

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

PRINTED: 11/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2015	
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD PETERSBURG, IL 62675			
(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 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 ensure fall safety equipment was functioning properly to reduce the risk of falls for two of nine residents (R10 and R12) reviewed for falls in a sample of 16.</p> <p>Findings include:</p> <p>The facility CNA (Certified Nursing Assistant) Orientation Packet, dated 2014, documents, "Pressure: Green light=on and working properly, if the green light is not blinking it is not functional. Alarm pads are good for one year only. You must date any new pads that are put into use and discard any pads that are over one year." and "Pressure alarm pad is to be turned on after the resident is seated on the alarm pad to guarantee effective function."</p> <p>1. The facility Occurrence Reports for R10, dated 7/14/15, 8/8/15 and 8/24/15, document that R10's fall preventative pressure alarm was not sounding</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 at the time of R10's falls.</p> <p>R10's Care Plan, dated 4/10/15 through current 9/15/15, documents that a pressure alarm is to be used for R10 as a fall intervention and that the alarm box is to be kept out of R10's sight.</p> <p>The facility's Personnel Action for E14 (CNA), dated and signed by E14 on 8/8/15, documents "Resident did not have alarm sounding at time of fall..." . This Personnel Action also documents that E14 was given a verbal counseling for; "12. Defective and improper work" and "13. Carelessness".</p> <p>On 11/4/15 at 1:00 p.m., E13 (QA/Quality Assurance Nurse), confirmed that R10's 7/14/15, 8/8/15 and 8/24/15 falls all involved R10's pressure alarm not sounding. E13 stated that on 8/8/15, R10's alarm was not turned on while R10 was up in the wheelchair. E13 also stated that on 8/24/15, R10's alarm had been shut off by a staff member because R10 kept getting up and down to get into R10's closet. E13 also stated that all resident alarms are to be checked for functioning and placement daily.</p> <p>On 11/5/15 at 11:30 a.m., E2 (DON/Director of Nurses) stated E2 completed R10's 7/14/15 fall investigation and confirmed R10's alarm had been shut off while R10 was in activities. At this time, E2 stated E2 was unable to determine who shut R10's alarm off or why the alarm was not turned back on. E2 also stated that CNA's are to check resident alarm placement and functioning during shift to shift report rounds on a daily basis and are also checked weekly during shower days.</p> <p>2. The facility Occurrence Report for R12, dated</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>12/16/14, documents that R12's fall preventative pressure alarm was not sounding at the time of R12's fall.</p> <p>R12's Care Plan, dated 10/16/14 through current 10/6/15, documents a pressure alarm is to be used for R10 as a fall intervention.</p> <p>On 11/4/15 at 1:00 p.m., E13 (QA Nurse) stated that R12's alarm was not sounding because the alarm was not functioning properly and had to be replaced.</p>	F 323			