

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

PRINTED: 04/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/06/2016
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285		
(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 157 SS=D	<p>Complaint #1641777/IL84515</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

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 157	<p>Continued From page 1</p> <p>by: Based on record review and interview, the facility failed to immediately notify the physician of a bruise to the forehead for 1 of 2 residents (R3) reviewed for a head injury in the sample of 3.</p> <p>Findings include:</p> <p>The Minimum Data Set, dated 2/17/2016, documents R3 is moderately impaired with cognition and is ambulatory.</p> <p>The Nurses Note, dated 3/24/2016 at 6:06 PM, documents, "(R3) has a hematoma on the mid forehead, approximately 4 X 3 cm (centimeter). (R3) states that she was in the bathroom washing her hands when a staff member came in asking why all the paper towels were in the floor. (R3) stated the staff member made her nervous, and when she went to leave the bathroom, she bumped her head on the bathroom door as she was leaving. Staff had already left the bathroom and was not aware of (R3) bumping her head." There was no documentation Z2, Physician, was notified until 3/25/2016 at 8:30 AM, when a new order was received to monitor R3's hematoma and obtain a urinalysis with a culture and sensitivity.</p> <p>The Incident/Accident Report for R3, dated 3/24/2016, untimed, has no documentation Z2 was informed at all. The Report documents Z1, family member was present in the building at that time.</p> <p>On 4/06/2016 at 12:32 PM, E6, former Director of Nursing (DON) reported Z1 brought R3's bruise to her attention. E6 reported the hematoma had slight swelling and light blue bruising of 3 to 4 cm</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>to the right forehead. E6 reported R3 had her hair covering it. E6 reported she made a Nurses Note, but did not call the doctor or complete an Incident Report. E6 reported R3 had no symptoms of a UTI (urinary tract infection), but went to the bathroom a lot due to being an obsessive compulsive hand washer. E6 reported the evening nurse E9, Licensed Practical Nurse (LPN), reported she would take care of calling the doctor and completing the report.</p> <p>On 4/06/2016 at 2:30 PM, E9 reported she thought E6 was preparing the Incident Report. E9 reported she did not call the doctor for R3's injury.</p> <p>The Physician's Order (PO) for R3, dated 3/25/2016 at 8:30 AM, documents a telephone order from Z2 written by E6 to monitor R3's head for adverse reaction related to hematoma and a UA with C&S (urinalysis, culture and sensitivity).</p> <p>On 4/06/2016 at 3:20 PM, E1, Administrator, reported she did not know who called R3's doctor, or who completed the Incident Report of 3/24/2016 that she signed. E1 reported R3's physician should have been called immediately after E6 became aware of the injury to the forehead.</p> <p>The facility's Change in a Resident's Condition or Status policy and procedure, dated as revised 2015, documents, in part, "Our facility shall promptly notify the resident, his or her Attending Physician and representative of changes in the resident's medical/mental condition and/or status (for example, changes in level of care, billing/payments, resident rights). The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when</p>	F 157			

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F 157	Continued From page 3 there has been: An accident or incident involving the resident."	F 157			