

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

PRINTED: 01/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORTON VILLA HLTH &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>190 EAST QUEENWOOD ROAD</b> <b>MORTON, IL 61550</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 1425513/IL73609- F323 cited.</p> <p>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 observations, interviews, and record reviews, the facility failed to protect one of three residents(R2) from injury. R2's hand was hanging over the wheelchair during transport by facility staff, causing a large open wound to the hand. Findings include: On 12/10/14 at 11:30 AM, the facility's undated Incident Report, documents that on 12/04/14, a Certified Nurses Assistant(CNA) was transferring (R2) out of the room, when R2's right hand was hanging off the side of the wheelchair. R2's hand hit the closet door, resulting in a skin tear to the right hand On 12/10/14 at 11:15 AM, E3(Certified Wound Nurse) stated, "They brought (R2) to me as soon as it happened. (E5)(Certified Nurse's Assistant), was pushing (R2) out of (R2's) room in a wheelchair, when (R2's) hand hit the closet or door hinge. The skin tear did not look this bad on 12/04/14." On 12/10/14 at 12:00 PM, the facility's</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>Wheelchair Transportation Guidelines dated 10/13, documents, ensure resident is positioned in the wheelchair to maintain body alignment, and ensure the resident's arms are positioned to minimize risk of injury during transport.</p> <p>On 12/10/14 at 10:15 AM, R2's right hand was swollen and red, and had a skin tear that measured approximately eight centimeters (cm) wide with unapproximated edges and four sutures. The dressing contained large amounts of yellow drainage.</p> <p>On 12/10/14 at 11:30 AM, the "Local Hospital's" Physician's Orders documents R2's diagnosis as "skin tear with delay in seeking treatment," which required follow up with an orthopedic hand surgeon.</p> <p>On 12/10/14 at 10:00 AM, the facility's Incident Investigation Root Cause Report To Quality Assurance Committee, documents, CNA was transferring resident out of room when right hand was hanging off the side of the wheelchair. Residents hand hit closet door resulting in a skin tear.</p> <p>On 12/12/14 at 10:00 AM, the facility's Employee Report documents, E5(Certified Nurses Assistant), was pushing (R2) out of room in the wheelchair, when residents hand was pushed into the door hinge causing a severe skin tear. This violates #27 -performing work in an unsafe manner or engaging in horseplay, the latter does not apply. Because this resulted in (R2) receiving stitches, this act was done causing harm and results in termination of employment.</p>	F 323			