

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146036 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/19/2013 |
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| NAME OF PROVIDER OR SUPPLIER SHAWNEE CHRISTIAN NURSING CTR | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1901 13TH STREET HERRIN, IL 62948 | | |
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| F 329 | Continued From page 18 Plan / Behavior Tracking Forms on 07/18/2013 at 1:05pm. The Problem Statements are "Restless, fidgety - s/s of anxiety" and "statements of nervousness, worry." E7 stated the facility will initiate these forms now. There is no plan to reduce or discontinue the use of the psychotropic medication. R1's record did not address behaviors to be tracked in relation to use of psychotropic medications. R1's medical record was reviewed and showed no documentation of any efforts to reduce the dose of Buspar or Zoloft. E7 was interviewed at 1:00 p.m. on 7-18-13 in regard to this issue. E7 said that she doesn't know why the medications have not been reduced and is not aware of any plans for them to be reduced. | F 329 | | | |
| F9999 | FINAL OBSERVATIONS Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)2)3) 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 | F9999 | | | |

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| F9999 | <p>Continued From page 19</p> <p>least the administrator, the advisory physician or the medical advisory 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 followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p> | F9999 | | | |

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| F9999 | <p>Continued From page 20</p> <p>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:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' 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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive</p> | F9999 | | | |

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| F9999 | <p>Continued From page 21</p> <p>assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>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 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 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (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 implement interventions put in place for falls, identify effective interventions, include new</p> | F9999 | | |

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| F9999 | <p>Continued From page 22</p> <p>interventions added with falls to the care plan and failed to include each fall on the care plan, to prevent recurrent falls for one resident (R1) reviewed for falls. These failures resulted in R1 being sent to the Emergency Room and diagnosed with a hematoma to the forehead and a nasal fracture.</p> <p>The findings include:</p> <p>R1's Minimum Data Set, (MDS) dated 05/07/2013, notes 2 falls with no injury since the last review.</p> <p>According to the facility Accident/Incident Tracking logs for 2013, R1 had a total of eleven falls from 01/01/2013 through 05/31/2013 as follows:</p> <p>01/04/2013 at 11:30am, R1 tripped over the floor mat R1 was carrying. The intervention for this fall is for the floor mat to be secured to the floor with tape.</p> <p>1/30/13 at 5:55 a.m., R1 was found sitting in the floor in the hallway. R1 received an abrasion to her forehead. R1 received a dose of ativan at 5:00am on this date so the intervention for this fall is to ask the MD for a dose reduction of ativan. Review of the Physicians Orders for January 2013 - July 2013 shows the same dosage of Ativan that R1 was on at the time of this fall.</p> <p>02/03/2013 at 5:00pm. R1 was found sitting in the floor in the dining room. No injuries noted. The only intervention is to keep resident in view as much as possible.</p> <p>02/04/2013 at 2:10am. R1 attempted to stand up</p> | F9999 | | | |

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| F9999 | <p>Continued From page 23</p> <p>from sitting on the bed. R1 obtained an abrasion under the right eye and a "goose egg" on forehead. The interventions for this fall are to use alarm in bed, check batteries and use seat belt.</p> <p>02/05/2013 at 6:08am. R1 was found in the floor in the doorway of her room. Injuries were a hematoma to the right side of the forehead and bruising to right side of the face. R1 was evaluated in the Emergency Room and returned to the facility .The intervention for this fall is to educate the staff about having the alarm in place. The Incident / Accident Report dated 02/05/2013 shows that the intervention to use an alarm did not happen at this time and a fall did occur. The immediate intervention implemented to prevent re-occurrence is for the alarm to be in place. On 7-18-13 at 1:00 p.m., E6 stated that she was not sure why the alarm was not used but the staff has been inserviced to use it.</p> <p>02/27/2013 at 3:40am. R1 was sitting in the floor. No injuries noted. The intervention for this fall is to use a body pillow when R1 is in the bed.</p> <p>03/07/2013 at 9:45am. R1 was in the hallway and turned over the wheel chair. R1 obtained a knot on the right side of the forehead. Antitipper bars were attached to the wheel chair.</p> <p>03/25/2013 at 3:20am. During transfer with assist of a Certified Nurse Aide, R1 became combative and was lowered to the ground. No noted injuries. The only interventions are to provide calm, quiet environment with reassurance and train staff.</p> <p>04/15/2013 at 12:45 a.m. R1 was found beside her bed. No injuries noted. The only intervention is to do hourly checks on R1 and a bladder wheel</p> | F9999 | | | |

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| F9999 | <p>Continued From page 24 (a three day voiding diary).</p> <p>04/18/2013 at 11:00 p.m. R1 fell in her room. R1 obtained a knot on the right side of the forehead. The only interventions are to do fifteen minute checks and a bladder wheel.</p> <p>05/14/2013 at 1:00am R1 fell resulting in an Emergency Room visit. R1 had a hematoma on the right side of the forehead, red area on the left knee and red area on the right shoulder. R1 had a large amount of bleeding from her nares. R1's nose was edematous. R1 was diagnosed with a nasal fracture. The interventions are to put the mattress on the floor and a possible room change to a quieter area. The room number on the incident/accident reports are the same as R1's current room number as observed on 7-17-13 at 9:00 a.m.</p> <p>Review of R1's Care Plan last dated 05/14/13 showed the falls for R1 were not always included as part of R1's Care Plan, the falls for 01/30/2013 and 02/27/2013 are not listed on the Care Plan. The interventions that were put into place as indicated on the incident/accident reports were not always included as part of R1's Care Plan. The following interventions that are listed on the Incident / Accident Reports but are not on the Care Plan are to use a body pillow, ask about reducing Ativan, keep resident in view, and staff education for alarm in place.</p> <p>Review of the Occurrence and Event Policy with revision date of 05/14/2013 states it is policy of Christian Homes, Inc. to provide a safe environment that strives to eliminate hazards and to provide adequate care, supervision and assistive devices to prevent accidents.</p> | F9999 | | | |

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| F9999 | Continued From page 25 E6, (LPN, Care Plan Coordinator) was interviewed on 07/18/2013 at 1:00pm. E6 said that she thought all of the incident dates and interventions were listed on the Care Plan. E6 said she had recently updated the care plans and must have removed them. E8 (Assistant Director of Nurses) on 7-19-13 at 10:00 a.m. when asked if the facility had reviewed R1's medications in relation to the falls, E8 presented 3 separate documents, with fax to: the facility pharmacy name listed (each with it's own date-one dated 12-30-12, one dated 1-4-13 and one dated 4-18-13) titled "Medication Review Facsimile Cover Sheet". The only information contained on these Medication Review Facsimile Cover Sheet documents, is a check mark under the category of patient experiencing the following condition(s), falls,dizziness or evidence if impaired coordination. A document dated 3-11-13, with the facility pharmacy name at the top and the category of Medications That May Cause/Contribute to Falls, with R1's name on it, includes the following medications that R1 receives that are indicated as may cause/contribute to falls: Amiodipine, Donepezil,Levothyroxine,Lorazepam,Pantoprazole,Buspirone,Phenytoin,Quetiapine,and Sertraline, Hydralazine.This document also indicates to please advise the physician of these medications and whether it would be appropriate to discontinue or make a change to the residents medication. E8 stated on 7-19-13 at 10:00 a.m., this is all of the information we have regarding the medication in relation to R1's falls. There was no information presented to indicate the physician had addressed the concern. | F9999 | | | |

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| F9999 | Continued From page 26 (B) | F9999 | | | |