

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

PRINTED: 12/27/2004  
FORM APPROVED  
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>145903</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                       |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/07/2004</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHERRYWOOD HEALTH CARE CENTER</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1500 WEST ST LOUIS AVENUE</b><br><b>VANDALIA, IL 62471</b> |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE CROSS-<br>REFERENCED TO THE APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| F9999  | <p>FINAL OBSERVATIONS</p> <p>STATE VIOLATIONS BASED ON THIS SURVEY<br/>:</p> <p>300.610 a)<br/>300.690 a)<br/>300.1010 h)<br/>300.1210 a)<br/>300.1210 b) 6)</p> <p>The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician, or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated there under. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>The facility shall notify the Department of Public Health of any incident or accident which has, or is likely to have, a significant effect on the health, safety or welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an</p> |  |  | F9999  |  |  |                            |

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| F9999  | <p>Continued From page 10</p> <p>emergency basis shall be reported to the Department.</p> <p>Facility staff shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Personal Care, as defined in section 300.330, is assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his person, whether or not a guardian has been appointed for such individual (Section 1 -120 of the Act).</p> <p>All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> |  |  | F9999  |  |  |                            |

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| F9999  | <p>Continued From page 11</p> <p>These regulations are not met based on record review and interview the facility failed to:</p> <ul style="list-style-type: none"> <li>· immediately report a successful elopement ( R1) to the resident's physician and responsible party as required for the incident of 9/21/04.</li> <li>· complete a thorough assessment for a resident (R1) after eloping from the facility on 9/21/04 in one of one elopements reviewed.</li> <li>· provide adequate supervision to prevent the elopement of one resident (R1) from the sample of five.</li> <li>· to thoroughly assess and update care plans for the 5 residents at risk for elopement (R1, R2, R3, R4 and R5).</li> </ul> <p>The facility identified five residents at high risk for elopement. R1, who is cognitively impaired and at high risk for elopement, left the facility on 9/21/04 without staff knowledge.</p> <p>The findings include:<br/>R1 is a 72-year old male with multiple diagnoses including Alzheimer disease; Psychosis with agitated features; history of alcohol abuse, Cerebral Vascular Accident, Arterial Sclerotic Heart Disease, status post Myocardial Infarction. R1's comprehensive assessment, dated 8/18/04, indicates R1 has memory problems and is severely cognitively impaired. R1's cognitive pattern is assessed as easily distracted, periods of altered perception, episodes of disorganized speech, periods of restlessness, and mental function varies over the course of the day. R1's behavior symptoms were identified as:<br/>wandering - daily, verbally abusive - at times, physically abusive - less than daily and resisting care - less than daily. R1's is assessed as a high risk for elopements. R1 was also noted to have</p> |  |  | F9999  |  |  |                            |

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| F9999  | <p>Continued From page 12</p> <p>repetitive physical movements and poor sleep patterns. R1 was observed by surveyors to wander about the facility on all days of the survey.</p> <p>An elopement report revealed that R1 left the facility on the afternoon of 9/21/04 unknown to staff. R1 was located walking along State Route 140, 0.1 mile west of the facility by an off duty housekeeper at approximately 3:00PM. R1 was returned to the facility without injury. However, R1's wife and physician were not notified of the elopement until 9:40AM and 10:00AM respectively on the morning of 9/22/04.</p> <p>Interview with E1 (Director of Nursing), on the afternoon of 9/30/04 in the Friendship Room, confirmed that the elopement of R1 was not reported to R1's wife or physician until the morning following the incident. R1's elopement was not reported to the Administrator or Director of Nursing until 9/22/04. At the time E1 became aware of the elopement, R1 was assessed and R1's family and physician were notified. E1 indicated E3 failed to follow the facility policy regarding elopement although E3 had been trained regarding the policy and procedures. E1 continued the elopement investigation per the facility policy from that time. According to E1, E3 is no longer employed with the facility. E1 indicated that all staff have been re-educated on the requirements of reporting incidents to the residents responsible party and physician's. This education was completed prior to the completion of the 10/7/04 survey.</p> <p>Interview with E4 on the morning of 9/30/04 found that she had clocked out of work on the</p> |  |  | F9999  |  |  |                            |

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| F9999  | <p>Continued From page 13</p> <p>afternoon of 9/21/04 and was leaving the facility in her car. E4 explained that, at the corner of the driveway and Route 140 she looked left and thought she recognized R1 walking along the road heading west. E4 parked her car and went to get a nurse. E4 and E3 found R1 on Route 140 sitting with his feet in the road. R1 expressed that he was tired to E4 at that time. E4 indicated that R1 did not indicate where he was planning to go or if he had a purpose for leaving the building. E4 stated R1's mental status was unchanged (alert with confusion) at the time he was located. When further questioned, E4 said that R1 was fully clothed but was not wearing any shoes. R1 was returned to the facility without incident and then E4 left the facility for the day. E4 stated that she heard a door alarm sound while clocking out for the day, but she was unsure what door sounded. E4 had no idea how R1 was able to leave the building undetected by staff.</p> <p>The facility's policy and procedure for elopement indicated a thorough assessment will be done when an individual is returned to the facility. R1's record does not indicate a thorough assessment of his condition after returning to the facility on 9/21/04. The "head to toe" assessment was noted in R1's nurse's notes dated 9/22/04 at 09:40.</p> <p>R1's care plan at the time of the elopement did not include individualized information that could help to redirect an elopement attempt by R1. Although the care plan included 15 minute visual checks of R1, R1 was able to leave the facility without staff knowledge.</p> <p>A review of R1's 15 minute visual check form for 9/21/04 incorrectly identified that R1 had never</p> |  |  | F9999  |  |  |                            |

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| F9999  | <p>Continued From page 14</p> <p>left the facility. Interview with E5 (CNA) who completed the form found she did not understand that to initial the 15 minute check form indicated a visual check of R1 had been made. When interviewed, on the afternoon of 9/30/04 in the Friendship room, E5 stated she did not know R1 had left the building on the afternoon of 9/21/04. E5 indicated E1 explained the correct use of the form on 9/22/04. A new form has been implemented since the elopement and E5 and all other staff have been trained how to correctly document on the form.</p> <p>State Route 140 West is a main route for bringing traffic to and from the city. The facility is located on the edge of town where traffic is normally accelerating to speeds above 35 MPH to leave town. There is sidewalk on only the North side of the road, not in the area where R1 was located. The facility is set back on an incline with a wooded area to the South and West of the facility . To the West of the facility in the wooded area a large drainage tile is in a steep ravine ( Approximately 10 - 15 feet ).</p> <p>At the time of the elopement on 9/21/04 the outdoor temperature was approximately 80 degrees Fahrenheit. This information was gathered from the Vandalia water treatment facility who regularly tracks the local temperatures. There had been no inclement weather on 9/21/04.</p> <p>All of the door alarms were in working order when tested on 9/30/04. E1 indicated that the door alarm delay time had been shortened on all doors from approximately 20 seconds to 5 seconds after the elopement occurred. E1 and E2</p> |  |  | F9999  |  |  |                            |

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| F9999  | Continued From page 15<br>indicated a new alarm system is being<br>investigated for possible purchase.                       | F9999  |  |  |  |