

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

PRINTED: 10/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145967</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MCCALLISTER NURSING &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>18300 S. LAVERGNE AVE</b> <b>TINLEY PARK, IL 60477</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=D	<p>Complaint Investigation</p> <p>1595294/IL80394 - F323 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 implement the plan of care fall prevention interventions to reduce or prevent falls during transfer for 1 of 3 residents (R1), all reviewed for transfers. This failure resulted in a fall with a laceration to the forehead of R1.</p> <p>Findings include:</p> <p>R1 is 47 years old and has diagnoses including Lewy Body Dementia, Seizure Disorder, Psychosis and Depression. According to the Quarterly MDS (Minimum Data Set) dated 7/22/15, R1's cognition is severely impaired and R1 is totally dependent on staff for provision of ADL's (Activities of Daily Living). The fall risk assessment for 7/22/15 notes R1 to be high risk.</p> <p>On 9/30/15 at 9:15 AM, R1 was sitting in a high</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>back wheelchair at bedside in her room. R1 was alert, fidgety, moving about restlessly in her wheelchair and confused. R1 had steri strip dressings to a wound on the left brow. R1 is thin with a small frame. According to the weekly weight report for 9/28/15, R1 weighs 99.4 pounds.</p> <p>According to the incident report, on 9/24/15, 2:00 PM, "CNA (Certified Nursing Aide) was in process of transferring patient to shower chair from wheelchair, when resident slipped and fell." On 9/25/15, 3:26 PM, nursing progress note said R1 returned from the emergency room at about 11:30 PM per ambulance with one suture.</p> <p>On 9/30/15 at 9:45 AM, the shower room floor was noted not to be of anti skid material, nor were there anti skid strips in place. E1, DON (Director of Nursing) stated that the shower room was too humid to keep anti skid strips in place.</p> <p>On 10/01/15, 10:15 AM, E5, CNA stated that she was the person responsible for bathing R1. E5 stated, "I had just finished the shower and pulled the call light and E6, CNA responded to help transfer R1 from the shower chair to the wheelchair. E6 grabbed R1 under the right arm, I, under the left arm and stood R1 up. R1 started to have muscle spasms in her feet. R1 kicked out, and because she was wet and the floor was wet, she started sliding. We tried lowering her to the floor, then R1 started jerking and bumped her eyebrow." E5 stated that they did not follow the care plan to use a gait belt for transfer because R1's skin was wet and she did not want to cause skin abrasions.</p> <p>On 10/01/15, 1:10 PM, E6, CNA stated that she</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>assisted E5 with the attempted transfer of R1 from the shower chair to the wheelchair. E6 said they (E5 and E6) were trying to support R1 under the arms when R1 jerked backwards, slipped forward, fell and hit her forehead on the corner of the whirlpool tub. E6 stated that they did not follow the care plan, in this case, to use the gait belt for assist in transfer, because R1 was wet and probably would sustain abrasions.</p> <p>On 10/01/15, 11:30 AM, E3, ADON (Assistant Director of Nursing) stated that a safe transfer for R1, in this situation would consist of two persons. E3 said before attempting to transfer R1, they should have dried R1's upper body, placed a dry garment on the upper body so the gait belt could be applied. E3 said they should have dried the floor and placed proper footwear on R1 before standing her up. E3 said they should never transfer by holding a resident in the arm pit.</p> <p>R1's fall prevention care plan, updated 9/25/15, lists some of the factors putting R1 at risk for falls as impaired safety awareness, impaired balance, impaired mobility, unsteady gait and anti-convulsant medications. Some of the interventions mentioned were to use non-skid and proper fitting shoes, anticipate needs and provide assistance to prevent falls and gait/transfer belt use during transfers.</p>	F 323			