

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

PRINTED: 04/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145981</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>SWANSEA REHAB HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1405 NORTH SECOND STREET SWANSEA, IL 62226</b>		
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F 520	Continued From page 59 issues. However, she was unable to identify what appropriate plans were developed along with plans of actions to correct deficient practices or concerns. Interview with the Administrator (E1) and the Social Service designee indicated they were just newly hired therefore had not participated in any Quality Assurance meetings.	F 520			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.680a) 300.680c) 300.1210a) 300.1210b)6)  Section 300.680 Restraints  a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility	F9999			

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F9999	<p>Continued From page 60</p> <p>and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.</p> <p>c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological 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. Restorative measures shall include at a minimum the following procedures:</p> <p>b)6) 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 as evidenced by:</p> <p>Based on observation, interviews and record review, the facility failed to provide an environment that is free of hazards for 2 (R2 and R10) of 15 sampled residents. The facility failed to ensure that the full side rails for R2 and R10 did not leave a space between rail and mattress</p>	F9999			

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F9999	<p>Continued From page 61</p> <p>that could entrap limbs, neck or thorax and could cause injury or death. The facility failed to assess, care plan and monitor, on an ongoing basis, use of full side rails to prevent R2 from sliding between the bottom of the side rails and the mattress. On 2/12/07 and 3/5/07, R2 fell to the floor with his legs wedged in the side rails, with no injuries. The facility also failed to ensure that 4 of 15 sampled residents ( R2, R5, R9, R10), were free of physical restraints for which they were not properly assessed.</p> <p>Findings include:</p> <p>1. Record review of R2's June 2007 Physician Order Sheet, POS, shows that R2 is a 76 year old male admitted to the facility on 10-17-06 with a diagnosis, in part, of Cerebral Vascular Accident (CVA), Right Side Hemiparesis and Gastric Tube Feeding, (G-Tube).</p> <p>R2's Minimum Data Set, MDS, of 5-10-07 documents that R2 has short term and long term memory problems with moderate cognitive impairment. The MDS shows that R2 is totally dependent on 2 staff for bed mobility, dressing, personal hygiene and bathing; has full loss of range of motion on 1 side for arm, hand, leg and foot; and full bed rails are used for bed mobility or transfer.</p> <p>R2's Physical Restraint Assessment of 11-02-06 was initiated for the use of hand mitts but also states that R2 uses full bilateral side rails when in bed. The assessment does not identify the presence of a specific medical symptom that would warrant the use of full side rails. The assessment does not assess the benefits versus the risk of using full side rails. The assessment</p>	F9999			

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F9999	<p>Continued From page 62</p> <p>does not address R2's bed mobility, ability to transfer, balance, or restorative measures to enhance R2's abilities. The assessment does not identify least restrictive measures that were tried prior to the use of full side rails. Interview with E9, Care Plan Coordinator, on 6-28-07 at 1:15PM, confirms the assessment is for the use of hand mitts and not side rails. E9 stated that R2 was not assessed for side rails until 6-21-07 when R2 was assessed for restraint reduction from the full side rails.</p> <p>R2's Care Plan of 11-09-06 states that R2 is total care, slides down in chair, moves about and handles G tube. R2's Care Plan states that R2 is at high risk for falls related to CVA and right Hemiparesis. Care Plan Note of 2-12-07 indicated R2 slipped through rails of his bed. No injuries noted. Padding was ordered to decrease space between the bed and side rails. Care Plan Note of 3-5-07 states R2 slipped through rails - out to ER (Emergency Room) - No injury. There are no further Care Plan interventions to address R2 slipping out of bed between the side rail and mattress.</p> <p>Facility INVESTIGATIVE REPORT FOR FALLS of 2-12-07 states that R2 apparently slipped through a gap between side rail and mattress and the Side rail and mattress need to be addressed. "Left side of face was laying against floor- upper body had went between side rails - hips and legs remained in bed and wedged against side rail. Side rail was padded on same day." Nursing measures stated side rail close to mattress and bed alarm.</p> <p>INCIDENT REPORT FORM of 3-6-07 indicates that on 3-5-07 at 6:30PM, R2 had scooted self</p>	F9999			

