

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

PRINTED: 11/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145714	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2013
NAME OF PROVIDER OR SUPPLIER PARAMOUNT OAK PARK R & N CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302		
(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=G	<p>IRI of 10/28/13/IL66583/F323</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 record review and interviews the facility failed to ensure resident safety for R1 during the administration of bedside care which resulted in R1 fall from bed.</p> <p>R1 is a 72 year old female with a diagnosis of seizure disorder, chronic obstructive pulmonary disease, hypertension, and depression, cerebrovascular accident (CVA) right hemiplegic, history of respiratory failure with tracheotomy, and dementia.</p> <p>On 10/28/13 at approximately 1:00pm R1 fell off the side of the bed while receiving care from the Certified Nurse Aid (CNA) developed an intracranial hemorrhage which required hospitalization. R1 is a full code and not interviewable.</p> <p>A review of record indicates R1 was assessed for falls by the restorative nurse indicating a fall risk score of 8-11 (moderate risk) on 9/30/13 and 8-11 (moderate risk) on 10/28/13.</p> <p>A review of care plan indicates R1 was care</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>planned for potential for falls on 4/30/13, 9/30/13 with updated interventions on 11/4/13.</p> <p>A review of the Minimum Data Set (MDS) indicates the annual assessment 8/1/13, quarterly 10/7/13 and readmission on 11/2/13 scored Ambulation 8/8, ROM 0/0, Transfer 4/2 utilizing mechanical lift, Hygiene bathing 4/2 (total assist).</p> <p>A review of record indicates R1 fell from side of bed to the floor on 10/28/13 at 1:00pm during care from the Certified Nurse Assistant (CNA) who did not witness R1 hit her head, an abrasion was observed on the right shoulder and elbow.</p> <p>The physician was notified and ordered neurological checks every hour, shoulder x-ray (negative) and monitor for change of condition.</p> <p>On 10/28/13 at 5:15pm R1 was observed by staff not eating as well as she normally did, the physician was notified and R1 was transported to local hospital via ambulance. R1 was then transferred to a neurosurgical tertiary care center and discharged on 11/1/13 in stable condition.</p> <p>The discharge papers indicate a diagnosis of intracranial hemorrhage.</p> <p>An interview on 11/8/13 with E1, Administrator and E2, Director of Nursing indicated in part R1 fell off the bed as CNA turned away from R1 to grab a diaper, E1 fell from the side of the bed onto the floor.</p> <p>An interview with Z1, Physician indicated in part there is a possibility the brain bleed was caused by R1 fall. The resident was properly supervised after the fall and notification of change in condition was timely and as ordered.</p> <p>The facility Fall Prevention Program Standards item 4. The admitting nurse and assigned CNA are responsible for initiating safety precautions. All assigned nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained.</p>	F 323			

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F 323	Continued From page 2 On 11/13/13 an interview with E1, Administrator indicated in part CNA was terminated for improper care, safety and supervision of R1 which resulted in R1 fall from bed. Additional review of residents R2, R3 indicated no concerns.	F 323		