STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER: GALESBURG COTTAGE HOSPITAL SKILLED NSG UNIT

STREET ADDRESS, CITY, STATE, ZIP CODE: 695 NORTH KELLOG STREET, GALESBURG, IL 61401

IDENTIFICATION NUMBER: 145690

DATE SURVEY COMPLETED: 03/05/2015

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) | COMPLETION DATE
---|---|---|---|---
F 000 | INITIAL COMMENTS | F 000 | | |
F 323 SS=D | F 323 | | | |
Annual Certification Survey 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:

Based on interview and record review, the facility failed to implement their Suicide Risk Assessment and Precautions Policy when a resident made a suicidal statement for one of three residents (R13) reviewed for behaviors in the sample of eight.

Findings include:

The facility’s Suicide Risk Assessment and Precautions Policy (2007) directs that “If a patient is identified to be at risk for suicide, then suicide precautions will be implemented:

A) A Registered Nurse (RN) will assess the patient presenting with... emotional or behavioral disorder utilizing the Suicide Risk/Behavioral Disorder Assessment Form, and...(obtain) an order for the level of suicide precautions required based on assessment...

E) (Implement) precautions based on level of risk,
### SUMMARY STATEMENT OF DEFICIENCIES

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...(document) clinical status and patient safety... every 15 minutes for acuity 1, 2, and 3,...and every shift, (conduct) room searches... for potentially harmful items, utilizing the Psych-Safe Room Checklist."

R13's Progress Note dated 3/1/15 documents a diagnosis of Dementia with Behaviors. R13's Brief Interview for Mental Status dated 2/28/15 documents that R13 is moderately cognitively impaired.

R13's Progress Note dated 2/27/15 at 1:00am documents "(R13) stated 'will take a gun and shoot (R13) better than living this way.'"

R13's Progress Note dated 3/1/15 at 3:05am documents "(R13) states 'If I could find a gun, I'd shoot myself.'"

R13's Suicide Risk/Behavioral Disorder Assessment was completed on 2/28/15 at 6:10pm. R13's Psych-Safe Room Checklist was completed on 3/2/15. E2, Director of Nursing (DON), could not provide continual observation documentation or 15 minute observation documentation for R13 from 2/27/15-3/1/15.

R13's Psychiatric History and Physical, completed by Z1, Psychiatrist, dated 3/1/15, documents that on 2/27/15 at 1:00am, R13 "Threatened to take a gun and shoot (R13)," and "No suicide assessment was found on the chart." R13's Psychiatric History and Physical also documents "(R13) was documented at 3:05am this a.m. (3/1/15) making a statement 'if I could find a gun, I would shoot myself'. No suicide assessment was completed at that time."
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On 3/4/15 at 12:50pm, E2, DON (Director of Nursing), confirmed that R13’s Suicide Risk/Behavioral Disorder Assessment was first completed on 2/28/15 at 6:10pm, and that R13’s Psych-Safe Room Checklist was first completed on 3/2/15. E2 confirmed that no continual observation or 15 minute observations were provided for R13 from 2/27/15 until R13 was seen by Z1. E2 stated that R13’s Suicide Risk/Behavioral Disorder Assessment and Psych-Safe Room Checklist should have been completed immediately following R13’s suicidal statement 2/27/15 at 1:00am, and that R13 should have been on continuous 1:1 observation from 2/27/15 at 1:00am until examined by Z1.