

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

PRINTED: 08/09/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145646</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD CARE CENTER OF EAST PEORIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 CENTENNIAL DRIVE EAST PEORIA, IL 61611</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	<p>Original investigation of complaint 1624230/IL87320</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews the facility failed to safely transfer one of three residents reviewed for transfers in the sample. (R1) R1 was sent to the hospital and was noted to have a fracture through the neck of the left femur and left frontal scalp swelling.</p> <p>Findings include:</p> <p>R1's current Physician's Orders Sheet dated July 2016 notes R1 to have diagnosis including: left and right above the knee amputees and cognitive defects.</p> <p>R1's "Fall Investigation" report dated 7/23/16 reads, "fall during attempted transfer/repositioning". Report goes on to say, "Unable to be interviewed, admitted to ED".</p> <p>On 8/2/16 at 9:40 A.M. Z1 (R1's son) stated that when he arrived at the the hospital on 7/23/16, R1</p>	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.

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

PRINTED: 08/09/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145646</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD CARE CENTER OF EAST PEORIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 CENTENNIAL DRIVE</b> <b>EAST PEORIA, IL 61611</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 323	<p>Continued From page 1</p> <p>told Z1 that when staff (E7 Certified Nurse's Aide) tried to pull R1 back in the wheelchair by the back of her pants, R1 fell forward out of the chair to the ground. R1 stated that since being in the hospital, R1's condition has worsened and R1 is no longer responding.</p> <p>On 8/2/16 at 8:50 A.M. E6 (Certified Nurse's Aide) stated that E6 helped E7 transfer R1 with a mechanical lift from the bed to the wheelchair on 7/23/16. E6 stated that while E6 was moving the mechanical lift, E7 got behind R1 and attempted to pull R1 back in the wheelchair by pulling the back of R1's pants. E6 verified that R1 has both legs amputated high above the knees. E6 stated that when E7 pulled R1 back by the pants, R1 fell forward out of the chair and on to the floor. E6 stated that she was moving the mechanical lift during the fall and was not in front of R1 to help prevent R1 from falling.</p> <p>On 8/2/16 at 9:05 A.M. E7 confirmed that when E7 attempted to pull R1 back in wheelchair by R1's pants, R1 fell out of the wheelchair to the ground. E7 verified that E6 was in R1's room at the time of the fall but was not in a position to help prevent R1 from falling.</p> <p>Hospital Radiology reports dated 7/24/16 note R1 to have, "Basicervical fracture through the neck of the left femur." Hospital CT scan dated 7/27/16 note R1 to have, "Left frontal scalp soft tissue swelling."</p> <p>Orthopedic Consutation Note from local hospital, dated 7-24-16 and signed by Z2/Orthopedic Physician Assistant, states, "Patient resides at a local skilled nursing facility and apparently had a fall out of her wheelchair yesterday. She</p>	F 323			

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

PRINTED: 08/09/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145646</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD CARE CENTER OF EAST PEORIA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 CENTENNIAL DRIVE</b> <b>EAST PEORIA, IL 61611</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 323	Continued From page 2 presented to the (local hospital) ER (emergency room) last night with chief complaints of head pain and left hip pain. She was found to have a left hip fracture upon workup."	F 323		