STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G169	A. BUILDING _____ B. WING _____	C 03/29/2006

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W 331	Continued From page 32 the facility and preventative measures were put in place after the assessments placing R1 at a Moderate risk for falls this could have potentially prevented her falls.	W 331		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1210b) 350.1230b)3)6)7) 350.1230c) 350.1230d)1)2)3) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.	W9999		

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W9999	Continued From page 33 Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 3) Periodic reevaluation of the type, extent, and quality of services and programming. 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel. d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. 3) First aid in the presence of accident or illness. e) Sufficient, appropriately qualified nursing staff shall be available, which may include licensed practical nurses and other supporting personnel, to carry out the various nursing service activities. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee	W9999		

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W9999	Continued From page 34 or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidenced by the following: Based on observations, interviews and record review, the facility failed to implement their policy prohibiting neglect when they failed to: 1. Develop and implement a nursing plan of care to address R1's increased risk for falls and R1's need for assistance when ambulating as identified in R1's Physical Therapy Assessment and Fall Risk Assessment, 2. Implement safety precautions after R1 fell on 03-05-06, hitting her head and resulting in multiple fractures to the left side of her face, 3. Follow Physician's Orders to monitor R1's level of consciousness upon discharge from the hospital after the fall on 03-05-06, 4. Provide documented nursing assessment and ongoing nursing follow up of R1's condition after her return to the facility on 03-09-06, and 5. Ensure that R1's guardian was notified immediately of R1's fall and subsequent hospitalization. Findings Include: 1) Per review of facility's Abuse and Neglect Policy, it states, "This organization recognizes its responsibility to detect and prevent the occurrence of abuse and neglect, and reviews	W9999		

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W9999	Continued From page 35	W9999		

specific incidents for "lessons learned," which forms a feedback loop to affect necessary policy changes."

Per review of R1's Physician's Order Sheet R1 is an 85 year old female who functions at a Profound level of mental retardation. Other diagnoses' include: Tardive Dyskinesia, Chronic Obstructive Pulmonary Disease, Anxiety, Colitis, Rectal Prolapse and Urinary Frequency.

Per review of facility's "Information Collection Worksheet," dated 03-05-06, documentation states that at 7:15 P.M., "We heard a loud noise like something fell and when we went around the corner, (R1) was on the floor and blood was gushing from her left eye and her left jaw was swollen. Picked her up off the floor and put her in a chair. Then we took her vitals."

The "Information Collection Worksheet" continued to say that E3 (Registered Nurse Consultant) was contacted at 7:25 P.M. on 03-05 -06. E3 directed the staff at the facility to send R 1 to the emergency room. The facility's " Information Collection Worksheet" is signed by E 4 (Direct Support Person).

Per review of R1's hospital "History and Physical, " dated 03-06-06, documentation states, "This 85 year old female presented to (local hospital) er (emergency room) for facial trauma. pt (patient) reportedly had non witnessed ground level fall. pt obtained L (left) facial lacerations which were sutured in the er. no imaging reports are back but per radiology reports pt has L (left) orbital floor and maxillary spine fractures...". "...HEAD - is traumatic with ecchymosis to L (left) peri - orbital

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W9999	Continued From page 36 area and bandaids over sutures." Per review of R1's hospital "Discharge Summary" dated 03-09-06, it states, "The patient was admitted due to her trauma. A CT (Computed Tomography) of the facial bone revealed multiple fractures of the left side of the face, fracture of the anterior, medial, and posterior wall of maxillary sinus, comminuted fracture of the left orbital floor, and fracture of the nasal bones...." Per R1's discharge orders from the local hospital dated 03-09-06, R1 was discharged from the local hospital on 03-09-06 and returned to the facility by ambulance. Per interview with E2 (Medical Needs Coordinator/Direct Support Person) on 03-16-06 at 11:40 A.M., E2 stated that R1 had required 7 sutures to the left eyebrow area. E2 also stated that when R1 was discharged from the hospital on 03-09-06, she was put to bed at the facility and checked on by staff every two hours. E2 continued to say that R1 started getting up again without staff assistance on 03-10-06. E2 stated that R1 usually gets to the hallway and someone hears her and goes to assist her. E2 also said, " During the day it's easier to keep an eye on her. It's quieter here then and we can hear her get up ." Per interview with E5 (Direct Support Person) on 03-16-06 at 3:00 P.M., E5 stated that since R1's fall on 03-05-06 she is back to her old routine. E5 stated that R1 gets out of bed by herself, walks down the hall to the dining room, circles the dining room tables and then back to her bedroom . E5 also said that R1 gets out of bed and goes to	W9999		

