

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

PRINTED: 05/13/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E888</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/07/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SHARON HEALTH CARE WILLOWS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3520 NORTH ROCHELLE</b> <b>PEORIA, IL 61604</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=G	<p>Initial investigation of Complaint#1321742/IL62967- F323 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 interview and record review the facility failed to operationalize their Safety policy by assessing fall risk upon admission and failed to implement new interventions with each fall for one of three residents (R1) in a sample of three. R1 sustained a fractured cervical spine and nose after three consecutive falls.</p> <p>Findings include:</p> <p>Facility Admission Data Base documents that R1 was admitted to the facility on 4/18/13 with the following diagnoses: Chronic Lymphoid leukemia, Dementia, and Paralysis Agitans (Parkinson's Disease).</p> <p>The Facility's undated Resident Accident/Incident Safety Policy documents "all residents will have an assessment done at the time of admission." "Those individuals identified as high risk for falls will be identified for staff to monitor closely." "On</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>a daily basis incidents/accidents will be reviewed by the facility administrative staff. Necessary changes in the resident's plan of care will be implemented."</p> <p>The Facility's undated Incident/Accident Reporting and Investigation Policy documents: "For residents with persistent problems, list on their care plan, with measures taken to correct."</p> <p>R1's Fall Risk Assessment dated 4/24/13, six days after admission documented R1 had a total score of 11 which indicated a high fall risk.</p> <p>E6 (Restorative Nurse) confirmed R1's Fall Risk Assessment was not completed until 4/24/13, 6 days after admission.</p> <p>R1's Interim Care Plan (Care Card) dated 4/18/13 documents under the section High Risk Program, "fall." Interventions were not listed to specifically address R1's fall potential.</p> <p>The Facility's Incident log documents R1 had falls on 4/21/13 at 12:05 p.m., 4/25/13 at 10:00 p.m. and 4/27/13 at 4:00 a.m., 10:33 a.m. and 10:50 a.m.</p> <p>R1's Incident Report dated 4/21/13 at 12:05 p.m. documents R1 was found on the floor. R1 was "lying on his right side and noted with blood on the Left side of his face and hands." The report documents R1 had a "2 cm (Centimeter) laceration to medial bridge of nose. Nose noted with swelling." On R1's Incident Form under the section titled "Actions Taken" it documents the doctor was notified and sent to the hospital for evaluation and treatment. R1's History and</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>Physical from the Hospital dated 4/21/13 documents under Admission diagnosis: Status post fall with closed head injury/facial trauma. The Hospital's Diagnostic Imaging Report documents "Comminuted, Depressed Nasal bone Fracture.</p> <p>R1's Incident Report Dated 4/25/13 documents R1 was found Lying face down in his room with no injuries noted. The section titled Actions taken documented: assisted back to bed. R1's Incident Report Investigation documents recommendation for action: Hospice referral and Side rails for bed mobility.</p> <p>R1's Care Plan dated 4/26/13 documents as a problem for R1: risk for falls. The Care plan also documents under problem: resident noted with 2 falls in his room, siderails ordered for bed. Individual interventions were not indicated or dated for the fall that occurred 4/21/13.</p> <p>R1's Incident Report dated 4/27/13 documents at 4:00 a.m. R1 was found lying on his left side with no injuries noted. Under the section titled description of incident it documents "nose laceration open." The Section on the Incident Form titled action taken is blank. On the same day at 10:33 a.m. R1's Incident Form documents R1 fell on the floor. The section titled Description of Incident documents R1 sustained a small laceration to the left elbow with active bleeding and altered skin with bruises to face "from previous incident." R1's Incident Report dated the same day, 4/27/13 at 10:50 a.m. documents R1 "was on the floor again." On R1's Incident Report under Action Taken it is documented to send to hospital.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>R1's History and Physical dated 4/27/13 at 11:45 a.m. documents facial contusion (bruising), neck pain and possible acute fracture of C5 and C6 Vertebrae in the neck. The section titled Chief Complaint on the Hospital History and Physical documents weakness, frequent falls and altered mental status. The Assessment and Plan section of R1's History and Physical documents a cervical spine fracture. R1's Hospital Diagnostic Imaging report dated 4/27/13 documents under the section titled Impression: "Hematoma (Collectin of blood outside of a blood vessel) over right side of forehead and nose with mildly depressed fracture of anterior Nasal bones Bilaterally. Cannot exclude Fracture of an anterior Osteophyte (bony projection) at C5 C6."</p> <p>R1's care plan dated 4/26/13 documents a problem for R1 as a risk for falls. The Fall care plan contains undated interventions with the only intervention dated being on 4/29/13. The Care Plan does not include interventions for R1's falls on 4/21/13 or 4/27/13 at 4:00 a.m. and 10:33 a.m..</p> <p>On 5/7/13 at 12:20 p.m. E5 (Assistant Administrator) stated an Interim Care Plan (Care Card) is used for residents for the 1st 14 days after admission. E5 stated after R1 fell on 4/21/13 a full Care Plan should have been initiated to direct the staff with cares. E5 stated R1's Interim Care Plan did not direct staff with interventions for R1's falls. E5 confirmed that R1's care plan nor Incident Report documented an intervention for R1's falls on 4/21/13 and 4/27/13 at 4:00 a.m. and 10:33. E5 stated "we</p>	F 323			

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F 323	<p>Continued From page 4 should have done better."</p> <p>On 5/6/13 at 3:10 p.m. E2 DON (Director of Nursing) stated new interventions were not put in place for R1's fall on 4/27/13 at 4:00 a.m. E2 confirmed no new interventions were put in place for any of R1's falls that occurred on 4/27/13 until 4/29/13.</p> <p>On 5/6/13 at 2:20 p.m. E3 (Care Plan Coordinator) stated a new intervention should be put in place after each fall. E3 provided an example, if a fall occurs at 10:00 p.m. at night an intervention for that fall is not decided until the next day at the daily fall meeting that takes place. E3 stated R1's falls that occurred on 4/27/13 were not addressed with new interventions by the fall committee until 4/29/13. On 5/7/13 at 12:10 p.m.</p>	F 323			