

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

PRINTED: 05/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G146		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2013	
NAME OF PROVIDER OR SUPPLIER FROEHLICH HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 356 SOUTH MICHIGAN AVENUE GALESBURG, IL 61401			
(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
W 000	INITIAL COMMENTS			W 000			
W 153	<p>ANNUAL CERTIFICATION - FUNDAMENTAL INSPECTION OF CARE</p> <p>LICENSURE SURVEY 483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to report to the Department an injury of unknown origin for 1 of 1 individual outside of the sample who was reported to have an injury of unknown origin (R5).</p> <p>Findings include:</p> <p>Per a Physician Order Sheet for March 2013, R5 is a 63 year old male resident with diagnoses including Severe Intellectual Disability, Osteopenia, Seizures, Anxiety, Herniated Disc and Musculoskeletal Pain.</p> <p>R5's Individual Service Plan (ISP) dated 3/15/12 states he uses verbalization to make his wants and needs known.</p> <p>A Form "GP-15" dated 2/3/13 and filled out by E3 (Direct Care) reports "staff noticed a large bruise</p>			W 153			

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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W 153	Continued From page 1 on (R5's) right hip area" which was found during R5's shower. The "size and location" is reported as "4 inch x 2 inch". The form reads, "List anyone notified: other staff & RSD." The form indicates the nurse was not notified. There was a "Safety Committee" meeting held on 2/14/13 involving R5's fall. This document states E1, E5 (RSD from another home), E2 (Administrator) and E4 attended the meeting. The recommendation the committee concluded was "continue to monitor." E2 was asked during interview on 3/12/13 at 2:45pm if R5's injury of unknown origin discovered on 2/3/13 was reported to the Department. E2 stated no.			W 153			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to investigate an injury of unknown origin for 1 of 1 individual outside of the sample who was reported to have an injury of unknown origin (R5). Findings include: Per a Physician Order Sheet for March 2013, R5 is a 63 year old male resident with diagnoses including Severe Intellectual Disability,			W 154			

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W 154	<p>Continued From page 2</p> <p>Osteopenia, Seizures, Anxiety, Herniated Disc and Musculoskeletal Pain.</p> <p>R5's Individual Service Plan (ISP) dated 3/15/12 states he uses verbalization to make his wants and needs known.</p> <p>R5's 3/15/12 ISP states R5 needs monitored for safety while bathing due to his diagnosis of seizure disorder. It also states R5 is incontinent and often needs assistance with changing his clothing and may need more showers during the day due to his incontinence.</p> <p>A Form "GP-15" dated 2/3/13 and filled out by E3 (Direct Care) reports "staff noticed a large bruise on (R5's) right hip area" which was found during R5's shower. The "size and location" is reported as "4 inch x 2 inch". There is no description of bruise other than the size. The form indicates the nurse was not notified.</p> <p>E1, Residential Service Director (RSD) added to the 2/3/13 GP-15 as a "follow up" comment, "possible due to fall that occurred."</p> <p>The most recent fall documented on a GP-15 was dated 1/11/13 at 8:40am when R5 fell outside on the back sidewalk. The GP-15 reports R5 fell "on his buttox (sic)." This form reports E4 (Registered Nurse Trainer) was notified and gave orders to monitor R5 for marks or bruises or abnormal ambulation. There is no nursing documentation of assessment including location or injury after this fall found in R5's chart.</p> <p>R5 is assisted with his shower and personal hygiene issues daily by staff. There is no</p>			W 154			

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W 154	<p>Continued From page 3</p> <p>documentation of bruising noted to R5's right hip between the fall on 1/11/13 and the findings documented on 2/3/13.</p> <p>There was a "Safety Committee" meeting held on 2/14/13 involving R5's fall. This document states E1, E5 (RSD from another home), E2 (Administrator) and E4 attended the meeting. The recommendation the committee concluded was "continue to monitor."</p> <p>E4 was asked during interview on 3/12/13 at 215pm if she was aware of the report of R5's bruise. E4 stated she was aware that R5 fell in January, but she was not notified that a bruise was found on 2/3/13.</p> <p>E1 was asked during interview on 3/12/13 at 2:30pm if the bruise of unknown origin involving R5 and reported on 2/3/13 was investigated. E1 stated yes.</p> <p>E1 was asked if there was documentation of an investigation including but not limited to interviews with staff and R5 or written statements regarding R5's 2/3/13 injury of unknown origin. E1 stated no.</p>			W 154			