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W9999	Continued From page 37	W9999		

the bathroom on her own. E5 stated that R1 ambulates without staff assistance.

Per observation on 03-16-06 at 1:50 P.M., R1 was observed in her bedroom lying on her bed. No staff were noted to be in the immediate area of R1's bedroom. Surveyor noted that R1 remained in her bed until 3:00 P.M.

Per review of facility's Incident/Accident reports regarding R1, surveyor noted that R1 has had 6 falls from 10-2005 until 3-2006. Documentation regarding falls states:

10-14-05 - "Individual fell in living room for unknown reason. Landed on her right side."

10-05-05 - "I found (R1's initial's) sitting on the floor in the dining room."

11-02-05 - "Individual brought to living room, staff assisting her to her seat in chair (R1) let go of staff hand and fell backwards hitting her buttocks (sign for and) head on end table."

11-12-05 - "(R1) was being assisted to the kitchen table, she put on her brakes and stop and she fell on her bottom."

11-13-05 - "(R1) was walking w/another (with) individual (another resident's initials) to dining room for breakfast. Staff's (Staff's initials) dog rushed past (R1) (sign for and) (other resident's initials) to staff (staff's initials.) When dog touched the back of my legs I turned to look (sign for and) noted (R1) had fallen and (other resident's initials) was attempting to help her to her feet."

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W9999	Continued From page 38 Per review of facility's "Potential to Fall Assessment" dated 10-31-05, documentation states that R1 has a risk score of 11. Scoring is rated as: 6 and under = Low Risk, 6-12 = Moderate Risk, 12 and above = High Risk. Documentation is signed by E3. Per review of R1's Physical Therapy Assessment dated 06-03-05, "Patient's/Caregiver's description of problems and concerns" state, "Gait instability, Dx (Diagnosis) of unsteady gait." Documentation states, "pt (patient) displaying (sign for increased) hesitation (sign for with) transition to varying surfaces (tile - carpet - stairs - etc.) ? visual deficit - depth perception issues." Areas of concern documented on the Physical Therapy Assessment include leg strength, balance and ambulation. Documentation also states that R1 should have hand held assistance with ambulation. Recommendations from this Assessment state, "(sign for increase) base of support." Per review of R1's Occupational Therapy Evaluation dated 09-19-05, documentation states that R1 is to have a moderate amount of assistance with sit to stand transfers and bed transfers. R1 is also to have maximum assistance with showers. Per review of facility's "Medical Visit Synopsis/ Consultation" dated 09-19-05 and signed by the Occupational Therapist states, "(R1) determined to be a fall risk at home and requires maximum A (assistance) (sign for with) ADL'S (Activities of Daily Living). Hand held A (assistance) (sign for with) B (both) hands while ambulating...".	W9999		

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W9999	Continued From page 39 Per review of R1's Safety Skills Assessment dated 05-12-05, documentation states, "(High) Recommendations: (R1) depends on staff to keep her safe. Staff needs to watch for any signs of accidents or injuries." Per review of R1's "Behavioral Assessment " dated 05-12-05, documentation states, "(R1) ambulates without assistance, although she has had many falls this year and does require some assistance walking. Her walking speed is very slow and she is unsteady." Per review of R1's Individual Support Plan dated 05-12-05, high priority recommendations state, "(R1) needs to be kept safe. (R1) depends on staff to keep her safe. Staff needs to watch for any signs of accidents or injuries." Per continuing review of R1's Individual Support Plan dated 05-12-05, R1 is not on a program for addressing her need for assistance with ambulation. The Individual Support Plan does not identify how staff are to keep R1 safe nor how they are to monitor for accidents or injuries. Per observation of the floor plan of the facility, a wheelchair ramp is located in the facility declining from the hallway into one area of the dining room. Another area of the dining room has 2 steps leading up to the hallway. When observed on 03-17-06 at 8:30 A.M., R1's ambulation trail is from her bedroom, through a hallway, down the ramp into the dining room, around the tables in the dining room and up the	W9999		

