

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2020
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NAME OF PROVIDER OR SUPPLIER CARLINVILLE REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 NORTH OAK STREET CARLINVILLE, IL 62626
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S 000	Initial Comments Complaint #2042016/IL121064	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)2) 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>These requirements were not MET evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to supervise to prevent injury for 1 of 3 residents (R3) reviewed for falls in the sample of 6. R3 sustained a laceration to the back of head, resulting in 4 staples.</p> <p>Findings include:</p> <p>R3's Care Plan dated 6/27/20, documented, R3 is at risk for falls, and impaired balance. R3 requires frequent visual checks when R3 is in room and staff to toilet R3 more frequently, continues to document to toilet every two hours, assure appropriate foot wear, fall prevention mattress. On 8/25/20, an intervention was implemented to re-locate R3 closer to the nurse's station related to frequent falls. Care Plan dated 7/06/20, documented to encourage R3 to remain in high traffic area while awake.</p> <p>R3's Minimum Data Set dated 7/31/20, documented, severe impaired cognition, requires physical assistance from staff with transfers on and off toilet, uses wheelchair, self-propels, always incontinent of bowel, diagnosed with lack of coordination, dizziness, muscle weakness, communication deficit, gastrointestinal colitis.</p> <p>R3's Fall Risk Data Collection Fall Assessment dated 8/25/20, documented R3 at a high risk for falls, unable to independently come to a standing position, exhibits loss of balance while standing and requires staff to participate with R3's mobility.</p> <p>The Facility's Fall Occurrence Log, documented</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R3 to have had 6 falls due to self-attempt transfers to her bathroom for the following dates: 6/30/20, 7/06/20, 7/07/20, 8/17/20, 8/24/20 and 8/25/20 and 9/03/20. 2 of the 6 falls resulted in minor injuries and a fall that occurred 9/03/20, resulted in treatment at a local medical hospital for treatment.</p> <p>R3's Progress Note dated 9/03/20 at 6:50 PM, documented V5, Certified Nurse Aide, CNA found R3 on the floor lying flat on back with head touching floor lying between R3's roommates bed and bathroom.</p> <p>R3 was profusely bleeding from back of head. R3 was transferred to local hospital for evaluation and treatment.</p> <p>R3's Emergency Department Impression Report, dated 9/03/20, documented, accidental fall, scalp laceration, skin tear right hand, head injury.</p> <p>R3's re-admission progress note dated 9/04/20, documented R3 received 4 staples to the back of head because of the fall.</p> <p>On 9/02/20 at 2:50 PM, R3 was in her room, door opened, sitting in a wheelchair, self-propelling herself to her bathroom toilet. R3 had made multiple attempts, rocking back and forth, to raise up from her wheelchair towards the toilet.</p> <p>R6, standing adjacent from outside R3's room, stated, to reviewer that he was looking for a staff but could not find anyone that could assist R3. R6 continued to state, that (R3) is not to get up from her wheelchair without staff assistance, "she will fall."</p> <p>R3's self-attempts to transfer from wheelchair to toilet was monitored from 2:45 PM to 2:55 PM,</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>when V4, CNA came out from another residents room and approached R3 at 2:56 PM. R3 stated, "I have to poop."</p> <p>On 9/02/20 at 3:00 PM, V4, CNA stated, that R3 is not to get up by herself without help.</p> <p>On 9/15/20 at 11:37 AM, V1, Administrator, stated, she would expect staff to monitor residents identified as a high fall risk more frequently and to follow residents specific Care Plan interventions.</p> <p>The Facility's Policy, entitled, "Fall Policy," dated 9/17/19, documented the facility shall ensure that a Fall Management Program will be maintained to reduce the incidence of falls and risk of injury's to residents and promote independence and safety.</p> <p style="text-align: center;">"B"</p>	S9999		
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