

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

PRINTED: 01/25/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145793</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/20/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENAISSANCE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1675 EAST ASH STREET</b> <b>CANTON, IL 61520</b>		
(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 000	INITIAL COMMENTS	F 000			
F 323 SS=G	Original investigation of IRI of 1-7-17, IL91184. 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  (d) Accidents. The facility must ensure that -  (1) The resident environment remains as free from accident hazards as is possible; and  (2) Each resident receives adequate supervision and assistance devices to prevent accidents.  (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.  (1) Assess the resident for risk of entrapment from bed rails prior to installation.  (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.  (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and interviews the facility failed to keep one of three residents (R1) from falling during during bed linen change. R1 suffered fracture to C1 vertebrae and two hematomas to his head.	F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>Findings including:</p> <p>R1 current face sheet notes that R1 has diagnosis including: Hx left femur fracture, falls, and hypertension.</p> <p>Facility report dated 1/10/17 notes that on 1/7/17, E3 (Certified Nurse's Aide) was assisting R1 with a bed pan. R1's linens needed to be changed, so E3 assisted R1 with rolling back and forth in the bed. When E3 rolled R1 away from E3 towards R1's left side, R1 rolled off the bed onto the floor. R1 was immediately sent to the local emergency room for an evaluation. R1 was diagnosed with a displaced C1 fracture and bilateral subdural hematomas.</p> <p>On 1/19/17 at 10:00 A.M. E3 stated that on 1/7/17 while changing R1's linens, she rolled R1 away from her towards R1's left side and R1 rolled off the bed onto the floor. E3 stated that R1 was to have one or two staff assisting him with positioning while in bed. E3 stated that there was no specific method to determine when R1 would need one or two staff for assistance. E3 stated that R1 did not have any side rails on his bed, so there was nothing for R1 to grab onto. E3 stated that before this fall, she had asked management for side rails for R1 but nothing was ever done about E3's request. E3 stated that R1 would have been able to use side rails to assist with turning if he would have had them on his bed.</p> <p>R1's care plan dated 12/27/16 reads, "Bed Mobility: Resident requires staff assistance X 1-2 to reposition and turn in bed." Care plan gives no explanation on how to determine when to use one or two staff with this task.</p>	F 323			

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F 323	Continued From page 2 On 1/19/17 at 3:45 P.M. R1 was observed lying in bed in the local hospital. When R1 was asked if he was able to use side rails, R1 grabbed the side rail and pulled himself more onto his left side. R1 verified that at the time of the fall, the facility bed did not have side rails. R1 stated that E3 rolled R1 away from her, instead of towards E3 when the fall occurred. R1 was noted to be wearing a neck brace due to the C1 fracture.	F 323			