

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

PRINTED: 10/03/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145876	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2005
NAME OF PROVIDER OR SUPPLIER CARE CENTRE OF URBANA			STREET ADDRESS, CITY, STATE, ZIP CODE 907 NORTH LINCOLN URBANA, IL 61801		
(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	
F9999	<p>FINAL OBSERVATIONS</p> <p>300.1210(a) 300.3100 (d)(2)</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>All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constanta 24 hour a day supervision of the door, a signal is not required.</p> <p>These requirements are not met as evidenced by :</p>	F9999			

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

PRINTED: 10/03/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145876	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2005
NAME OF PROVIDER OR SUPPLIER CARE CENTRE OF URBANA			STREET ADDRESS, CITY, STATE, ZIP CODE 907 NORTH LINCOLN URBANA, IL 61801		
(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	
F9999	<p>Continued From page 8</p> <p>Based on observation, record review, and interview, the facility failed to implement interventions to monitor the whereabouts of one of 33 residents identified with exit seeking behaviors (R1). The facility failed to account for all residents with exit seeking behaviors prior to resetting an activated door alarm and staff failed to implement the use of an electronic monitoring device. R1 left the facility without staff knowledge or supervision.</p> <p>Findings include:</p> <p>According to the June 1, 2005 to June 30, 2005 Physician's Order Sheet (POS), R1 has diagnoses that include: Dementia, Glaucoma, Insulin Dependent Diabetes Mellitus, history of Cerebral Vascular Accident, Hypertension, Depression and Agitation. The POS lists an order to have "Bed alarm non restraint when in bed d/t (due to) multiple falls and poor safety awareness." Physician's telephone order dated 4-29-05 listed an order for an electronic monitoring device. The order stated to check the device every shift.</p> <p>The 4-1-05 Quarterly Resident Assessment Instrument (RAI) for R1 documents the following: R1 has short term and long term memory deficits, is moderately impaired for daily decision making and requires supervision and cues. R1 has periods of restlessness and his mental function varies over the course of the day. R1 has communication deficits. R1 ambulates independently.</p> <p>The 10-19-04 Annual RAI Resident Assessment Protocol (RAP) for Delirium documents that R1 has "severe dementia - unable to comprehend -</p>	F9999			

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

PRINTED: 10/03/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145876	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2005
NAME OF PROVIDER OR SUPPLIER CARE CENTRE OF URBANA			STREET ADDRESS, CITY, STATE, ZIP CODE 907 NORTH LINCOLN URBANA, IL 61801		
(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	
F9999	<p>Continued From page 9</p> <p>unaware of surroundings". The cognitive RAP dated 10-19-04 documents R1 is unable to speak . The communication RAP dated 10-19-04 documents R1 has a history of stroke so is unable to voice all needs. The falls risk assessment of 4-3-05 documents R1 to be at high risk for falls.</p> <p>On 6-28-05 at 2:30 P.M., R1 was interviewed. R 1 could not speak clearly enough to be understood and was unable to provide information about the incident of 6-20-05.</p> <p>The facility's 6-20-05 incident report of the elopement (leaving the facility without staff knowledge) of R1 includes the following: Resident exited the facility via the front and was returned to the facility without incident. All door alarms were functioning properly. The report was completed by E1, Administrator.</p> <p>E1 was interviewed on 6-27-05 at 9:30 A.M. and again at 3:00 P.M. E1 stated she was not aware that R1 left the facility until a citizen, Z1 came to the facility office and asked if R1, who was in her car, belonged at the facility. E1 stated that she got R1 from the car and brought him into the facility. E1 said that R1 did not have an electronic monitoring device on upon return, and that she and E8, Maintenance Director from a sister facility, placed an electronic monitoring device on R1 at that time. E1 stated all the door alarms were functioning when R1 was returned to the facility.</p> <p>Z1 was interviewed by phone on 6-28-05 at 7:50 A.M. Z1 stated she first saw R1 about to cross a street as she was taking her son to work at about</p>	F9999			

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

PRINTED: 10/03/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145876	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2005
NAME OF PROVIDER OR SUPPLIER CARE CENTRE OF URBANA			STREET ADDRESS, CITY, STATE, ZIP CODE 907 NORTH LINCOLN URBANA, IL 61801		
(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	
F9999	<p>Continued From page 10</p> <p>6:45 A.M. on 6-20-05. Z1 said she knew R1. Z1 stated that she returned to the area and looked for R1 after taking her son to work sometime about 7:15 A.M. Z1 found R1 at the local elementary school at about 7:20 A.M. The school is one block south and three blocks west of the facility. Z1 stated R1 could not speak and he just made sounds and nodded his head. Z1 drove around the neighborhood with R1, pointing out the houses to see if R1 would response. Z1 then drove to the facility. R1 was returned to the facility at 7:45 A.M.</p> <p>R1's Elopement Risk Assessment dated 4-27-05, documents R1 was assessed at low risk for elopement and that the risk would be care planned. The 3-16-05 elopement risk care plan approaches included: monitor resident every 2 hours and as needed; and the use of an electronic resident monitoring device. The 4-27-05 elopement risk care plan approaches include: monitor resident every hour and as needed; and monitor location. The 4-27-05 care plan did not list the use of the electronic monitoring device.</p> <p>The facility has a resident location monitoring log in which staff record that they observed the individual residents that are to be monitored. R1 was listed on the Resident Location Monitoring protocol and was to be visually observed every hour. The log sheet for 6-20-05 reported that R1 was in his room at 7:00 A.M. E11, Certified Nurses Assistant, was interviewed on 6-27-05 at 11:30 A.M. and he reported he helped R1 to get dressed on 6-20-05, and it was around 7:00 A.M. E11 stated R1 did not have an electronic monitoring device on when he was dressing R1.</p>	F9999			

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

PRINTED: 10/03/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145876	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2005
NAME OF PROVIDER OR SUPPLIER CARE CENTRE OF URBANA			STREET ADDRESS, CITY, STATE, ZIP CODE 907 NORTH LINCOLN URBANA, IL 61801		
(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	
F9999	<p>Continued From page 11</p> <p>The facility has a general alarm at all exit doors that sound at the 100 hall nurses' station and can only be disarmed at the 100 nurses station. Once the alarm is activated it must be manually reset by entering two codes at the panel. The panel identifies the door that was opened. In addition, the facility has an electronic resident monitoring device alarm system at the front door. This alarm system is activated by a transmitter worn by a resident. E7, Administrative Assistant, was interviewed on 6-27-05 at 2:30 P.M. about the door alarms. E7 stated that she disarms the overhead general alarms and checks the electronic resident monitoring device that is on the front door each morning at about 8:30 A.M. E 7 stated she documents this. E7 stated the overhead general alarm on the front door was on and functioning on 6-20-05.</p> <p>The facility has a resident elopement book that has pictures of those residents that had been assessed at moderate and high risk for elopement. A book is at all three nurses' stations and at the front office receptionist area.</p>	F9999			