

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

PRINTED: 10/29/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145914	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2020
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NAME OF PROVIDER OR SUPPLIER SOUTHPOINT NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET CHICAGO, IL 60643
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F 000	INITIAL COMMENTS Complaint Investigation 2087912/IL00127486 2087901/IL00127475-F689 2087852/IL00127425	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to follow their policies on Transfer/Mobility and Fall Prevention for one of three residents(R3) reviewed for falls with serious injuries. This failure resulted in V3 (Certified Nursing Assistant-CNA) transferring R3 who is coded on the Minimum Data Set (MDS) as a two person physical assist for transfer/mobility without assistance, causing R3 to fall to the floor. R3 sustained a fracture of the left femoral shaft. R3 was transferred to the hospital and underwent an emergency surgical procedure. R3 has been hospitalized since 10/2/2020. Findings Include: During review of R3 ' s hospital record on 10/7/2020 at 12:50 pm, R3 an 83 year old who sustained a fracture of the left femoral Shaft. R3	F 689	Combined Plan of Correction and Allegation of Compliance The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been and will be corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to, and does not constitute an agreement with the alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take actions set forth in the following plan of correction. F689 The Facility will continue to ensure that resident's environment remains free from	10/12/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/28/2020
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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 689	<p>Continued From page 1</p> <p>had to have emergency surgery on 10/2/2020. Per the hospital record R3 sustained the fall at the nursing home. The paramedics transferred R3 from the nursing home to the hospital emergency room.</p> <p>On 10/6/2020 at 11:00 am, review of nursing note by V4 (Nurse)read R3 complained of pain on 10/01/2020 at 11:07 pm. Another nursing note entered as a Late Entry by V4, reads; R3 was lowered to the floor after complaining of pain to the left leg on 10/01/2020 at 11:59 pm.</p> <p>During interview on 10/6/2020 at 9:42 am, V2 (Director of Nursing-DON) stated R3 fell and was sent to the hospital on 10/2/2020. V2 was asked for the investigation report, V2 stated she was still investigating and could only tell me on 10/2/2020, V3 (Certified Nursing Assistant-CNA) said R3 knees buckled and she lowered her to the floor.</p> <p>On 10/07/2020 at 11:40 am, review of R3 's Minimum Data Set (MDS) dated 07/09/2020, Section (G) (Transfer = 3/3, Bed Mobility = 3/3, Dressing = 3/3, Toileting = 3/3, Personal Hygiene = 3/3. R3 requires Extensive assistance with a Two Person Physical Assist. R3 is totally dependent on staff for all activities of daily living (ADL's).</p> <p>Review of R3's care plan for falls noted R3 had 6 falls, 01/03/2020, 01/23/2020, 03/17/2020, 04/13/2020, 07/09/2020 and 10/2/2020.</p> <p>During phone interview on 10/8/2020 at 10:23 am, V3 (CNA) stated she was getting R3 out of bed and transferring her to the wheelchair. R3 stated, "I had my gait belt on her (R3) and she was sliding, her knees buckled and I lowered her</p>	F 689	<p>accidental hazards and that each resident receives adequate supervision and assistive devices to prevent accidents. Corrective actions for the resident affected:</p> <p>R1 no longer reside in the facility. All Residents have the potential to be affected. How other residents continue to be identified:</p> <p>The DON and or designee will review and continue to review restorative assessments for all residents. All ADL care plans have been updated appropriately. DON and or Designee will continue to review all that are at risk for falls and have a fall.</p> <p>System revision:</p> <p>V3 and all nursing staff have been re-in-serviced on appropriate transfer protocol.</p> <p>How the Facility will monitor system:</p> <p>The Administrator will monitor compliance. The Director of Nursing or Designee will monitor 5 transfers Twice a week for 30 days or until compliance is met to ensure residents are transferred appropriately per their ADL care plan.</p> <p>All identified trends will be reviewed by the QA committee, discussed and implemented.</p> <p>Completion Date: 10/12/2020</p>		

