained of severe pain with dressing removal."</p> <p>The Hospital Physician Orders for Transfer form dated 10/23/10 for R8 showed, "Primary Diagnosis for Transfer: Right leg hematoma.; Appointment with wound care clinic in 1-2 weeks.; Wound care of right leg: Topical antimicrobial. Apply silver dressing to right leg open wound. Cover with transfer dressing. Dressing to stay in place 3 days. Cover the dressing with thick pad dressing and gauze. Change the thick pad dressing and gauze daily. Re-wrap right foot and lower leg daily with a 6</p>			F 309			

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F 309	<p>Continued From page 5</p> <p>inch elastic wrap, start at proximal toes wrapping to the knee."</p> <p>The Wound Ostomy Nurse Progress Notes dated 10/25/10 for R8 showed, "Right lower leg continues to be ecchymotic with triangular shaped wound. Beefy wound bed. Right lateral wound oozing clear fluid from blister. Noted 3 sites blistered tissue without fluid on medial right lower leg in ecchymotic area. Dressing adhered to wound bed in spite of saturation with saline causing slight bleeding and very painful to resident. Foot is edematous. Need to be encouraged to exercise ankle as it is painful to move foot up and down. Discontinue dressing as it is traumatic to wound bed to remove. Cleanse wound to right lower leg with normal saline. Apply silver dressing and cover with foam and wrap with roller gauze and elastic wrap. Wrap foot to reduce swelling. Change foam dressing and gauze wrap daily. Silver dressing every 3 days. Elevate foot to control swelling."</p> <p>R8's History and Physical dated 10/29/10 showed, "Extremities: Right leg - early foot drop, post operative.; Skin: Leg broke down - getting wound care."</p> <p>R8's POS dated 10/29/10 showed, "Physical therapy to evaluate for foot drop brace."</p>			F 309			