STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146120	A. BUILDING _____ B. WING _____	C 04/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA HARPE DAVIER HLTH CARE CENTER	101 NORTH B STREET LA HARPE, IL 61450

(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 prevention. E3 stated R2's personal alarm and pressure alarm were not on R2's current Fall Care Plan dated 4-1-13. On 4-8-13 at 2:00 p.m., E6 indicated if R2's alarms would have functioned properly on 4-1-13 at 12:00 a.m., E6 would of responded to the alarms and kept R2 from falling and injuring herself.	F 323		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1210b)c) 300.1210d)6) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	F9999		

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F9999	Continued From page 4	F9999		

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.

These Requirements are NOT MET as evidenced by:

Based on record review and interview, the facility failed to follow Care Plan interventions to prevent falls for one of three residents (R1) reviewed for falls in the sample of three. This failure resulted in R1 sustaining a right hip fracture. The facility also failed to ensure fall monitoring devices were functioning for one of three residents (R2) reviewed for falls in a sample of three. This failure resulted in R2 sustaining a skin tear and a laceration to the back of her head.

Findings include:

1. According to R1's Quality Assurance Fall Analysis dated 3-25-13 at 17:45 p.m., R1 wheeled herself , via wheelchair, into another resident's bathroom, attempted to transfer herself, and fell. R1's nurses' notes dated 3-25-13 at 17:45 p.m., states R1 was in the bathroom lying on her right hip on the floor and R1 stated, "I was trying to go to the toilet and slipped." R1 complained of right hip pain while trying to extend right hip and was sent to the Emergency Room. R1's Hospital Consultation Report dated 3-26-13, signed by Z1 (Doctor), indicates R1's X-ray report shows a right hip fracture resulting from R1's fall. The Nurses' notes dated 3-25-13 a 11:30 p.m., document R1 was admitted to the hospital with a fracture of the

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F9999	Continued From page 5	F9999		

right hip.

R1's Fall Care Plan dated 2-13-13, states R1 is to be toileted after meals and is to be redirected constantly to keep in visual field of the staff. On 4-8-13 at 12:30 p.m., E4 (Licensed Practical Nurse/LPN) verified on 3-25-13 R1 had not been toileted by the facility staff after supper and was not redirected or kept in visual field of staff while wheeling herself (R1) down the hallway around 17:40 p.m. E4 stated R1 fell on 3-25-13 at 17:45 p.m., in another resident's restroom, after attempting to transfer herself from the wheelchair to the toilet. E4 reported after R1's fall, E5 (Certified Nursing Aide) and E6 (Certified Nursing Aide) assisted R1 back into her wheelchair, from the floor. E4 stated R1 complained of right hip pain and was sent by facility van to the Emergency Room, to ensure R1 did not have a right hip fracture.

On 4-8-13 at 1:20 p.m., E5 verified on 3-25-13 at 17:00 p.m., R1 had attempted to toilet herself and fell. E5 indicated R1 had not been toileted by the staff, after supper, and stated, "She (R1) always leaves the dining room, unattended." On 4-8-13 at 1:30 p.m., E6 verified on 3-25-13 at 17:00 p.m., R1 had fell to the floor in another resident's restroom. E6 stated R1 had not been toileted by the staff after supper. On 4-10-13 at 10:45 p.m., E7 (Certified Nursing Aide) verified on 3-25-13 during suppertime at 5:30 p.m., R1 was asked to go to the restroom and refused. E7 reported no attempts were made, after 5:30 p.m., to assist R1 to the restroom.

An Emergency Care policy dated 8/27/12 states if a fracture is suspected, avoid moving the resident

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F9999	Continued From page 6 and allow emergency medical personnel to prepare the resident for movement. On 4-10-13 at 11:15 a.m., E2 (Director of Nursing) verified if R1 complained of pain, R1 should of been sent to the Emergency Room by ambulance. E2 stated, "I don't know why they (Facility Staff) didn't." 2. On 4-8-13 at 9:50 a.m., R2 was sleeping in a recliner in the dayroom. A personal alarm was hooked to R2's sweater and a personal pressure alarm was on R2's chair. R2's Quality Care Reporting Form dated 4-1-13 at 12:00 a.m., documents R2 attempted to get up out of bed, by herself, and fell on her buttock. The reporting form states R2's personal alarms did not activate. R2 received a skin tear to her left lower leg and a laceration to the back of her head. R2's Fall Care Plan dated 4-1-13 does not include interventions to apply a pressure alarm or a personal alarm. On 4-10-13 at 10:25 a.m., E3 (Care Plan Coordinator) verified R2 was admitted to the facility on 6-20-12 with a personal alarm and pressure alarm to be used for safety and fall prevention. E3 stated R2's personal alarm and pressure alarm were not on R2's current Fall Care Plan dated 4-1-13. On 4-8-13 at 2:00 p.m., E6 indicated if R2's alarms would have functioned properly on 4-1-13 at 12:00 a.m., E6 would of responded to the alarms and kept R2 from falling and injuring herself. (B)	F9999		