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W9999	Continued From page 40 steps into the hallway again. Per interview with E1 (Residential Service Director/Qualified Mental Retardation Professional) on 03-16-06 at 12:05 P.M., when asked what measures the facility had put in place to address R1's Moderate risk for falls as determined by R1's Fall Risk Assessment, Physical Therapy Assessment and Occupational Therapy Evaluation, E1 stated that most of the time R1 is assisted to ambulate and R1 uses the rail on the wall in the hallway. E1 confirmed that R1 was not on a program for staff to assist her with ambulation. When asked what preventative measures have been put into place after R1's fall resulting in the multiple facial fractures on 03-05-06, E1 stated that the staff check on R1 hourly. Per interview with E3, (Registered Nurse Consultant) on 03-22-06 at 9:45 A.M., E3 stated that he was aware of R1's history of falls and that 3 months ago he had recommended that R1 be discharged because the facility wasn't able to meet her medical needs. E3 also said that he told E6 (Owner/ Administrator) that he did not want R 1 to be returned to the facility after her fall on 03-05-06. E3 stated that E6 told him that this was the QMRP's (Qualified Mental Retardation Professional) decision and not his. E3 also stated that he does not write medical care plans for any client in the facility because he was informed that medical care plans are not used in ICF/MR (Intermediate Care Facilities for the Mentally Retarded) homes. Per interview with Z1 on 03-17-06 at 10:15 A.M.,	W9999		

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W9999	Continued From page 41 Z1 stated that he has been the Medical Director for this facility for approximately 2 months. Z1 continued to say that he was not aware of R1's history of falls, her Occupational Therapy Evaluation dated 09-19-05 or facility's Fall Risk Assessment dated 05-12-05 which both placed R 1 at a Moderate risk for falls. Z1 also stated that if R1 had been more closely supervised by staff at the facility and preventative measures were put in place after the assessments placing R1 at a Moderate risk for falls this could have potentially prevented her falls. 2) Per review of R1's Discharge Summary from the local hospital dated 03-16-06 Physician's discharge instructions state, "...Report any change in level of consciousness, fever, abd. (abdominal) distention." Per interview with E3 on 03-22-06 at 9:45 A.M., E 3 stated that he had came to the facility on 03-10-06 and, "Did a brief overview of her meds, checked her dressing and doctor's orders". When informed that surveyor was unable to locate documentation regarding this assessment, E3 stated that he wasn't sure where he had documented this information. Per review of facility's, "Monitoring Sheet" dated 03-09-06 and signed by E3 states, "All vital's every shift for 72 hours - also monitor for any signs of increased swelling of left eye area." Per interview with E3 on 03-22-06 at 9:45 A.M., E 3 stated that when he completed the monitoring sheet for R1, this was information he wanted in addition to the physician's orders. E3 continued to say that the facility should have been checking	W9999		

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W9999	Continued From page 42 R1's level of consciousness and abdominal distention. Per interview with E2 on 03-17-06 at 9:50 A.M., E 2 stated that the facility did not monitor R1's level of consciousness or abdominal distention as ordered by the physician. E2 continued to say, " That's my fault, I didn't write it down - that's a common sense thing but I shouldn't take anything for granted." 3) Per interview with E2 on 03-17-06 at 9:50 A.M. , E2 stated that Z1 was not notified of R1's fall and hospitalization. E2 continued to say that it is her responsibility to notify the guardian but she was out of town during this time. Per interview with E1 (Residential Service Director/Qualified Mental Retardation Professional) on 03-16-06 at 12:05 P.M., E1 confirmed that she had not contacted R1's guardian because she had forgotten. (A)	W9999		