

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

PRINTED: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/28/2015
NAME OF PROVIDER OR SUPPLIER WASHINGTON CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NEWCASTLE WASHINGTON, IL 61571		
(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=E	<p>Complaint Investigation #1523917/IL78786</p> <p>Re-investigation of Complaint #1520808/IL75003.</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 observation and interview, the facility failed to ensure all resident beds were maintained to assure resident safety, for 23 of 25 residents (R3 - R25) reviewed for resident injury, in a sample of 25.</p> <p>Findings include:</p> <p>During a tour of the facility on 7/28/15 at 12:40 p.m., with E8 (Maintenance Supervisor), R3 through R25's bedframes were missing the black protective plastic caps that cover the edge of the tubular metal support bars extending the width of the bed. The metal support bars have a blunt metal edge that is flush with the right and left side of the bed frames.</p> <p>On 7/28/15 at 12:29 p.m., Z1 (Bed Manufacturer Customer Care/Technical Support) stated that the black protective plastic caps that cover the end of</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>the tubular metal support bars on their beds are intended to help prevent injuries. Z1 stated that the location of those metal bars could potentially come in contact with a resident's skin during transfers or even just sitting on the edge of the bed. Z1 stated the black plastic caps are replaceable and can easily be ordered from the company.</p> <p>On 7/28/15 at 12:50 p.m., E8 stated all resident bed frames are fully inspected to ensure they are functioning properly upon each resident's discharge. E8 concluded that all staff are to submit a "work order" to the Maintenance Department for any resident equipment that is not functioning or missing parts. E8 stated he was unaware that R3 - R25's bedframes were missing the black protective caps; however, was aware that he could order more from the bed manufacturer.</p>	F 323			