

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

PRINTED: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145690	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER GALESBURG COTTAGE HOSPITAL SKILLED NSG UNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 695 NORTH KELLOG STREET 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
F 000	INITIAL COMMENTS	F 000			
F 323 SS=D	<p>Annual Certification Survey 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 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.</p> <p>Findings include:</p> <p>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:</p> <p>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...</p> <p>E) (Implement) precautions based on level of risk,</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>...(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."</p> <p>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.</p> <p>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.'"</p> <p>R13's Progress Note dated 3/1/15 at 3:05am documents "(R13) states 'If I could find a gun, I'd shoot myself.'"</p> <p>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.</p> <p>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."</p>	F 323			

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F 323	Continued From page 2 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.	F 323			