

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/27/2020
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NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
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(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 Complaint Investigation #2068439/IL128057	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 300.3240 a) 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 care needs of the resident. 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: 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 evidenced by:	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>Based on observation, interview, and record review, the facility failed to properly secure R1's wheelchair during transport resulting in R1's wheelchair tipping over backwards and R1 falling to the floor of the transport vehicle. This failure resulted in R1 sustaining multiple abrasions to R1's head, hands, arms, and uncontrolled bleeding to R1's right foot requiring emergency medical intervention.</p> <p>Findings include:</p> <p>R1's Physician Order's on 10/27/2020 document diagnoses including Arthritis and Low Back Pain and R1's long-term use of blood thinners.</p> <p>The facility Fall Guide on 10/22/2020 documents R1 is at high risk of injury from a fall due to recent surgery and use of blood thinners.</p> <p>R1's Progress Notes on 10/22/2020 at 1:35PM, documents R1 tipped over backwards in R1's wheelchair while being transported in the van of the facility's transportation provider to a medical appointment on 10/22/2020. The same notes document R1 returned from the appointment with abrasions to R1's head, right knee, bilateral hands, and R1 had also bitten R1's tongue and had blood in R1's mouth. The record further documents facility staff contacted emergency medical services to transport R1 to the hospital emergency department due to uncontrolled bleeding and chest pain.</p> <p>The Emergency Medical Patient Report, dated 10/22/2020, documents R1 had multiple injuries to R1's knees, hands, right foot, and the back of R1's head, and R1 had head, back and chest pain due to R1's fall on 10/22/2020. The same report documents R1's foot was bleeding heavily,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and the facility reported to the ambulance they were unsure how much blood R1 had lost.</p> <p>The Hospital Emergency Medical Communication form, dated 10/22/2020, documents R1 had heavy bleeding and the Emergency Department Report, dated 10/22/2020, documents the facility transport van accelerated and R1 fell backwards in R1's wheelchair striking the back of R1's head and R1 was "jarred hard." The same records document R1 foot was "spraying blood."</p> <p>On 10/25/2020 at 1:50PM, R1 reported falling over in R1's wheelchair inside of the transportation van when the van accelerated around a corner.</p> <p>On 10/26/2020 at 11:20AM, R1 reported the transportation provider returned to the facility after R1's fall and injuries on 10/22/2020 stating, "He (the van driver) probably should've taken me to the hospital."</p> <p>On 10/26/2020 at 10:13AM, V8 (Licensed Practical Nurse) reported assessing R1 after R1's return to the facility on 10/22/2020. V8 noted R1's injuries with R1 stating, "They tipped me over & I hit my head." V8 noted abrasion and hematoma to the back of R1's head, bilateral hand abrasions, and foot bleeding. V8 also noted R1's metal intravenous fluid wheelchair pole was bent forward.</p> <p>On 10/26/2020 at 2:42PM, V3 (R1's representative) stated (R1) told V3 his wheelchair was not secured, the seat belt was not fastened, R1 tipped over backwards in the wheelchair and hit his head. V3 stated R1 was very upset over the incident and worried if it would happen again. V3 stated R1 reported severe pain in back, right</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>foot and head.</p> <p>The Facility Fall guide (10/20/2020) does not identify any root cause of R1's fall, any evaluation of R1's wheelchair, evaluation of the transport van used to transport R1 on 10/22/2020, or any targeted interventions to prevent subsequent falls for R1.</p> <p>On 10/27/2020 at 9:28AM, V2, Director of Nursing (DON), stated the facility had not evaluated R1's wheelchair.</p> <p>On 10/27/2020 at 11:41AM, V1, Administrator, stated the facility had not evaluated the transportation van related to R1's fall on 10/22/2020. V2 stated root cause analysis "unable to be completed due to van driver on the lamb (unavailable)."</p> <p>(B)</p>	S9999		
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