

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>145489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/06/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>PIPER CITY REHAB &amp; LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 MAPLE STREET PIPER CITY, IL 60959</b>		
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F 467	Continued From page 14  On 9/04/12 at 4:35 pm R11's bathroom exhaust was tested and was also not functioning.  On 9/05 at 8:50 am the bathroom exhaust was not functioning in R8's room.  The above rooms were located on the 100 wing.  On 9/05/12 at 9:00 am an environmental tour was conducted with Maintenance Director E9. During the tour five additional resident room bathroom exhausts on the 100 and 200 wings were tested. The exhaust for resident bathrooms (R11, R12, R13, R14, R15) and were also found to be non functioning on the 100 wing.  Maintenance E10 reported on 9/05/12 at 9:20 am that the blower motor for the roof top exhaust was not functioning. E9 stated that the exhaust units are checked on a monthly basis. Preventive Maintenance documentation reflected the last exhaust unit check was done on 8/09/12.  On 9/05/12 at 10:00 am during the resident group interview, residents expressed concern that their bathrooms were "stuffy".	F 467			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS: 300.1210b) 300.1210d)6 300.1220b)3 300.3240a)  Section 300.1210 General Requirements for	F9999			

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F9999	<p>Continued From page 15 Nursing and Personal Care</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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The</p>	F9999			

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F9999	<p>Continued From page 16</p> <p>plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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. These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide assistance of two staff to prevent R7 from slipping to the floor. R7 is one of six residents (R7) reviewed for falls out of a sample of 10. This failure resulted in R7 sustaining a fracture of the right femur, requiring surgical repair.</p> <p>Findings include:</p> <p>According to admission records dated 1/1/10 and the current Physician's Order Sheet for 9/2012, R7 has multiple diagnoses including Osteoporosis, Muscle Weakness, Dementia, Degenerative Joint Disease, and history of Ankle Fracture. The Minimum Data Set (MDS) dated 1/25/12 assessed R7 as cognitively intact, and requiring extensive assistance of two staff for bed mobility and transfers. This MDS also states R7 is not steady for moving and surface to surface transfer, has limited range of motion in upper and lower extremities, and is high risk for falls. The careplan dated 2/1/12 instructs staff to use the</p>	F9999			

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F9999	<p>Continued From page 17 stand-lift with two assist for transfers</p> <p>Nurses notes dated 3/6/12 at 7:30am states that R7 "slipped off edge of bed when CNAs (Certified Nurse Aides) sat {R7} on edge of bed for stand lift. . . .{complained of} R' (right) hip and leg pain. . . ." A portable x-ray was done at the facility that showed a displaced fracture of the R7's distal shaft of femur. R7 went to the hospital where she underwent Open-Reduction Internal Fixation, according to the History and Physical dated 3/6/12. This history also describes stiffness, arthritic changes and limited movement in both knees and shoulders, as well as "evidence of neuropathy in both legs and weakness."</p> <p>The Quality Care Reporting Form states that on 3/6/12 at 6:35am "CNA placed on edge of bed and she started to slide out of bed and CNA lowered resident to floor. Right leg bent underneath left leg. . . ." Further investigation on the Fall Documentation Worksheet states the reason for the fall was that R7 was "too close to the edge of bed - slid to floor." The Witness Statement by E11 (CNA) dated 3/6/12 stated "other CNA left the room for a minute. Res (resident) started to slide off bed - was gently lowered to floor." The statement by E12 (CNA) dated 3/6/12 stated "I left the room to go help another resident. {R7} was still in lying down position. When I returned she was already on the floor."</p> <p>On 9/5/12 at 4:00pm, E11 stated that at the time of the incident E11 had just started working at the</p>	F9999			

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F9999	<p>Continued From page 18</p> <p>facility and staff were still teaching E11 the different residents and how they transferred. E11 stated that E11 was getting R7 dressed and ready to get up. E12 was helping the other resident in the room. E12 left the room to get a battery for the stand-lift to use for R7. E11 said he thought he would get R7 ready to transfer by swinging her legs around and sitting her on the edge of the bed. E11 stated that R7 was too close to the edge of the bed and started slipping. E11 stated that R7 is "dead weight" on her lower body and he could not stop R7, even though he was holding her under her arms. E11 stated he had R7 on his hip, and lowered R7 to the floor. E11 stated R7 went down gently, but R7's right leg was underneath her on the floor.</p> <p>The Fall Documentation under what the facility would do differently to prevent another fall states "two person assist for bed mobility at all times." The careplan revised on 3/6/12 and 3/21/12 states "Bed mobility x (times) 2 assistance when sitting on edge of bed."</p> <p>B</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</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>	F9999			

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F9999	<p>Continued From page 19</p> <p>The facility shall check for the individual's name on the Illinois Sex Offenders Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and Illinois Department of Corrections sex registrant search page at <a href="http://www.iocd.state.il.us">www.iocd.state.il.us</a> to determine if the individual is a Registered Sex Offender. This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to check the Illinois Department of Corrections( DOC ) sex registrant page for ten of ten residents admissions. This included three (R5,R8, R10) in the sample of ten residents and seven residents in the supplemental sample( R11, R13, R14, R17, R18, R19 and R 20). The findings include:</p> <p>On 09/05/12 the resident Criminal Background Checks were reviewed for the last 10 residents admitted tot e facility between 5/15/12 and 8/01/12 ( R5, R8, R10, R11, R13, R14, R17, R18, R19, and R 20). Social Service Director E17 provided a large binder with the resident background check information. E 17 stated that Business Office Manager E4 does the website checks. All of the residents had documentation of criminal background check and Illinois State Police Sex Offender Registration website check, but none had documentation that the DOC website had also been checked.</p> <p>On 9/05/12 at 10:30 am E4 stated that she stopped checking the website.</p> <p>The facility identified Offender Policy dated 2/16/12 states, "In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal convictions." The facility's</p>	F9999			

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F9999	Continued From page 20 Identified Offender Procedure states that the facility will check for resident's name on the Illinois Department of Corrections sex registrant search page and within 24 hours of admission, request a name-based Uniform Conviction Information Act(UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility.  B	F9999			