STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001317	A. BUILDING: _____ B. WING _____	04/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAHOKIA NURSING & REHAB CENTER	2 ANNABLE COURT CAHOKIA, IL 62206

(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) COMPLETE DATE
S9999	Final Observations Statement of Licensure Violations 300.1210b) 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: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidenced by:	S9999		

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S9999	Continued From page 1	S9999		

Based on observation, interview and record review, the facility failed to provide safe bed mobility to prevent injury for one of eight (R3) reviewed for falls in the sample of 24. This failure resulted in R3 sustaining a fracture of the left tibia.

Findings include:

1. R3's Physician's Order Sheet (POS), dated April 2014, documents she has a partial diagnoses of Cerebral Vascular Accident (CVA) / Stroke with Left Sided Hemiplegia and Morbid Obesity.

R3's Minimum Data Set (MDS), date 3/18/2014, documents she has a Brief Interview of Mental Status (BIMS) Score of 14 (13-15 cognitively intact).

On 4/8/2014, at 9:44 AM, during the initial tour of the facility, an interview was conducted with E6, Quality Assurance Nurse/Licensed Practical Nurse (LPN). E6 stated R3 rolled out of bed and sustained a fracture.

On 4/8/2014, at 9:44 AM, R3 was lying in bed with two assist side rails on the top of each side of the bed. R3 was obese. R3 had a splint on her left arm.

The Facility's Patient Comprehensive Event (PCE) Reporting Form, dated 12/08/2013, documents "0500 - Informed by CNA that Resident was on the floor - CNA stated that resident rolled out of the bed while she was providing peri care on arrival to residents room she was noted on the floor on her back between the fridge and the heating unit, was able to get

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S9999	Continued From page 2	S9999		

her off the floor using hoyer lift. "

On 4/8/2014, at 11:22 AM, R3 was lying in her bed on her back. When questioned how she fractured her ankle, R3 responded "I didn't fracture it. I had help." R3 stated a Certified Nurses Aide (CNA) came into her room and was cleaning her up. R3 stated the CNA asked her to roll over. R3 stated she rolled over and reached for her side rail which was not in the up position. R3 stated she continued to roll off the bed. R3 stated "I'm not sure why she would tell me to roll when there was nothing there to grab. I kept rolling."

R3's MDS, dated 9/25/2013, the assessment completed prior to her sustaining the fracture, documents she requires assistance of one staff person with bed mobility, transfers and toileting. The Care Plan also documented 1/2 siderails X 2. The MDS documents she is incontinent of bowel and bladder. The Facility's Record of V/S (Vital Signs) and Weights for December 2013 documents R3 weighed 317.2 pounds.

On 12/16/13 R3's Care Plan documented an update indicating R3's need for 2 staff assist due to her History of CVA with Left Sided Hemiplegia, History of Morbid Obesity, and recent fall.

On 4/10/2014, at 1:10 PM, an interview was conducted with E7, CNA Supervisor. E7 stated she spoke to E8, CNA, because she was the CNA who cared for R3 when she rolled off the bed. E7 stated E8 usually took care of R3 by herself, and on the night R3 rolled off the bed. E7 stated E8 asked R3 to roll over and R3 rolled off the bed. E7 stated R3's legs rolled off the bed first and then she (R3) kept rolling.

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