

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

PRINTED: 08/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2016	
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430			
(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	<p>Complaint Investigation 1693395/IL86366 F323</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 interview and record review the facility failed to implement fall care plan interventions by using a specialty mattress to reduce the risk of falls and failed to safely transfer from the chair to bed, and failed to follow the plan of care and utilize 2 person assist for bed mobility for 1 of 3 resident R1 all reviewed for falls, safe transfers and bed mobility.</p> <p>Findings Include:</p> <p>R1's face sheet diagnoses include frontal temporal dementia, history of falls, osteoarthritis and peripheral vascular disease.</p> <p>R1's incident report dated 10/22/15 indicates that R1 was observed on the floor next to her bed with bleeding noted from the back of her head. The report indicates that R1 stated that she slid from bed while trying to scratch herself.</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>R1's updated fall care plan includes an intervention dated 10/22/15 for a scoop/perimeter mattress, an intervention dated 10/23/15 for a wide mattress and body pillow while in bed for body positioning/alignment.</p> <p>On 6/23/16 R1 was observed resting in bed without a scoop/perimeter mattress and without positioning body pillows in place.</p> <p>On 6/27/16 at 8:15 am R1 was observed without a scoop/perimeter mattress and without positioning body pillows in place.</p> <p>On 6/27/16 at 12:50 pm E4 Nurse Manager stated that R1 is on a wide mattress as included on the care plan. E4 stated that the scoop/perimeter design is not available with the wide mattress. E4 stated that R1's body pillows are put in place more during the night because she often refuses them during the day.</p> <p>R1's incident report dated 5/28/16 indicates that R1 was noted with two skin tears to the left lateral elbow during care.</p> <p>E7's (CNA) written investigation report dated 5/28/16 indicates that R1 was noted with bleeding to left arm during turn and repositioning while dressing resident.</p> <p>On 6/27/16 at 4:51 pm E7 stated that on 5/28/16 she noticed R1's arm bleeding after rolling R1 from one side of the bed to the other while dressing R1. E7 stated that she was performing the task without other staff assistance.</p> <p>R1's MDS dated March 10, 2016 indicates that R1 requires extensive two person assistance for</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>bed mobility (includes turning side to side).</p> <p>R1's investigation report dated 6/9/16 indicates that R1 was noted with a bruise/swelling to the left inner knee. R1's left knee x-ray dated 6/9/16 indicates that R1's knee had degenerative changes with no acute fracture identified.</p> <p>E9's (CNA) written investigation statement dated 6/9/16 indicates that R1 was transferred from the specialized wheelchair using two person lift by lifting R1 up under her arms and by the back of her pants.</p> <p>E10's (CNA) written investigation statement dated 6/9/16 indicates that R1 was transferred into the bed from the wheelchair by holding under her arms and the back of her pants. E10's statement indicates that it is possible that R1's knees were bumped on the wheelchair, bed or together (knee to knee).</p> <p>R1's incident report dated 6/18/16 indicates that R1 was observed with a skin tear to the top of the right foot.</p> <p>R1's investigation report dated 6/23/16 indicates that on 6/18/16 R1 was noted with a skin tear to her right foot after staff removed her sock in preparation for bedtime and hour of sleep care. R1's investigation report indicates that while positioning R1 in the wheelchair in preparation for transfer, R1's foot brushed against the roommate's bed with R1 denying pain or injury.</p> <p>E8's Certified Nursing Assistant (CNA) written statement dated 6/21/16 indicates that while turning R1's wheelchair R1's foot hit against the roommates bed.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>On 6/27/16 at 8:20 am E12 Nurse Manager stated that R1's right foot injury occurred during a transfer.</p> <p>On 6/27/16 at 4:29 pm E6 Certified Nursing Assistant (CNA) stated that she is not sure what happened to R1's foot. E6 stated that she discovered blood on R1's foot upon removing R1's sock. E6 stated that she does not recall R1 hitting her foot before or during the transfer. E6 stated that she used the stand assist mechanical lift to transfer R1 back to bed because R1 did not have a sling pad underneath her to use the full sling mechanical lift. E6 stated that she did not want to push the sling pad underneath R1 and cause skin damage.</p> <p>R1's Activity of Daily Living care plan revised 3/18/15 with a target goal date of 7/8/16 includes an intervention to transfer with full sling mechanical lift; however R1 was transferred using the stand assist mechanical lift.</p> <p>R1's Minimum Data Set (MDS) dated March 10, 2016 indicates that R1 has bilateral impairment in upper and lower extremities. R1's MDS also indicates that the activity of moving from seated to standing position did not occur and that R1 is not steady, only able to stabilize with staff assistance with surface to surface transfers.</p> <p>R1's ADL task for CNA's indicates that the full sling mechanical lift should be used to transfer R1.</p>	F 323			