STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145422	A. BUILDING _____ B. WING _____	10/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR HAVENS CHRISTIAN HOME	1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521

(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 441	Continued From page 20 was also noted to "wash, rinse and dry perineum" after incontinence. During observation of R17's transfer and incontinent care, on 10-24-12, E4, Certified Nursing Assistant (CNA), transferred R17 from chair to bed. E4 removed R17's urine soiled adult diaper. E4 cleansed R17's anal area of a small fecal matter smear. E4 did not change her gloves. E4 touched R17's clean skin, linens, bed and clean adult diaper with soiled gloves. 4. On 10/23/12 at 1:50 PM, E19, CNA was observed to perform incontinent care for R25. R25 had been incontinent of bowel and bladder. After transferring R25 to the bed from the wheelchair, E19 removed R25's pants and noted that R25 had been incontinent of bowel and bladder. R25 was placed on a bedpan. E19 removed the bedpan, which had loose stool and urine, and moved it to the side of the bed. After cleansing R25, E19 removed the glove on the left hand and took the soiled bedpan into R25's bathroom and used the faucet from the sink to fill up the bedpan with water, swirled the water around in the bedpan and dumped the excrement into R25's toilet. E19 then used paper towels to dry the bedpan and placed it into a plastic bag and set it inside a nightstand drawer. E19 then removed the glove from the right hand. There was no use of a chemical-based cleanser to disinfect the bedpan. 5. The facility's policy entitled "Glove Usage/Peri-care" documents staff are to "remove gloves promptly after use, before touching non-contaminated/clean items and environmental surfaces."	F 441		
F9999	FINAL OBSERVATIONS	F9999		

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F9999	Continued From page 21 LICENSURE VIOLATIONS: Section 300.1230 K) Direct Care Staffing Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) This requirement was not met as evidenced by: Based on record review and interview, the facility failed to meet the minimum requirement for Registered Nurse (RN) staffing. Findings include: During interview with E1, Administrator, on 10-24-12 at 3:30PM, E1 stated the facility had a midnight census on 10-23-12 of 143 residents with 30 residents receiving skilled care and 113 receiving intermediate care. Staffing schedules from 10-8-12 thru 10-21-12 documents an average of 145 residents. According the to Required Minimum Registered Nurse Schedule the facility needed 33.24 hours for Registered Nurses per day. According to the facility Registered Nurse schedule the facility had	F9999		

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F9999	Continued From page 22 20.5 hours of RN coverage on 10/13/12, 27.50 hours on 10/14/12 and 32.25 hours on 10/20/12. 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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: 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.	F9999		

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F9999	Continued From page 23	F9999		

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

Requirements were not met as evidenced by:

Based on interview, observation and record review, the facility failed to ensure that adequate supervision and assistance to prevent falls was provided for 1 of 11 resident (R1) reviewed for falls in a sample of 24. This failure resulted in R1 falling which resulted in multiple fractures requiring surgical interventions.

Findings include:

1. According to the falls log, R1 fell and sustained a fractured distal right humerus, a spiral fracture of the distal tibia, and a comminuted fracture of the right distal femoral shaft on 5/4/12. The Minimum Data Set (MDS) dated 3/8/12 identifies R1 to have no cognitive impairment and no memory deficits. The MDS indicates R1 required limited assist of one staff for transfers, walking in room, and toilet use. The MDS also indicates R1 was not steady, "only able to stabilize with human assistance" for walking and moving on/off the toilet.

The Incident/Accident Report dated 5/4/12 indicates R1 had a witnessed fall and documented "res (resident) states she was walking back to recliner from commode et (and) slipped. Stated "Must have peed on the way to the bathroom because the floor was wet." The summary of comprehensive Investigation

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F9999	Continued From page 24	F9999		

concluded that R1 was being assisted back to the bed and R1 slipped on dribbled urine. The report documents the "CNA (Certified Nurses Aide) was unable to prevent resident from falling." Information obtained following the fall, documents that E11, CNA, failed to use a gait belt.

Interview with E11, CNA, on 10/26/12 at 9:45am confirmed that R1 did not have a gait belt on when she ambulated her from the recliner to the commode. E1 stated she turned to get toilet paper and barrier cream and when she turned back around, R1 had started to ambulate by herself. E11 stated R1 fell to the floor. E11 stated there may have been urine on the floor but wasn't sure. E11 acknowledged that she should have had a gait belt on R1 at the time of the transfer.

Interview with E1, Administrator, on 10/25/12 at 1:45pm confirmed that the CNA did not use a gait belt and acknowledged that gait belt use is a facility policy.

The facility policy entitled "Gait Belt" dated 5/26/09 documents that it is the policy of the facility that gait belts are utilized on all residents requiring physical assistance with transfer unless contraindicated. Under section 2, it documents "Direct care staff will utilize the gait belt for all transfers requiring "hands-on" assistance with a pivot or manual transfer.

On 10/23/12 at 4pm, R1 was in her wheelchair at bedside. She had a hoyer sling under her and stated she has been a total mechanical lift since her fall and is not walking yet. R1 stated she is hopeful to return home. R1 recalled the fall and

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F9999	Continued From page 25 stated she still has a wound from surgery on her fractured arm. R1 stated she is still recovering from the fall with therapy as well. B	F9999		