

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

PRINTED: 05/20/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145874</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWBROOK MANOR - NAPERVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 RAYMOND DRIVE NAPERVILLE, IL 60563</b>		
(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=E	<p>Complaint Investigation 1472051/IL69759 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 observation, interview and record review, the facility failed to provide supervision to R 1 who was identified as high risk for falls. Failed to implement the plan of care to use a chair alarm and to ensure the device is in place and functioning and failed to provide supervision to residents (R 4, 5, 6, 7, 8, 9 and R 10) that were left in the dining room after mealtime (05-15-14). R 1 fell on 05-01-14. This applies to one (R 1) of three residents reviewed for falls and 8 resident (R1, R 4, 5, 6, 7, 8, 9 and R 10) observed without supervision after meal time.</p> <p>The findings include: On 05-14-14 at 9:30 AM, R 1 was in bed sleeping. E 7/ Nurse Supervisor stated, " she ' s (R 1) very confused, she really does not understand any more. She got Alzheimer's disease and recently had a fall a week ago in the dining room. I think she got up from her wheelchair and tried to walk by her self and she</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	Continued From page 1 fell. I do not know at what time but it is after dinner. She is supposed to have a personal alarm but I am not sure if she had the alarm at the time, I did not hear the alarm. I was called to the scene (2nd Floor dining room) when it happened. The Dietary Aide (E 3) was in the dining room and she called for help. When the Nurse came R1 is already on the floor, on her side lying position, crying and she was holding her leg, we sent her out for evaluation and was admitted with fracture (left hip). On 05-15-14 at 12:15 PM, via phone interview E 3/Dietary Aide described " I was in the dining room with the new girl (Dietary Aide on orientation/ E 5) I work in the kitchen. There was no one in the dining room, no Certified Nursing Assistant, no Activity aide, no Nurse. I saw R 1. I cannot touch any patient; I work in the kitchen and that was the rule, do not touch the patients. I saw her walking from her table to another. It was unusual. She usually stays in her chair (wheelchair). I heard no alarm. I ran to call the Nurse (E 4) when I saw patient fall. The Nurse was giving medication in the hallway. There were about four or five residents left unsupervised (in the dining room). " On 05-15-14 at 12:37 PM, E 5 (Dietary Aide/Orienteer) explained, " I work in the kitchen I pick up dishes. The patient (R1), she was screaming help me, help me! " There was no staff in the dining except E3 and me. No alarm was beeping. E 3 went out the dining room to get help. There were about five more residents left in the dining room. " On 05-15-14 at 12:36 PM, via phone interview, E 4 stated, " I was pushing my cart (medication cart) in the hallway, the Dietary Aide (E 3) called me and said come here. We went to dining room . There was no nursing staff in there. I saw the	F 323			

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F 323	<p>Continued From page 2</p> <p>patient (R 1) on the floor lying on her side crying. Some patients are still there. I did not hear the alarm. I don't know where the Certified Nursing Assistants were, that is not my group they are probably putting their residents back to bed. "</p> <p>On 05-14-14 at 11:10 AM, E 9 (Nurse) stated, " I was her (R 1 ' s) nurse, I just finished feeding her and I left her in the dining room and started passing my medications at the time the incident occurred. The Kitchen staff (E 3) called the other Nurse (E 4) and saw R 1 on the floor. E 4 then called me. "</p> <p>On 05-15-15 at 1:14 PM, E 6 (Restorative Nurse) and Fall Coordinator stated, " she (R1) is on a falling star program because she is risk for fall. She cannot walk; she can transfer from chair to bed with one-person physical assist. She needs supervision and she's supposed to have an alarm. "</p> <p>The fall risk assessment dated 04-02-14 R 1 was scored 17. The instruction reads if the total score is 10 or greater, the resident should be considered HIGH RISK for potential falls. R 1's special care needs dated 01-29-14 and 03-08-14 showed R1 is identified as fall risk and body/personal and pad alarm needed.</p> <p>R 1's fall risk - care plan showed an intervention to use electronic alarm and to ensure the device is in place .</p> <p>(2) On 05-15-14 at 12:50 PM, at the second floor dining room, R 1 and R7 and other residents (R 4 through R 10) were observed in the dining room without supervision. No staff was present from 12:50 PM to 1:05 PM. At 1:06 PM, E 7 was notified about this observation.</p> <p>The following were observed:</p> <p>(1) R 1, R 5 and R 9 were sleeping in the dining room.</p> <p>(2) R 4's lunch tray was in front of her</p>	F 323			

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F 323	Continued From page 3 untouched. R 4 stated, " I'd like to go back to bed, I don't feel good! " (3) R 7 was requesting to go back to her room and said, " My back hurts. " (4) R 8 was calling for help (5) R 6 and R 10 were sitting in front of the dining table. These residents were identified as needing supervision in the dining area to prevent falls.	F 323			