

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

PRINTED: 10/01/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145920</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/19/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY - PROPHETS RIVERVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>310 MOSHER DRIVE PROPHETSTOWN, IL 61277</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=D	<p>Annual Licensure and Certification Survey</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 interview and record review, the facility failed to supervise a resident while in his room, and failed to implement safety interventions to prevent falls.</p> <p>This applies to 1 of 9 residents (R2) reviewed for falls in the sample of 15.</p> <p>The findings include:</p> <p>The Minimum Data Set (MDS) assessment of 9/19/13 shows R2 has a diagnosis of Non-Alzheimer's Dementia. The 9/19/13 MDS shows R2 is cognitively impaired, unable to state the month, date, or year, and has poor memory recall. The 9/19/13 MDS shows R2 requires extensive assistance of two or more persons for transfers, and toilet use.</p> <p>The facility "Falls Data Collection Tool" assessment dated 1/14/13 shows R2 was at a high risk for falls with a score of 25 (a score of 12</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>or higher equals high risk). This assessment shows R2 "ambulates with problems and devices"... "balance problem while standing...walking" and a "decrease in muscular coordination".</p> <p>The undated facility "Resident Fall Log" shows R2 had nineteen falls from 1/12/13 to 9/6/13. The "Resident Fall Log" shows sixteen of the nineteen falls occurred in R2's room, and 9 falls occurred while R2 was in bed.</p> <p>The facility "Incident Record Logs" dated January, 2013 to September, 2013 show R2 had injuries to include "red area on back of head"... "laceration bridge of nose"... "bruise to chin".</p> <p>On 9/18/13 at 1:30 PM, E3 (Registered Nurse-Staff Development) said they did not know why R2 was falling in his room so much. E3 said they thought he was trying to get up to go to the bathroom, or could be rolling out of bed. E3 said the CNA's (Certified Nursing Assistants) should be toileting R2 every two hours. E3 said if R2 was getting up in the night the staff should be bringing him to the nurse station for monitoring and try to involve him in an activity.</p> <p>On 9/19/13 at 9:00 AM, E3 said R2 should be observed at least every hour when he is in his room. E3 said this should be included on R2's fall care plan.</p> <p>On 9/19/13 at 9:30 AM, E2 (Director Of Nursing-DON) said R2's care plan should have specific interventions that include how often R2 is monitored by staff while he is in his room. E2 said R2 could be placed on every 15, 30, or 60 minute observations during the night. R2's "Potential for falls R/T (Related to): Dementia:</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>Poor Safety Awareness" care dated 9/18/13 does not have any specific interventions on how often to check on R2 while he is in his Room.</p> <p>R2's 1/29/13 "Resident Fall Log Intervention/Corrective Action Implemented" section shows R2 was "not to be in wheel chair in room unattended after meals- place in bed or recliner". This Log shows R2 fell in his room on 2/4/13 while self-transferring from his wheel chair to his recliner and on 4/23/13, and 4/30/13, while self transferring from his wheelchair to his bathroom.</p> <p>There are no interventions on R2's 9/18/13 "Potential for falls R/T (Related To): Dementia: Poor Safety Awareness" care plan to not leave R2 unattended in his wheelchair in his room.</p> <p>The Resident Fall Log intervention/Corrective Action section dated 4/18/13, and 4/30/13, documents "If awake get up (R2) into recliner"... "after getting up in morning and after supper place in recliner up front"... "after family visits bring out of room up front"... "take to sitting area in view of staff". R2's 9/18/13 "Potential for falls R/T (Related To) Dementia: Poor Safety Awareness" care plan does not include these interventions.</p> <p>On 9/19/13 at 9:00 AM, E3 said the Intervention/Corrective Actions on the Resident Fall Log should be included on R2's Fall care plan.</p> <p>On 9/18/13 at 1:30 PM, R2 was in bed sleeping on a standard mattress.</p> <p>On 9/19/13 at 9:00 AM, E3 said the facility does use "Bolstered" mattresses with soft sides to prevent residents from rolling out of bed. E3 said these mattresses have soft raised sides that help</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>with positioning and help prevent residents from rolling out of bed. E3 said she thought R2 had one of these mattresses in place. E3 said this would be an appropriate mattress for R2.</p> <p>On 9/19/13 at 10:45 AM, E4 (RN- Registered Nurse) said R2 should be taken to the bathroom every two hours. E4 said there is no set schedule to check on R2 while he is in bed or in his room.</p> <p>On 9/19/13 at 10:50 AM, E8 (CNA- Certified Nursing Assistant) said R2 is taken to the bathroom in the morning when he gets up and after meals during the day shift. E8 said he is not on an every two hour bathroom schedule and there is no set schedule to toilet him when he is sleeping or in-between meals. E8 said they try to check on him often but that he does not have a set time frame that he needs to be observed when he is in his room.</p> <p>The facility policy "Prevention and Management of Falls Practice Guidelines" dated 4/2011 states "The Interdisciplinary team should perform an analysis of the precipitating events for individual resident falls and evaluate potential interventions aimed at prevention of future falls. In addition, this team should perform ongoing systemic evaluation to determine the effectiveness of the Falls Prevention Program".</p>	F 323			
F 368 SS=C	<p>483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME</p> <p>Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.</p>	F 368			

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F 368	<p>Continued From page 4</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure staff offer bedtime snacks to all residents. This applies to all 62 residents in the facility. The finding includes: The facility 's Census and Resident Condition Report of 9/17/2013 shows the facility has 62 residents. On 9/18/2013 at 10:30 AM, 6 residents (R12, 29, 35, 46, 45, and R59 ) said they are not offered bedtime snacks. R59 said he has to request a sandwich every night. All of the residents unanimously said they would like to be offered snacks at bedtime. On 9/18/2013 at 11:30 AM, E6 (Dietary Manager) said the kitchen sends out a snack tray in the evening. She said the snacks include pudding and fruit cups, cheese and crackers, and a drink. E6 said the staff are supposed to pass the snacks to all of the residents every night at about 7:00 PM. On 9/18/2013 at 12:30 PM, E2 (Director of Nursing) said there isn ' t a system in place to document if resident ' s are offered snacks and</p>	F 368			

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F 368	Continued From page 5 whether of not they accept it. The facility 's Frequency of Meals and Snacks policy and procedure (8/12) states, " Dietary and/or nursing are responsible for distribution of the snacks. "	F 368			