Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ____ B. WING ____	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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
S 000	Initial Comments Annual Certification and Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)3)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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ______ B. WING ______	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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	Continued From page 1	S9999		

includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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:

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ______ B. WING ______	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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	Continued From page 2	S9999		

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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 Regulations were not met as evidence by:

Based on observation, interview, and record review the facility failed to assess for a resident's fall/accident risk and failed to provide supervision and assistance with a transfer per the resident's care plan for one of six residents (R74) reviewed for falls/accident hazards in the sample list of 45. This failure resulted in R74 falling and sustaining a patellar fracture of the right knee and a laceration to the right forehead that required sutures.

Findings include:

1. R74's Face Sheet dated 9/11/19 documents R74's diagnoses including Parkinson's Disease, Dementia, and Anxiety Disorder. R74's Minimum Data Set (MDS) dated 5/9/19 documents R74 has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ______ B. WING ______	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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	Continued From page 3	S9999		

severe cognitive impairment, uses extensive assistance of one staff for transfers, and has impaired balance when moving from a seated to standing position needing staff assistance to stabilize.

R74's Fall Risk Assessment dated 4/30/19 documents R74 is at high risk for falls. R74's Progress Note documented by V13 RN (Registered Nurse) on 7/5/19 documents at 3:15 AM R74 was heard yelling out and found lying on the floor next to R74's bed with knees bent and head next to the night stand.

The facility's Fall Assessment and Management Policy revised on April 2019 documents the facility will assess a resident's fall risk on admission, quarterly and after each fall. This policy documents "Interventions will be based on the fall risk assessment and the circumstances surrounding the risk for injury or actual injury or fall." There are no other documented Fall Risk Assessments after 4/30/19 in R74's medical record.

R74's Fall Investigation Report dated 8/3/19 documents on 8/3/19 at 2:10 AM V14 CNA (Certified Nursing Assistant) observed R74 standing at the bedside. R74's knees buckled and R74 fell to the floor hitting the right side of R74's head on the nightstand resulting in a laceration to the right forehead. This report documents R74 complained of right knee pain and was sent to a local hospital. This report documents "(R74) had been confused earlier in the evening talking about going up the stairs when there were none (stairs)." V3 RN written interview with V15 Former RN dated 8/5/19 documents V15 entered R74's room and observed R74 sitting on the side of the bed. This statement documents V15 told R74 that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ______ B. WING ______	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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	Continued From page 4	S9999		

V15 would get V14 to assist R74 and left the room to notify V14. V14's written interview dated 8/3/19 at 2:10 AM documents V14 had left the unit and upon returning V15 told V14 "(R74) was sitting on the side of the bed wanting to get up." This written interview documents "I automatically put my supper down to get (R74) and as soon as I was walking into the room (R74) tried to stand up before I could get to (R74) and fell." There was no documentation that V15 utilized the call light to request assistance before leaving R74.

R74's Emergency Department Notes dated 8/3/19 at 4:02 AM by V17 Emergency Room Physician document "(R74) presents to the emergency department from nursing home after an unwitnessed fall. Staff report patient fell out of bed, hitting (R74's) head on the dresser. Staff deny LOC (Loss of Consciousness.) Laceration to right side of forehead. No anticoagulant use. Patient reports right knee pain on arrival." These notes document R74 received four sutures to the right forehead laceration. R74's Right Knee Radiology Report dated 8/3/19 documents "Nondisplaced lateral patellar (knee cap) fracture."

R74's Care Plan dated 12/8/18 documents R74 needs prompt response to all requests for assistance. Revision on 8/20/19 documents R74 uses extensive assistance from staff for transfers. This Care Plan documents R74 is at risk for falls due to gait and balance problems and a history of falls.

09/12/19 10:40AM V3 RN states R74 transferred with extensive assist of one prior to R74's fall on 8/3/19.

On 9/09/19 at 9:23 AM R74 was sitting in a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ______ B. WING ______	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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	Continued From page 5	S9999		

wheelchair in the lounge area. R74's right leg was in an immobilizer and elevated on the foot pedal of R74's wheelchair. R74 stated R74 had fallen, but was unable to recall the details of the fall.

On 9/10/19 at 4:20 PM V14 CNA stated V14 was working on 8/3/19 when R74 fell around 2:00 AM. V14 stated V14 had left the unit to heat up V14's supper and when V14 returned, V15 Former RN (Registered Nurse) told V14 that R74 was sitting on the side of the bed and V14 needed to go assist R74. V14 stated when V14 entered R74's room, R74 was witnessed to attempt to stand from R74's low bed, R74's knees buckled causing R74 to fall and hit R74's head on the night stand. V14 stated R74 has a history of falls and restlessness during the night, and staff would have to assist R74 out of bed. V14 stated R74 has a history of attempting to stand from the low bed, but R74 is not able to transfer without assistance. V14 stated, "I think the nurse (V15) could have helped (R74) back into bed and that would have given a little more time for me to get to (R74) and possibly prevent (R74) from falling.

On 09/11/19 at 10:08 AM V3 RN stated V3 investigated R74's 8/3/19 fall. V3 stated V15 left R74 sitting on the side of R74's bed to notify V14 that R74 needed assistance. V3 stated the CNAs are more familiar than the nurses with how to transfer the residents. V3 stated V3 would have thought that V15 would have assisted R74 up into the wheelchair or laid R74 back down if V15 thought R74 would have gotten up. V3 stated R74 is impulsive with transfers at times. V3 stated R74's post fall intervention was to be gotten up when R74 is restless. V3 stated Fall Risk Assessments are completed quarterly and verified R74's last documented Fall Risk Assessment was 4/30/19.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002141	A. BUILDING: ______ B. WING ______	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HEALTH	2304 C R 3000 N GIFFORD, IL 61847

(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	Continued From page 6 On 09/11/19 at 2:35 PM V18 (R74's Physician) stated per R74's Emergency Room notes on 8/3/19, R74 hit the right side of R74's head causing a laceration and sustained a fractured right patella due to trauma as a result of a fall. (B)	S9999		