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F9999	<p>Continued From page 63</p> <p>under the side rails and fell to the floor with his right leg wedged in the side rail. No injuries were noted. Received orders to send to ER for evaluation and returned from ER with no injuries. Orders were received to give Tylenol for discomfort. Interventions included: Mattress over lay with bolsters and side rail padding on bed and a personal alarm was applied.</p> <p>R2 was observed on 6-20-07 at 1:30PM to be lying in bed with the head of bed elevated and tube feeding running. R2 had full side rails up with a pad tied to the side rails. There was a large gap between the bottom of the side rail and the mattress. E5, Registered Nurse, was present and stated that R2 had slid between the bed rails and the mattress in the past.</p> <p>At 1:55PM the gap between the side rails and mattress were measured. There was an 8 1/2 inch gap between the bottom of the side rail and mattress on one side of the bed and a 6 inch gap on the other side rail</p> <p>At 3:00PM, E1, Administrator and E3, Assistant Director of Nursing, were shown the gap between R2's side rails and mattress. With the mattress being compressed, the gap was over 12 inches. Both agreed the gap was too large and stated they would take care of it right away.</p> <p>According to the U.S. Food and Drug Administration report of 3-10-06, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment - Guidance of Industry and FDA Staff, the FDA recommends that the space between a compressed mattress and side rail should be less than 4 and 3/4 inches to prevent head entrapment.</p>	F9999			

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F9999	<p>Continued From page 64</p> <p>2. Record review of R10's June 2007 POS shows that R10 is a 77 year old female with a diagnosis, in part, Shortness of Breath, Diabetes and Seizure Disorder.</p> <p>On 6-20-07 at 1:55PM, R10 was observed lying in bed with full side rails up. The side rail by the window had a 6 inch gap between the the bottom of the side rail and the mattress. This gap was without the mattress being compressed. The side rail was not positioned correctly, a knob was missing. E1 and E3 confirmed that the side rail was not repositioned properly.</p> <p>During an interview with E1 on 6-27-07, E1 stated that maintenance staff changed R10's side rail on the evening of 6-20-07 after they were made aware of the problem with the side rail.</p> <p>R10's MDS of 4-9-07 shows that R10 has modified independence in cognition with some difficulty in new situations only; R10 is totally dependent on 2 staff for transfer, hygiene, toilet use and bathing; requires limited assistance of 1 for bed mobility; and has full side rails on both sides.</p> <p>Record review showed that there was no side rail assessment for R10 in her medical record. E2, Director of Nursing, was unable to locate an assessment and confirmed on 6-21-07 at 3:20PM, there was no side rail assessment. At 3:30PM, E9, Care Plan Coordinator, stated that if the assessment is not in R10's medical record then there is no assessment.</p> <p>Interview with E5, Registered Nurse, at 3:15PM, reflected that R10 does have a history of seizures</p>	F9999			

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F9999	<p>Continued From page 65</p> <p>but E5 was not aware of R10 having any seizure activity. E2 was present and stated she was not aware of R10 having seizures.</p> <p>R10's Care Plan of 10-26-06 does not address R10's full bilateral side rails.</p> <p>On 6-22-07, E9 provided a side rail assessment dated 6-22-07. The Assessment states that R10 now uses only 1 side rail at a time to help her with independent repositioning when in bed. Assessment states that R10 is alert and oriented.</p> <p>R10 stated on 6-27-07 at 10:15AM, that she likes the way they have adjusted her side rails. She used to have both side rails up and now only has one to help her reposition. R10 stated she likes it much better with only 1 side rail up.</p> <p>3. Record review of R9's June 2007 POS shows that R9 is a 76 year old female with a diagnosis, in part, of Chronic Depression, Neuropathy, Pyelonephritis and Agitation.</p> <p>R9's MDS of 4-16-07, shows that R9 has modified independence with cognition, with some difficulty in new situations only; has no behaviors or mood persistence; requires extensive assistance of 2 for bed mobility; is totally dependent on staff for transfer, toilet use, hygiene and bathing; and that other types of side rails are used (e.g., half rail, one side rails).</p> <p>R9 was observed throughout the survey to have 2 full side rails with padding on both sides. The MDS states bed rails are used for repositioning or transfer.</p> <p>A Side rail Assessment dated 10-13-05 is</p>	F9999			