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F 689	<p>Continued From page 2</p> <p>to the floor". V3 asked if she was familiar with R3 and she said, "Yes, I am her regular CNA". V3 was asked if she always transferred R3 by herself and she stated yes. V3 was asked if she knew R3 was a 2 person assist with transfer. V3 said well over her bed is a B-1 and that means a one person assist and that is what I go by.</p> <p>During phone interview on 10/08/2020 at 10:46 am, V5 (Treatment Nurse) stated I was out in the hallway and V3 was yelling for help. When I came in I saw R3 who was not sitting completely in the wheelchair. R3 was saying please don't let me fall. I told R3 I won't let you fall. I helped V3 lower the resident to the floor and I told her to go and tell the nurse that R3 was on the floor. V5 was asked how long has she worked for the facility; she stated, since Jan 2019. V5 was asked what B-1 meant over the resident bed, she said 1 person assist.</p> <p>During interview with V4 (Nurse) on 10/08/2020 at 10:27 am, V4 (Nurse) said V3 told her R3's leg was hurting. V5(Treatment nurse) heard V3 yelling for help, she went in and helped assist V3 with R3. V4 was asked how long has she worked at the facility; she stated 7 years. V4 was asked what does B-1 over a resident's bed mean; V4 said I don't know. V4 was asked how would you know what the residents ability for transfer or mobility might be if they needed your assistance. V4 stated, I would go by what the CNAs tells me, they know if they are a mechanical lift or a sit to stand.</p> <p>During phone interview on 10/08/2020 at 10:39 am, V6 (Quality Assurance Nurse - QA) stated I was the nurse who initiated the investigation of R3's incident. V3(CNA) told me she went in to do</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>patient care on R3 before lunch. V3 said she was trying to transfer R3 from the bed to the wheel chair. V3 said when R3 stood up her legs buckled. She tried to put her back in the chair but was not able to put R3 in the chair completely, so she yelled for help. V6 was asked how long had she worked for the facility, she stated, 1 month. V6 was asked what does B-1 over the resident bed mean. V6 stated a 1 on top of the B-1 means, 1 person transfer and the b-1 means bed mobility.</p> <p>Facility's Policy - Fall Prevention and Management :</p> <ul style="list-style-type: none"> · This facility is committed to safety and maximizing each resident ' s physical, mental and psycho-social well- being. · The purpose of our Fall Prevention and Management Program is to: <ul style="list-style-type: none"> · Provide our residents with an interdisciplinary approach to assess risk of falls · Provide appropriate interventions to prevent falls · Ensure that in the event a fall occurs, the fall will be investigated, appropriate emergency treatment will be provided and additional interventions will be implemented to prevent another fall from occurring as much as possible. <p>The Fall Prevention and Management Program uses clinical accepted guidelines to guide the prevention and management of falls. The program will:</p> <ul style="list-style-type: none"> · Identify risks for falls · Decrease the incidence of falls · Decrease the incidence of falls with injuries. <p>Transfer/Bed Mobility Policy and Procedure:</p> <p>Policy: All resident care will be provided in a</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>safe, appropriate and timely manner in accordance with the individual resident Care Plan. All residents will be assessed by the facility Care Plan team with regard to the need for bed mobility assistance with transfer activities, mobility or repositioning in accordance with MDS procedures and requirements. The Care plan Team will make determinations regarding the bed mobility, transfer needs and other ADL needs based off the daily nursing Point of Care ADL documentation, speaking with unit staff at minimum during the Assessment Reference Date- ARD time frame of the MDS, review of rehabilitation programming, maintenance of functional abilities and review of chronic and acute medical conditions.</p> <p>Procedure: Sec. B -</p> <ol style="list-style-type: none"> 1. Transfer assistance, bed mobility assistance and other resident handling and movement task are to be carried out in accordance with the MDS, care Plan and written implementing instructions pertaining to the individual resident. 2. If a variance from the MDS and Care Plan is necessary, the supervisor (DON, ADON, MDS Nurse and Restorative Nurse will be contacted. 3. The staff will develop a plan of care by reviewing the actual resident needs with review of the facility ' s ADL Tracking Point of Care and with interview of the unit staff and also the resident as applicable. This review during the MDS ARD time frame at minimum will assist the MDS, restorative Nursing staff of the actual resident transfer, repositioning and toileting needs. The MDS Nurse scoring of section " G " will follow the coding directions from the Resident Assessment Instrument (RAI) manual. Residents can and will 	F 689			

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F 689	Continued From page 5 often have fluctuations in their ADL ' s. 4. The MDS, Section G and the Point of Care ADL Tracking Log will be the primary nursing tool to assist in the assessment and determination of each resident ' s need for assistance with transfer activities, mobility or repositioning. The Care Plan team will determine and identify the proper and appropriate means of transfer and mobility assistance for each resident in accordance with this policy and these will be noted in the care plan and communicated to staff.	F 689			