

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

PRINTED: 01/23/2015
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145058 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/15/2015 | |
| NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-CHILLICOTHE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1028 HILLCREST DRIVE CHILLICOTHE, IL 61523 | | | |
| (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 12/28/14/IL74294</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 implement fall interventions, during a transfer, for one of three residents (R1) reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>R1's current Physician Order Sheet documents R1 has an abnormal gait.</p> <p>R1's Occurrence Report dated 12-28-15, documents R1 fell during a transfer with one staff from the toilet to the wheelchair, hitting the right side of the forehead and resulting in a laceration to the right side of the forehead. This same report documents, "Restorative nurse reassessed transfers and (R1) changed to a two person assist."</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>R1's Fall Plan of Care dated 1-8-15, documents R1 requires a two person assist for transfers due to an unsteady gait and balance.</p> <p>On 1-15-15 at 9:45 a.m., E4 (Certified Nursing Assistant/CNA) applied a gait belt around R1's waist, and transferred R1 from the wheelchair to the toilet. During the transfer, R1 became very weak, and E4 struggled to hold R1 up during the transfer. After the transfer, E4 summoned E3 (CNA) into R1's restroom. E4 and E3 then transferred R1 from the toilet to the wheelchair.</p> <p>On 1-15-15 at 10:10 a.m., E4 stated, "I usually transfer (R1) by myself from the wheelchair to the bed and toilet. It was rough today, when I transferred (R1) to the toilet by myself. (R1) seemed unsteady. After you (this surveyor) left the room, (R1) asked to go to bed, so I transferred (R1) from the wheelchair to the bed by myself."</p> <p>On 1-15-15 at 10:00 a.m., E3 stated, "We are never sure if (R1) is a one or two assist with transfers. Some nurses tell us (R1) is a one assist, and some nurses tell us (R1) is a two assist."</p> <p>On 1-15-15 at 12:55 p.m., E5 (Restorative Nurse) stated, "(R1) currently is suppose to be transferred with a two person assist. (R1) has been declining slowly."</p> <p>On 1-15-15 at 1:00 p.m., E1 (Administrator) verified that R1 should have been transferred with two assist of staff.</p> | F 323 | | | |

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