

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145945	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/04/2014
NAME OF PROVIDER OR SUPPLIER IMBODEN CREEK LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 180 WEST IMBODEN DECATUR, IL 62521		
(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 242 SS=D	<p>Complaint Investigation #1463835/IL71745</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to implement preferences for one of three residents (R1) reviewed for resident rights in a sample of three.</p> <p>Findings include:</p> <p>The Admission Record, August 2014, documents R1 with diagnoses to include Alzheimer's Disease. The Minimum Data Set, 6/30/14, documents R1's cognition as severely impaired. The Admission Record, August 2014, documents Z1 (Family) as involved family.</p> <p>On 9/4/14 at 12:15pm, E3 (Nurse) stated on 8/30/14 at approximately 2:30pm, Z1 requested R1 remain in bed for the dinner meal instead of staff bringing R1 to the dining room. E3 stated she forgot to inform the staff to have R1 remain in bed.</p> <p>The Event Report, 8/30/14 at 3:45pm, documents</p>	F 242			

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 242	Continued From page 1 R1 slipped out of the mechanical lift sling during a transfer. On 9/4/14 at 2:30pm, E9 (Nursing Assistant), stated on 8/30/14 R1 slipped out of the mechanical lift sling when being assisted into the wheelchair prior to dinner. E9 was the Nursing Assistant caring for R1 on 8/30/14. E9 was unaware of Z1's request for R1 to receive dinner in bed. On 9/4/14 at 2:20pm, E10 (Nursing Assistant) stated on 8/30/14 R1 slipped out of the mechanical lift sling when getting R1 out of bed for dinner. E10 was unaware of Z1's request. The facility policy, Residents' Rights, undated, documents all residents have the right to participate in the plan of care, refuse treatments or make suggestions or request changes in the plan of care. On 9/4/14 at 2:38pm, E1 (Administrator) stated family requests are honored.	F 242			
F 323 SS=G	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:	F 323			

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F 323	<p>Continued From page 2 Surveyor: Larsen, Kimberly</p> <p>Based on interview and record review the facility failed to implement the plan of care for safe resident transfer for one of three residents (R1) reviewed for falls and mechanical lift use in a sample of three. This failure resulted in R1 incurring a fracture to the left pelvis.</p> <p>Findings include:</p> <p>The Minimum Data Set, 6/30/14, documents R1 as requiring extensive assist of two plus staff members for transfers. The Care Tool, 9/3/14, documents R1 as requiring a mechanical lift with the assistance of three staff persons for transfers. The Care Plan, 1/3/14, documents R1 as requiring a mechanical lift for transfers.</p> <p>The Event Report, 8/30/14 completed by E3 (Nurse), documents at 3:45pm R1 slipped out of the mechanical lift sling during a transfer. The witnesses to the incident are E4 and E10 (Nursing Assistants). R1 was sent to the emergency room for evaluation of a possible injury to the left leg and head. The Progress Notes, 8/30/14, document R1 admitted with a diagnosis of a Ramus Fracture. The Progress Notes, 9/3/14, document R1 returning to the facility at 6pm with a diagnosis of a Pubic Ramus Fracture.</p> <p>On 9/4/14 at 2:30pm, E9 (Nursing Assistant), stated on 8/30/14, while E9 assisted another resident, E4 and E10 (Nursing Assistants) entered R1's room to provide care prior to dinner. E9 was to return to R1's room to assist E4 and E10 transfer R1 with the mechanical lift after assisting the other resident. R1 was observed on</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>the floor when E9 entered the room. E4 reported R1 slipped out of the mechanical lift sling during transfer. R1 is a three person transfer.</p> <p>On 9/4/14 at 1:26pm, E4 stated R1 is a three person transfer. E4 stated while E4 and E10 completed the mechanical lift transfer of R1 one strap of the sling came off and R1 fell to the floor. E4 confirmed she was supposed to wait for E9 to return to the room so E9 could assist E4 and E10 with R1's transfer.</p> <p>On 9/4/14 at 2:20pm, E10 (Nursing Assistant) stated on 8/30/14 at approximately 3:40pm, E4 and E10 entered R1's room to prepare R1 for dinner. E4 placed the mechanical lift straps on one side of the lift and E10 placed the straps on the remaining side. E10 used the controls to lift R1 off of the bed and R1 was moved away from the bed. E4 turned away to move the wheelchair so R1 could be lowered into the wheelchair. As E4 turned away, the strap fell off and R1 fell to the floor. E10 stated E4 and E10 were the only staff performing the transfer.</p> <p>On 9/4/14 at 11:25am, E2 (Director of Nursing), stated R1 is a three staff mechanical lift transfer due to size.</p> <p>The Computerized Tomography Report of the Abdomen, Chest and Pelvis, 8/30/14, documents an impression of a Left Inferior Pubic Ramus Fracture.</p> <p>The facility policy, Safe Resident Handling Policy, documents procedures to reduce resident handling injuries include the specific method for transferring residents will be communicated to the nursing and care staff by ensuring this</p>	F 323			

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F 323	Continued From page 4 information is included in the Care Tool that guides staff with resident care.	F 323			