

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000855	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/19/2018
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NAME OF PROVIDER OR SUPPLIER BEMENT HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813
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S 000	Initial Comments Facility Reported Incident of 4-27-2018 IL103161	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/02/18
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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide safety for a resident (R1) during transportation via the facility van. This failure resulted in R1 falling out of the facility van in a wheelchair and sustaining two fractures (neck and finger), two facial lacerations, and a forehead hematoma. R1 is one of three residents reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>On 6/7/18, V1 Administrator, provided an incident investigation dated 4/23/18, for R1. This investigation documents R1 sustained a fall on 4/23/18 at 10:46 AM, which resulted in R1's injury of C2 (2nd cervical) neck fracture, right index</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>finger fracture, and multiple contusions/abrasions to (R1's) face and limbs.</p> <p>R1's Minimum Data Set (MDS), dated 3/20/18, documents R1 being cognitively intact and having bilateral lower extremity impairment requiring a walker and/or wheelchair for ambulation. R1's Fall Risk Assessment dated 3/24/18, documents R1 as being a high fall risk.</p> <p>R1's Trauma Surgery Discharge Summary from (acute care hospital), dated 4/25/18, documents: "male (R1) admitted to the Trauma Service after an accident involving R1's wheelchair rolling off a van ramp during nursing home transport and falling off the wheelchair sustaining the following diagnoses: Dens Fracture, Trauma, nondisplaced fracture of phalanx of right index finger, and multiple skin tears." This Discharge summary also documents R1 was admitted to the hospital, a C (cervical) collar was placed for R1's fracture of C2, and two lacerations on R1's left supraorbital area were repaired in the Emergency Room.</p> <p>R1's CT (Computed Tomography) of R1's facial bones dated 4/23/18, document moderate left forehead hematoma and acute fracture involving the odontoid base. R1's CT of R1's cervical spine dated 4/23/18, document acute fracture involving the base of the odontoid with 3mm (millimeters) of posterior displacement of the odontoid. R1's MRI (Magnetic Resonance Imaging) dated 4/23/18, documents acute fracture at the base of the dens, with 3mm of posterior subluxation in relationship to the body of C2. (Acute care hospital's) Minor Procedure Note regarding R1, dated 4/23/18, documents two lacerations, each 6cm (centimeters) long, were repaired with sutures. R1 received a prescription at discharge</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>on 4/25/18 that documents Aspen Vista Cervical Collar for diagnosis of dens fracture.</p> <p>On 6/7/18 at 10:51 AM V2, Maintenance Director stated on 4/23/18, the person who usually drives the van was not at facility so V2 was asked to drive the van. V2 stated V2 was shown how to get residents in and out of the van with their wheelchairs but was not anything about whether or not to leave the side door opened or closed. V2 stated R1 was facing the front of the vehicle. V2 stated V2 unlocked the right side brake and then the left side brake and when V2 undid the left brake, R1 went rolling out the side doors of the van. V2 stated there were no seatbelts or locks on the wheelchair when R1 rolled out of the van. V2 stated R1 was then found on the ground face down.</p> <p>On 6/7/18 V1 Administrator stated V1 asked V2 to drive the van on 4/23/18 because the usual driver called off that day. V1 stated there were no set back-up drivers for the van in case the person who usually does it couldn't do it. V1 stated there was no back-up plan for a driver for the van on this day. V1 also stated V1 could not find any instructions regarding transferring residents in and out of the van and no instructions on when the side and back doors should be opened and closed. V1 stated the usual driver of the van has had training for safety and the maintenance director has not had training.</p> <p>On 6/12/18 at 11:41 AM V3 Medical Doctor for R1, stated the injuries R1 sustained on 4/23/18, were caused from the fall (out of the van).</p> <p>On 6/14/18 at 8:15 AM R1, who was discharged from the facility, stated R1's wheelchair was</p>	S9999		

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S9999	Continued From page 4 unlocked and R1 went out the door and fell on R1's face with the wheelchair on top of R1. R1 stated "you have no idea how scary it was to be lying on the pavement face first." R1 stated "the accident was very scary for me." R1 stated R1 broke R1's finger and still has to wear a neck brace. The facility's Transportation Driver Policy, undated, documents responsibilities: "attends staff meetings and in-servicing." On 6/12/18 at 1:35 PM V1 Administrator, stated there is no van safety transport inservices that have been done. (A)	S9999			