

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

PRINTED: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145647	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2014
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF PEORIA			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614		
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F 000	INITIAL COMMENTS	F 000			
F 221 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Observation, Interview and Record Review, the facility failed to a physician's order, care plan initial/ongoing assessments, and consent for use of full side rails for one of two residents (R19), reviewed for restraints, in a total sample of fifteen.</p> <p>On 2/18/14 at 3:40 pm, R19 was in bed in R19's room with bilateral full side rails pulled up fully.</p> <p>On 2/20/14 at 10:00 a.m. E9, Certified Nurse (CNA), stated that R19 is not to have full side rails up. E9, CNA, also verified that the orange Resident Care Card kept on the back of R19's closet door would indicate whether or not R19 should have side rails in use and this card would be referred to by staff in order to verify side rail use status.</p> <p>R19's Resident Care Card does not indicate Side Rails are to be used under the area titled Assistive Devices. R19's current Physicians Order Sheet does not document an order for side rail use. R19's current medical record does not contain a completed Assistive Device/Side Rail</p>	F 221		3/25/14	

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 221	Continued From page 1 Assessment form nor a Consent form for Side Rail usage. On 2/19/14 at 11:10 am, E6, Corporate Nurse for the facility, verified that there was no Doctor's order, no Side Rail Consent nor a Side Rail Assessment for R19. On 2/20/14 at 10:07 am E8, Registered Nurse (RN) stated that when there is no order for full side rails for any resident, the full side rails are disabled by the Maintenance Supervisor to the bottom rail of the bed in the lowest position. On 2/20/14 at 11:45 am E7, Maintenance Supervisor, stated that every resident bed should have clamps on the full side rails, disabling them from usage. E7 verified that the only time the clamps are to be removed is when there is a Doctor's order to enable Full side rails for a specific resident. E7 also stated that anyone can remove the clamps with a screwdriver and enable the full side rails for use. E7 also verified that there were no clamps present today on R19's full side rails when he went into R19's room to disable the full side rails on R19's bed this morning.	F 221			
F 323 SS=D	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.	F 323		3/25/14	

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F 323	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to utilize physician ordered devices needed to prevent resident injury, for two of 15 residents (R9 and R22) reviewed for safety, in a sample of 15.</p> <p>Findings include:</p> <p>1. A Physician's Order Sheet, dated 2/01/14, documents R9 has the current diagnoses of Right Sided Hemiparesis and Abnormal Gait and is to utilize a personal body alarm when in a chair. A Plan of Care, dated 2/18/14, identifies R9 as at risk for falls, related to weakness, unsteady gait and right sided weakness, and instructs staff to utilize a personal body alarm while up in a wheelchair.</p> <p>On 2/18/14 at 10:45 a.m. and 12:10 p.m., 2/19/14 at 9:00 a.m., 10:00 a.m., and 11:50 a.m., and 2/20/14 at 9:00 a.m., R9 was up in a wheelchair with a personal body alarm attached to the wheelchair, but not turned on or attached to the resident.</p> <p>On 2/20/14 at 9:00 a.m., E5 (Licensed Practical Nurse) stated R9 did have a current order for a personal body alarm to be utilized while up in the wheelchair.</p> <p>The facility policy, titled "Electronic Monitoring Devices (Alarms)", documents the facility "will utilize electronic monitoring devices a part of the fall prevention program....Facility staff will be in-serviced regarding the use of electronic monitoring devices during initial orientation and</p>	F 323			

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F 323	Continued From page 3 periodically to ensure appropriate staff are knowledgeable regarding why, when and how the devices should be used." 2. A Physician's Order Sheet, dated 2/01/14, documents R22 is to have protective sleeves on the arms and legs bilaterally at all times, except during hygiene. A Plan of Care, dated 2/04/14, identifies R22 as high risk for skin tears and instructs staff to protect R22's skin at all times and utilize protective sleeves on the arms and legs bilaterally. On 2/19/14 at 1:20 p.m. and 2:05 p.m. and on 2/20/14 at 9:20 a.m., R22 did not have protective sleeves on either arm and R22's skin was exposed. On 2/20/14 at 9:32 a.m., E2 (Director of Nursing) stated R22 has "very brittle skin" resulting in a history of skin tears and requires the protective sleeves to the arms and legs. E2 indicated staff "forgot" to put the protective sleeves on R22's arms after completing morning cares.	F 323			
F 520 SS=C	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment	F 520		3/25/14	

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F 520	<p>Continued From page 4</p> <p>and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct quarterly Quality Assurance Committee meetings with the Director of Nursing and at least three other staff members present in three of the last four meetings.</p> <p>This failure had the potential to affect all 64 residents living in certified beds at the facility.</p> <p>Findings include:</p> <p>The facility's quarterly Quality Assurance Committee meeting attendance records for the last year, provided by E1, Administrator, on 02/20/14, indicated that in addition to the Director of Nursing, only one other staff member attended the meeting on 1/28/14 and 10/18/13; and only two other staff members attended the meeting on 4/26/13.</p> <p>E1 (Administrator) stated on 2/20/14 at 11:45 AM that the information on the four attendance</p>	F 520			

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F 520	Continued From page 5 documents was accurate. The Centers for Medicare and Medicaid Services (CMS) form #672 completed by the facility, provided by E1 on 02/18/14, indicated that there were currently 64 residents living in certified beds.	F 520			