STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A453	A. BUILDING _____ B. WING _____	07/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(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	Annual Certification Survey 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 thoroughly assess falls and accident risks and develop strategies to prevent recurrent incidents for one of two residents (R4) reviewed for falls in the sample of 5. Findings include: On 7/5/12, at 10:30 a.m., R4 was observed propelling her wheelchair slowly near the nurse's station. R4's posture was hunched and she leaned forward over the edge of her wheelchair as she propelled the chair with her feet. R4 had visible bruising over her left eye. R4's room was observed on 7/5/12 at 11:00 a.m. R4's mattress had high sides, and a 1/2 side rail was on the outer side of her bed. The bed was adjustable and a mattress was available to place next to the bed.	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 323	Continued From page 1 According to the facility's Accident/Incident Log for January thru July 6 of 2012, R4 sustained falls on 7/1/12, 6/12/12, 6/1/12, 5/10/12, 4/11/12, and 1/15/12. No new interventions were outlined on R4's current Care Plan, updated 7/1/12, following the incidents on 4/11/12, 5/10/12, 6/12/12, or 7/1/12. R4's Care Plan dated 4/3/12 indicates that R3 uses a body alarm at all times except while care is being given. The Post Fall Assessment dated 4/11/12 fails to indicate whether a body alarm or any other precautions or devices were in place when R4 fell on that date. Post Fall Assessments dated 1/15/12, 7/1/12, 6/12/12, and 6/1/12 indicate that a device was in place, but fail to identify whether the device was functioning at the time of the accidents. On 7/5/12 at 2:00 p.m., E3, Care Plan Coordinator, stated that no new interventions had been attempted after the most recent fall on 7/1/12. E3 stated that R4's other falls had been from her bed, and that she had a low bed with a mattress so these were not a problem. When noted that R4 had fallen from her wheelchair on 4/11/12 and on 6/1/12, E3 stated that she was unaware whether any new interventions had been attempted following those accidents. E3 stated that all the information was present, and that if the fall committee had no new suggestions following a fall, then nothing new was implemented. E2, Regulation Compliance Coordinator, reiterated this information in an interview on 7/6/12 at at 10:00 a.m. E2 stated that R4 was believed to have slid out of her chair at times, but E2 was unable to state whether the facility had attempted devices to prevent R4 from sliding in	F 323		

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F 323	Continued From page 2 her chair. According to the facility's Accident/Incident Log for January thru July 6 of 2012, R4 sustained skin tears of unknown origin on 6/23/12, 5/2/12, and 2/18/12. When asked on 7/6/12 at 10:00 a.m., E3 stated that R4's side rail had not been assessed for appropriateness of usage or risks versus benefits. During the daily status meeting at 11:00 a.m., E1, Administrator, E2, and E3 discussed the appropriateness of R4's side rails and their potential as an accident hazard in an individual with a history of falling from her bed.	F 323		