

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

PRINTED: 06/10/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145555</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDWARDSVILLE NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 ST MARY DRIVE</b> <b>EDWARDSVILLE, IL 62025</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 225 SS=D	<p>Complaint Investigation:</p> <p>0842331/IL35227-F225, F515 0842488/IL35415-F225</p> <p>An extended survey was not conducted 483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported</p>	F 225			

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 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to investigate an injury of unknown source for two residents on sample, R1 &amp; R3.</p> <p>Findings include:</p> <p>1. R3 was admitted to the facility on 12/28/08 from the hospital. R3 had surgery on 12/6/08 for a right hip fracture. On 12/29/08, staff noted R3's right leg and foot were positioned to the side while resident was in a supine position. R3 was transferred to the hospital and it was determined that R3 had a dislocation of the right hip. He underwent closed reduction without complication.</p> <p>The facility failed to conduct an investigation to determine the cause of the hip dislocation. In an interview with E1, Administrator and E8, Director of Nursing, on 5/28/08 at 10:30AM they confirmed an investigation had not been done. E1 stated that possibly R3 had been admitted with the hip dislocation, but since his medical record was missing there were no assessments or nurse notes available. E1 did state that an official investigation had not been done.</p> <p>2. On 5/23/08 R1 was sent to the hospital for</p>	F 225			

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F 225	Continued From page 2 nausea and vomiting. At the Emergency Room, staff noted bruises on R1's abdomen and lower extremities. E1 and E8 went to the hospital to examine the R1. In an interview with E1, on 5/28/08, he stated that he and the DON were unaware of the bruises. A review of R1's record showed that on 4/29/08, 5/2/08, 5/6/08, 5/13/08 and 5/16/08, it was noted on R1's CNA Weekly Bath Sheet that R1 had bruising to lower extremities and body. The Weekly Bath sheets dated 5/20 and 5/23/08 does not have bruises documented. On 5/29/08 observation showed bruises on R1's upper legs, abdomen and rib area. They were various colors that indicated old bruises. Interviews with E9 and E10, Certified Nurse Aides indicated they did not know how the bruising occurred. The bruising had not been reported to the Administrator or the DON and an investigation was not initiated to find the source of the bruising until the facility was contacted by hospital staff.	F 225			
F 515 SS=B	483.75(l)(2) CLINICAL RECORDS  Clinical records must be retained for the period of time required by state law; or five years from the date of discharge when there is no requirement in State law; or, for a minor, three years after a resident reaches legal age under State law.  This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to maintain a complete clinical record for one resident on sample in accordance with state law, R3.  Findings include:	F 515			

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F 515	<p>Continued From page 3</p> <p>R3 was admitted to the facility on 12/28/08. He was sent out to the hospital on 12/29/08, was re-admitted to the facility on 1/2/08 and was transferred back to the hospital on 1/7/08. He was not re-admitted back to the facility.</p> <p>In an interview with E2, Director of Nurses, on 5/20/08, she stated R3's closed record could not be located. At that time the facility provided R3's Minimum Data Set only. On 5/28/08, E1, Administrator confirmed R3's closed medical record had not been found; however, some pages were found in another resident's medical record. These records did not include, in part, the Nurse's Notes, the Medication Administration Record, the Treatment Record, Physician Order Sheet, Admission Assessments, and History and Physical.</p>	F 515			