

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

PRINTED: 01/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>TAYLORVILLE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 SOUTH HOUSTON</b> <b>TAYLORVILLE, IL 62568</b>		
(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	
F 323	Continued From page 3	F 323			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall 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 resident care plan. Adequate and properly supervised nursing</p>	F9999			

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NAME OF PROVIDER OR SUPPLIER  <b>TAYLORVILLE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 SOUTH HOUSTON TAYLORVILLE, IL 62568</b>		
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F9999	<p>Continued From page 4</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to safely transfer 1 of 3 residents (R1) reviewed for falls in the sample of 8. This failure resulted in R1 sustaining a fracture to her right hip.</p> <p>Findings include:</p>	F9999			

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F9999	<p>Continued From page 5</p> <p>The "Incident Details" documents that R1 fell in the Facility on 9/7/12 at 2:08 PM, "while ambulating with or without an assistive device" and sustained a "Minor Injury - Hematoma". The "Details" document "E5, Certified Nurses Aide (CNA) was transferring Resident from toilet back to recliner. Resident's foot ran into the bathroom door, she lost balance and fell forward. Resident landed on her right side striking her head onto the floor. Resident has large hematoma noted to back right side of head and a large hematoma noted to right elbow with a small amount of serous drainage noted. Resident made complaints of pain to her head, neck, back and right hip. Order was received to send to Emergency Room. After further investigation, noted CNA was ambulating resident back from bathroom without a gait belt".</p> <p>R1's "Emergency Center Note", dated 9/7/12, documents "This 75 year old female was using her walker and it apparently caught on a door jam and she fell on her right side injuring her right hip, elbow, and striking her right posterior parietal scalp. There was no loss of consciousness but she is on Coumadin and she does have quite a bit of swelling. She has a history of fairly severe COPD and Congestive Heart Failure. She has chronic 4+ edema of her lower extremities. She has chronic renal insufficiency, diabetes, depression, hypertension, and GERD. The hip and pelvis x-ray shows a distal Transcervical fracture of the right femoral neck".</p> <p>Interview with E2, Director of Nursing (DON), on 9/25/12 at 3:30 PM, and E2 stated that R1 required extensive assistance with ambulation. E1 said that E5 failed to utilize a gait belt per the</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>Facility policy when transferring R1 to and from the toilet.</p> <p>The following is documented in a statement written by E5 on 9/7/12: "I did not have the gait belt because I thought she was a supervised resident. The Facility has a few residents that we help without gait belts and I never seen one used on her after they changed her to a Assist 1".</p> <p>R1's Minimum Data Set (MDS), dated 8/24/12, documents that she requires the extensive assist of two or more staff persons for ambulation and transfers.</p> <p>R1's Plan of Care, with a start date of 8/27/12, documents a "Problem" of "I am at risk for falls due to unsteady gait, weakness, occasionaly incontinent of urine, psychotropic medication usage and oxygen usage". The "Approaches" for this "Problem" include "I am an extensive assist with ambulating. Please use a gait belt when assisting me with transfers and ambulation".</p> <p style="text-align: center;">(B)</p>	F9999			