

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: 145830	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/26/2012
NAME OF PROVIDER OR SUPPLIER WOOD GLEN NURSING & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST NORTH AVENUE WEST CHICAGO, IL 60185		
(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 329 F9999	Continued From page 11 identified on the MAR or on the date laboratory work is to be done. Always have the results of the most current laboratory tests prior to administering anticoagulants. (Emphasis added). FINAL OBSERVATIONS FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisor committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	F 329 F9999			

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F9999	<p>Continued From page 12</p> <p>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>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 Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure that R21 was positioned safely prior to attempting to transfer him out of his bed, and failed to have transfer equipment in close proximity to the resident prior to attempting to transfer the resident. These failures resulted in R21 sustaining a laceration to his forehead when he fell from his bed to the floor. R21 was sent to the emergency room and received 7 sutures to his forehead. This is for 1 (R21) of 6 residents reviewed for falls in the total sample of 30.</p> <p>The findings include:</p> <p>R21 is an 83 year old resident with multiple diagnoses including Cerebrovascular Accident, Dementia, Lack of Coordination, and Muscle Weakness according to the Minimum Data Sets (MDS) assessment dated 8/26/12. R21 is at high risk for falls due to a history of falls prior to admission, a fall on the first day of admission, difficulty maintaining sitting balance, and impaired balance during transfers according to the Care</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>Area Assessment (CAAs) completed with the 3/2/12 admission MDS. R21's Fall Assessment dated 8/26/12 finds that R21 continues to be at high risk for falls. R21 requires extensive, 2 + persons physical assist with transferring from the bed according to Section G, B. of the MDS assessments dated 3/2/12, 5/31/12, and 8/26/12. R21's care plan titled "decreased ability to transfer self" dated 8/30/12 does not reflect that R21 requires a 2 person physical assist, and does not reflect that R21 requires a mechanical lift for transfers. On 9/20/12 at 7:00 AM, R21 "rolled out from his bed while the CNA set up the E-Z stand" and lacerated his forehead according to the facility's FAX to the Department dated 9/20/12. In the facility's investigation interview with E6 (Certified Nursing Assistant (CNA)), E6 stated that R21 was lying down in bed prior to the fall, according to the Investigation Interview from dated 9/20/12 2 PM.</p> <p>On 10/24/12 at 1:05 PM, E6 (CNA) stated that R21 was sitting on the edge of the bed prior to his fall on 9/20/12. E6 said that he had placed the (lift) sling around R21's back while R21 sat on the bed with his feet toward the floor. E6 demonstrated how he applied the sling which went around R21's back from this shoulders to his hips. E6 said that R21 was leaning forward so he placed his right hand on R21's right shoulder as he reached for the mechanical lift which was positioned approximately 3 feet behind him. E6 then demonstrated how he held R21's right shoulder with his right hand and outstretched his left hand to reach for the mechanical lift. E6 said that the lift was not next to the bed. E6 said that when he turned to reach for the lift, R6 fell forward head first, hitting his</p>	F9999			

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F9999	<p>Continued From page 14 head on the floor. E6 said, "I couldn't hold him back because he was heavy."</p> <p>The facility's Mechanical Lifts Policy and Procedure states that the manufacturer's guidelines are to be followed for mechanical lifts. The mechanical lift manufacturer guidelines recommend that "2 assistants be used for ALL lifting preparations, transferring from and transferring to procedures" per page 10 of the manufacturer booklet provided by the facility.</p> <p>On 10/25/12 at 11:45 AM, R21 was in bed asleep with his wife at his bedside. R21 was noted to have a healed scar, measuring approximately 1 inch, on the middle of his forehead just above his eyebrows.</p> <p>(B)</p>	F9999			