

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

PRINTED: 07/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/25/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN - FLANAGAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 NORTH ADAMS FLANAGAN, IL 61740</b>		
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F 371	Continued From page 8 mounted mixer's food contact surfaces were not clean. Dried caked on food spatters were present on the underneath side and in the seams of the mixer housing. The mixer was covered with a plastic bag that indicated that it was clean. The mixer's whisk finish was worn off exposing bare rusty metal. The whisk had been used on 4-23-13.  4. On 4-23-13 at 9:15 A.M. the open metal wire shelves in the walk in refrigeration cooler were not clean. Caked on food spills were on the tops, sides, and bottoms of individual wire of the shelving units. The residue could contaminate food stored in the walk in. Uncovered foods were stored in the walk in.  5. On 4-23-13 at 9:15 A.M., the manual can opener blade was not clean. Dried, different colors of food residue was on the blade, and the finish of the blade was worn off exposing bare metal. Administrator, E1 stated on 4-24-13 at 2:20 P.M., "the can opener is to be cleaned after each use."  The Centers for Medicare and Medicaid Services, CMS-672 (Resident Census and Conditions of Residents) dated 4-23-13 lists that 50 residents reside at the facility.	F 371			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS:  300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.3240a)	F9999			

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F9999	Continued From page 9  Section 300.1210 General Requirements for Nursing and Personal Care 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. 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents'	F9999			

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F9999	<p>Continued From page 10 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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to use a wheelchair foot pedal during transport to support the right foot for one of 10 residents(R4) reviewed for falls on the sample of 13. This failure resulted in an Acute Fracture of the Tibia for R4. This past noncompliance occurred from 6/19/12 to 7/19/12.</p> <p>Findings include:</p> <p>The Physician's Progress Note dated 1/22/13 states that R4 has a diagnosis of Multiple Sclerosis and Rheumatoid Arthritis. The Minimum Data Set dated 4/8/12 states that R4 requires extensive assist with transfers, does not ambulate and has impaired range of motion on one lower extremity.</p>	F9999		

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F9999	<p>Continued From page 11</p> <p>The Care Plan dated 4/10/12 states, "Use the wheelchair for distances....." and "Uses 1 foot pedal on the wheelchair."</p> <p>The Incident Report dated 6/19/12 at 7:30am states E3, CNA(Certified Nurse Aide), was transporting R4 back from a shower. The reports states, "[E3] stated as she was pushing [R4] from shower room to her room that [R4's] foot dropped on floor [and] slid under front of w/c[wheelchair].....Occurrence appears to be related to/caused by/probably caused by: [R4's] leg was too weak to hold up [without] a foot pedal."</p> <p>The undated written statement by E3 states, ".....was pushing [R4] in her wheelchair back to her room after her shower. [R4] was holding her R[right] foot up with her L[left] foot/leg. [R4] said 'Oh your breaking my foot' I stopped pushing the chair right away. Then I realized [R4] had let her R foot go down to the floor. So I pulled the wheelchair back slowly."</p> <p>The Xray Report of the Right Knee dated 6/27/12 states, "Comminuted fracture of the proximal tibia and possible associated fibular head fracture."</p> <p>The Investigation Form dated 6/27/12 states, ".....6/19/12 7:30am: fall event with no injury apparent at the time; [R4] without s/s[signs/symptom] of injury until 6/27/12.....Xray results show an acute fracture of the medial proximal tibia. The facility has determined that the resident may have sustained an incomplete and/or non-displaced fracture which did not become evident with symptoms until 6/27/12."</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>E2, Director of Nurses, stated on 4/24/13 at 10:55am that R4's right wheelchair pedal is to be used at all times, because R4's right leg is weak. E2 stated all staff were aware that R4 used the right wheelchair pedal. E2 stated, "Should have used, should have known and did not" use the right wheelchair pedal for R4. E2 confirmed that she felt the occurrence on 6/19/12 resulted in R4's fractured tibia.</p> <p>Based on record review and interview with E2 on 4/24/13 at 2:00pm, the facility took the following steps to correct the non-compliance:</p> <p>E3, CNA, was disciplined on 6/25/13 for not using the right wheelchair foot pedal for R4.</p> <p>All staff were educated on a 1:1 basis by E2 on 6/27/13, to make sure they look at the care plan and kardex for information on specific resident care issues prior to giving care. Staff were told they need to use a right foot pedal for R4's wheelchair at all times.</p> <p>The fall event for R4 of 6/19/12 was discussed at the weekly Quality Assurance Meeting and also at the Quarterly Quality Assurance Meeting on 7/19/12.</p> <p style="text-align: center;">(B)</p> <p>300.1230 k) Staffing</p> <p>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.</p>	F9999		

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F9999	<p>Continued From page 13</p> <p>This requirement is NOT MET, as evidenced by:</p> <p>Based on record review and interview the facility failed to have 10% of nursing and personal care time provided by a Registered Nurse (RN) for 2 of 14 days reviewed. This has the potential to affect all 50 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Staffing spread sheet provided by E1 (Administrator) on 4/24/2013 at 10:30am documents the staffing from 4/7 - 4/20/2013. The spread sheet documents an average of 1.5 skilled residents and 49 intermediate residents for that time period, requiring 118 hours of minimum direct care staff. The calculated 10% requirement for the number of RN equals 11.8 hours per 24 hour period.</p> <p>The spread sheet documents the following hours per 24 hour period for RNs: 4/13/13 - 0 4/14/13 - 0</p> <p>Review of the staffing schedule dated 4/1 - 4/30/2013 confirms that no RNs worked on those dates.</p> <p>On 4/24/13 at 4:30pm, E1 confirmed that the spread sheet and the schedule were accurate, that there was no RN coverage for those dates. E1 stated that a staff member made a schedule trade and did not report it to E1 or E2 (Director of Nursing).</p> <p>The Centers for Medicare and Medicaid Services</p>	F9999			

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F9999	Continued From page 14 CMS-672 (Resident Census and Conditions of Residents) dated 4/34/13 lists that 50 residents reside at the facility.  (AW)	F9999			