

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

PRINTED: 01/31/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145615		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2004	
NAME OF PROVIDER OR SUPPLIER COVENTRY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 612 WEST ST MARY'S STREET STERLING, IL 61081			
(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>STATE VIOLATIONS ASSOCIATED WITH THIS COMPLAINT/INCIDENT INVESTIGATION:</p> <p>300.1210 a) 300.1210 b)6)</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. 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</p>			F9999			

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

PRINTED: 01/31/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145615		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2004	
NAME OF PROVIDER OR SUPPLIER COVENTRY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 612 WEST ST MARY'S STREET STERLING, IL 61081			
(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 24 -120 of the Act)</p> <p>General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 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> <p>These regulations were not met based on observation, record review and interview wherein it was determined that the facility failed to adequately supervise a cognitively impaired resident & prevent an elopement on 9/12/04 by R 11 at 2:30 PM.</p> <p>The findings include:</p> <p>R11's Resident Assessment of 7/28/04 identifies R11 as having short term memory problem and moderately impaired decision making skills. The Falls Assessment of 7/18/04 identifies R11 at at risk for falls. The Nursing Home History and Physical Examination of 6/27/04 showed, "(R11) has become very deconditioned over her numerous hospitalizations." R11's care plan of 7/13/04 showed "Cognitive deficits related to dementia as evidenced by moderately impaired decision making." The care plan also showed, "Impaired vision with potential for injury, impaired safety awareness."</p> <p>On 9/12/04 an Incident Report was completed for R11. It showed that at 2:30 PM, R</p>			F9999			

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

PRINTED: 01/31/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145615		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2004	
NAME OF PROVIDER OR SUPPLIER COVENTRY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 612 WEST ST MARY'S STREET STERLING, IL 61081			
(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 25</p> <p>11 was found outside the facility. R11's nurses notes provided documented evidence of this elopement only.</p> <p>On 9/14/04 at 10:45 AM, E20 (Registered Nurse) was interviewed. E20 stated, "(R11) had a room change on the 28th (August). Some days (R11) is confused. (R11) was wandering on Sunday (9/12/04) and seemed sad and wanting to go home. (R11) was found on the lawn to the side of the building. We think she went out the front door. (R5) was outside and she saw (R11) and came back into the facility and told the (Certified Nursing Assistants - CNAs) that she thought (R11) was not to be outside."</p> <p>On 9/14/04 at 12:50 PM, E21 stated, "(R11) got out on grandparents day (9/12/04). I think they did a report on it."</p> <p>On 9/15/04 at 11:48 AM, E27 (CNA) was interviewed. E27 stated she was working when R11 eloped from the facility. E27 stated, "I was working on the 400 Hall. I can't recall the exact time, maybe after lunch time, maybe 12:30 or 1:00 PM. I don't work a lot with (R11). (R5) was in her room and came out of her room and said I should come quickly and we looked out of (R5's) window. I saw (R11) about to cross the street (in front of the facility). I ran out the 400 Hall exit door and by the time I reached (R11) she had crossed the street. (R11) had her walker with her. (R11) did not want to come back in the facility, she knew she was in the road, she said she was leaving. I did not hear an alarm so (R11) must have gone out the front door. All of the other doors are alarmed. I saw her roaming around the nurses station earlier."</p>			F9999			

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

PRINTED: 01/31/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145615		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2004	
NAME OF PROVIDER OR SUPPLIER COVENTRY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 612 WEST ST MARY'S STREET STERLING, IL 61081			
(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 26</p> <p>On 9/15/04 at 2:55 PM, Z6 (family member) was interviewed. Z6 stated, "...they told me she got to the road, but not they that she had crossed the road.....I visited in the facility about 4:45 PM. She did not have an electronic monitoring device. They told me they didn't have one and had to take a device off of another resident to put on (R 11). (R11) was really confused on Sunday. (R11) has Macular Degeneration and a hearing loss."</p> <p>On 9/15/04 at 3:30 PM, E32 (CNA) was asked how the staff knew who wore electronic monitoring devices. E32 stated, "They put them on the ones who wander. There might be a list somewhere, I don't know."</p> <p>On 9/16/04 at 9:55 AM, Z7 (physician) was interviewed. Z7 stated, "(R11's) illness caused her health decline. (R11) is not able to safely be on the street. (R11) has no safety awareness skills."</p> <p>On 9/15/04 at 12:55 PM, R11 was observed walking from the dining room using a wheeled walker. R11 walked toward the nurses station, walked down 100 Hall and entered room 114 which is an Isolation room. R11 was observed looking in the closet and pulled out a clear plastic bag. The door to the bath room opened and R16 came out. R16 observed R11 going through his closet and stated, "She don't belong in there." R 11 required redirection from E29 (CNA) to find her room. R11 was asked if she ever went outside or could cross the street. R11 responded, "You can't go out when you're in like this."</p>			F9999			