

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

PRINTED: 10/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>PERSHING GARDENS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 SOUTH OAK PARK AVENUE STICKNEY, IL 60402</b>		
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F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>Incident Investigation of 10/3/13/IL66045 - F323</p> <p>Complaint Investigation: 1391449/IL62623 - F157</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>	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>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow their policy and notify the responsible party of a transfer to the hospital for 1 of 3 residents (R4) reviewed for transfers in the sample of 7.</p> <p>Findings include:</p> <p>Closed record documents R4 was admitted to the facility on 1/9/13. Nurse Notes 1/9/13 through 1/16/13 document resistance to care, agitated behavior, and physical behaviors toward staff. Nurse Note 1/12/13 and 1/15/13 document R4 was physically aggressive toward staff. On 1/16/13 at 12:30am, R4 was transferred to the hospital for a psych eval. R4 returned to the facility 7 hours later at 7:30am. Nursing Medicare Documentation does not show any evidence of staff notifying R4's wife of the transfer to the hospital. Nurse Note 1/19/13, 3 days after the transfer to the hospital, documents "no family member listed to call." R4's Admission Face Sheet has "none listed" under the heading "Contacts". Continuity of Care Document does not have any contact information documented. On 10/23/13 at 11:25am, E2(Director of Nursing) stated that staff are to notify the family of a change in condition or transfer to the hospital. E2 stated R4's family went to E1(Administrator) and told him they weren't called when R4 was transferred to the hospital on 1/16/13. E2 stated she found out from E1 after R4 was discharged from the facility. On 10/23/13 at 12:35pm, E1 stated he does not remember speaking to R4's responsible party regarding no notification of transfer to the</p>	F 157			

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F 157	Continued From page 2 hospital. Z2 (Former nurse) employee file reviewed. Z2 was terminated in August 2013, for excessive absenteeism. Change in Condition Policy - Place call to responsible party to notify them of the resident's change in condition. Discharge or Transfer Policy - Notify the representative or other family member.	F 157			
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  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.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to properly transfer 2 of 3 residents (R1, R 2) reviewed for transfers in the sample of 3. This failure resulted in R1 falling and sustaining a left ankle fracture.  Findings include:  On 10/16/13 at 1:10pm, E6(Nurse Aide) transferred R2 from the recliner to the bed using a mechanical lift by herself. E6 stated usually 1 person transfers a resident using the mechanical lift. E6 stated that she "always" transfers R1 using the mechanical left, even before he fell on 10/3/13.	F 323			

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F 323	Continued From page 3  Clinical record documents R1 was admitted to the facility on 3/28/13 with diagnoses of depression, anxiety, respiratory failure, and anemia. Most recent Fall Risk Assessment 9/18/13 scores R1 as 11, a high risk for falls. Minimum Data Set (MDS) Section C scores R1 12 out of 15, indicating he is alert and oriented, and Section G documents R1 is a 2 person extensive assist with transfers. Activities of Daily Living (ADL) Skills Analysis 10/1/13 assesses R1 as a 2 person transfer assist by mechanical lift. Incident Report 10/3/13 documents R1 was being transferred from the bed to the wheelchair by 1 nurse aide. R1's legs started to give out and he was lowered to the floor. R1 was put back into bed with the assist of 1 nurse and 2 nurse aides. R1 was assessed for pain and injuries, none are noted. R1's statement on Incident Report 10/3/13 documents "during transfer while nurse aide is transferring him to the wheelchair, he could not help." Later in the day on 10/3/13, R1 complained of pain to the left ankle, the physician and family were notified, and an x-ray was ordered. X-ray report 10/4/13 documents R1 sustained a hairline fracture of the left ankle. R1 has a fall care plan initially developed on 10/4/13, the day after the fall on 10/3/13. Physician order 10/17/13 for computed tomography of left ankle.  On 10/16/13 at 2:10pm, E3(Nurse Aide) stated that she transferred R1 from the bed to wheelchair by herself. R1's legs "gave out" so she lowered R1 to the ground. On 10/16/13 at 2:30pm, E5(Restorative Nurse) stated that she assessed R1's transfer ability on 10/1/13, 2 days prior to the fall. E5 stated she attempted to transfer R1 with the assist of another nurse aide and a gait belt but felt R1 was	F 323			

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F 323	<p>Continued From page 4</p> <p>too weak for a safe transfer. E5 assessed R1 as a 2 person transfer assist with mechanical lift. E5 stated that all mechanical lift transfers should always be done with 2 people. Staff has been trained to do mechanical lifts with 2 people.</p> <p>On 10/16/13 at 3:10pm, E2(Director of Nursing) reviewed the ADL Skills Analysis and stated that R1 was not transferred as assessed by E5. After the fall on 10/3/13, R1 should have had a Fall Risk Assessment. R1 was previously assessed as a high risk for falls so interventions were put into place (side floor matt, low bed, and reclining chair) but a fall care plan was never initiated because R1 did not have a history of falls.</p> <p>On 10/16/13 at 4:15pm, Z1(Physician) stated that safe, good care is expected of the staff at the facility. A resident should receive the care they need. R1 should have been transferred as assessed by E5, and not transferred by 1 person. Z1 stated that R1's ankle fracture was caused by the trauma of the fall.</p> <p>On 10/23/13 at 3:15pm, R1 was in bed eating a late lunch. R1 had just returned from a computerd tomography (CT) of the left ankle, 20 days after the fall. The CT scan was ordered on 10/17/13, the day after investigation was started and 14 days after the fall. R1 stated that on 10/3/13, 1 nurse aide was trying to transfer him from the bed to the chair by herself. R1 stated that prior to the fall, staff usually uses a mechanical lift or sometimes 2 people manually. "I couldn't transfer with just one person, they knew that. I can't stand." R1 described the fall as his feet were stuck and tangled in the bed frame.</p> <p>Fall Risk Assessment Policy - Residents will be assessed post fall using the Fall Risk Assessment Form.</p>	F 323			

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F 323	Continued From page 5 Falling Star Program - Residents who are assessed at High Risk for Falls, will be included in the Falling Star Program. Initiate a fall risk care plan. Mechanical Transfer Techniques - all residents will be assessed on admission and quarterly for their mobility. This program will be consistently carried out by staff. Manufacturer guidelines will be followed when using the mechanical lift. Restorative Nurse will determine if resident is appropriate for the use of mechanical lift. Mechanical Lift Manufacture Guidelines - The use of one assistant is based on the evaluation of the health care professional.	F 323			