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F9999	<p>Continued From page 66</p> <p>incomplete in that all sections are not filled in and there is no assessment of risks outweighing the benefits for the side rails. Note of 10-6-06 states, "Continues to utilize side rail for positioning." Note of 4-7-07 states, "continues to use side rails. No skin tears, bruising noted from use." There is no medical condition identified that would warrant the use of side rails.</p> <p>R9's Care Plan of 4-24-07 states, "May use side rails x 2 to aid in bed mobility." Care Plan note of 4-28-05 states, "Will move about in bed small amount, but requires assist with freq (frequent) positioning every 2 hours and as needed." There is nothing in the Care Plan addressing neuropathy other than pain management.</p> <p>E9 stated on 6-27-07 at 1:30PM, that R9's most current side rail assessment is the assessment of 10-13-05. E9 stated R9 still has full side rails because she moves her legs involuntarily. (This is not on the assessment or Care Plan.) R9 stated I know it is no excuse, but her family wants her to have the side rails.</p> <p>4. Review of the MDS dated 5/10/07 identifies R5 as having short/long term memory loss with moderate cognitive impairment. The MDS indicates she requires stand by assist for bed mobility and extensive assist of one staff for transfers. The MDS indicates R5 has trunk restraints in use.</p> <p>Review of the Physician's order sheet (POS) shows R5 to have a lap cushion when up in a wheelchair and a bed/chair alarm on. The POS also indicates R5 is to have a low bed.</p> <p>The care plan dated 5/20/07 identifies R5 as</p>	F9999			



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F9999	<p>Continued From page 67</p> <p>being at high risk for falls with numerous past falls but does not include the lap cushion use nor a reduction plan.</p> <p>Review of the PHYSICAL RESTRAINT ASSESSMENT dated 12/21/06, indicates R5 has had falls when restraints are in place, has no medical or behavioral factors to consider and identifies the restraint as the lap cushion when up in the wheelchair. The assessment further states staff are to remove the cushion and place R5 in a regular chair for meals. The benefits are identified as safety and a decrease in fall risk. The facility's PHYSICAL RESTRAINT ELIMINATION ASSESSMENT dated 6/1/07 indicates R5 is a good candidate for restraint reduction. The facility has failed to develop and implement a restraint reduction plan and failed to justify the use of the lap cushion for medical purposes for R5.</p> <p>On 6/19/07 at 11:15AM, R5 was observed to be in the dining room eating her lunch. R5 remained in her wheelchair during her meal. On 6/20/07 at 12:15PM, R5 was again noted to sit in her wheelchair for meals. The lap cushion was removed according to the restraint assessment however, she was not transferred to a regular chair per the assessment.</p> <p style="text-align: center;">(A)</p> <p>300.615e)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p>	F9999			

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F9999	<p>Continued From page 68</p> <p>e) In addition to the screening required by Section 2-201.5 (a) of the act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act (20 ILS 2635) for all persons 18 or older seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act.</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender;</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interviews and record review the facility failed to run criminal background check within 24 hours for residents requesting admission for 15 new residents since April, 2007. The facility also failed to check the Illinois Department of Corrections website for new admissions.</p> <p>The findings include:</p> <p>Interview with E4, Regional Marketing Director, said that the facility had not done background checks for a time because they did not have an account with the Illinois State Police(ISP). We looked at the records that identified when background checks were received and determined the last one was received on 3/29/07. Fifteen new residents have been admitted since then. Some residents were readmission and were</p>	F9999			

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F9999	<p>Continued From page 69</p> <p>not counted. E4 was not aware that the Illinois Department of Corrections website was to be checked for new admissions. The website had not been saved on the favorites of the computer being used to do the website checks. E4 gave me a letter from ISP dated June 14, 2007 stating that they had a User Agreement to facilitate future criminal background check inquiries. On 6/19/07, the first day of the survey, the facility got a inquiry submission from ISP for the criminal checks they were behind on. It said to please allow 24 hours for processing.</p> <p style="text-align: center;">(B)</p> <p>300.661e)</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>e) The facility shall transmit all necessary information and fees to the Illinois State Police (ISP) within 10 working days after receipt Authorization from the employee after hire.</p> <p>This requirement was not met:</p> <p>Based on interview and record review the facility failed to submit a request for a criminal background checks from the ISP for 7 of 10 Certified Nursing Assistants (CNA) files checked.</p> <p>The findings include:</p> <p>Ten CNA files were reviewed for criminal background checks. They were hired between 3/2/07 and 6/9/07. None had evidence of a background check submission through the ISP</p>	F9999			

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(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 70</p> <p>conducted by the facility within 10 days of hire. Three employees had evidence that they had a criminal background check within the previous year so a background check was not required. During the time frame of 3/2/07 and 6/7/07 sixteen CNA's were hired.</p> <p>Interview with E4, Regional Marketing Director, stated that criminal background checks had not been requested for a time while waiting for an agreement with the ISP for electronic submissions. She showed me a letter stating the Agreement was granted June 14, 2007. She also showed me that a submission was made June 19, 2007 to ISP for the criminal background checks. June 19, 2007 was the first day of the survey.</p> <p>(B)</p>	F9999			