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
	IL6000855	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEMENT HEALTH CARE CENTER	601 NORTH MORGAN BEMENT, IL 61813

(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 Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1210b) 300.1210d)6) 300.3240a) 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. Restorative measures shall include, at a minimum, the following procedures: 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	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/16/20

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a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on record review and interview, the facility failed to safely reposition and supervise a resident (R7) with a known history of falls. These failures resulted in R7 falling two separate times, sustaining a fracture with laceration on the first incident and multiple facial fractures with the second incident. Both incidents required emergency medical treatment. R7 is one of four residents reviewed for incidents and accidents in the sample list of 23.

Findings include:

R7's Physician Order Sheet (POS) dated January 2020 includes the following diagnoses: Cerebral Infarct with Right Sided Hemiparesis, Pelvic Fracture and Difficulty in Walking.

The Minimum Data Set (MDS) for R7 dated 10/14/19 documents R7 as being severely cognitively impaired and R7's behaviors are worse. This same MDS documents R7 needing the extensive assistance of one staff member for bed mobility and R7 as not steady when moving from a seated position to standing, walking, turning around while walking and surface to surface transfers.

A facility document titled "Fall Risk Assessment" dated 8/20/19, 10/14/19 and 1/07/20 assess R7 as high risk for falls.

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1. A facility report titled AIM (Assess, Intercommunicate, Manage) for Wellness dated 12/2/19 documents "Resident found on floor - fell out of bed while CNA (V9 Certified Nursing assistant) was turning (R7) for incontinence care. Writer found (R7) with (R7's) body facing the floor, prone position. Writer saw blood coming from somewhere and it was (R7's) left 5th digit. The top of the digit was flapped over. Ambulance was called."

A signed statement by V9 documents that V9 was changing R7 and rolled R7 to the right side and R7 rolled out of the bed.

Emergency Room Notes dated 12/2/19 document the following: "Fall, Contusion of multiple sites and Fingertip avulsion."

An X-ray report of R7's Left Fifth Digit dated 12/2/19 and signed by V13, Radiologist documents the following:

Findings: "Distal tuft comminuted fracture. There may be partial amputation of the distal bone. Significant laceration and distal soft tissue amputation."

Impression: "Fracture and possible minimal amputation at the distal tip of the left index finger."

An Addendum dated 12/2/19 and signed by V13 documents: "The left fifth finger was imaged, not the second finger (index). The findings previously dictated are regarding the left fifth finger."

Emergency Room Notes dated 12/2/19 document R7 being discharged back to the facility with 2 internal sutures, 12 external sutures to the Left

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fifth digit and started on an antibiotic.

On 1/22/20 at 1:00 pm, V2 Director of Nursing confirmed that V9 had rolled R7 in the bed while providing incontinence care and R7 rolled off the bed, resulting in an injury and was sent to the Emergency Room. V2 stated "there should have been better control when (R7's) leg slung over. (V9) was in-serviced on safe repositioning."

2. A facility "AIM for Wellness" report dated 1/11/20 documents R7 falling while trying to self-ambulate from a wheelchair while in the hallway, receiving a posterior head injury of a hematoma.

R7's Care Plan (current) documents interventions for the 1/11/20 fall as "15 minute checks" and to place an alarm in R7's wheelchair. There was no documented evidence of 15 minute checks as proposed by the facility for R7.

A facility "AIM for Wellness" report dated 1/13/20 documents the following: "Fall with head injury, Nurses were getting report when heard sounds in dining room, went to dining room and observed resident lying supine on the floor. Wheelchair a couple feet away at table where (R7) usually sits. Observed blood from left nose, other nurse applied pressure and attended to resident while writer called 911." The report is signed by V8, Registered Nurse.

Emergency Room Notes dated 1/13/20 document the following for R7:

CT (Computed Topography) Head without contrast dated 1/13/20 at 7:38 AM and signed by V14, Radiologist.

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"Clinical Indication: Injury/Trauma: Fall

Impression:

1. Comminuted depressed/displaced fracture involving the anterior wall of the left maxilla as well as the lateral wall of the left maxilla. Fracture extends to and involves the inferior orbital wall. Much of the inferior orbital wall is displaced inferiorly within the maxillary sinus. Soft tissue about the inferior rectus muscle/enlargement of the left inferior rectus muscle likely hematoma. No entrapment. Large amount of periorbital fat extends inferiorly into the left maxillary sinus.
2. Comminuted Displaced fracture of the medial orbital wall.
3. Mildly Displaced nasal fractures."

On 1/21/20 at 10:00 am, R7 was sitting in a wheelchair in the hallway. There was no alarm in the wheelchair at this time. R7 had a mechanical lift sling in place. R7's left side of face was purple from the forehead, extending to the left eye, nose, cheek and down the left side of R7's neck.

On 1/22/20 at 1:00 pm. V2 confirmed R7 was left in the facility dining room unsupervised and was aware that R7 had a previous fall from the wheelchair while trying to self-ambulate (1/11/20 fall). V2 stated R7 should not have been left unattended in the dining room.

On 1/24/20 at 12:10 pm V8 stated there was no alarm in R7's wheelchair on the morning of 1/13/20. V8 stated R7's fall happened at shift change and V8 was getting report from the 3rd shift Nurse. V8 also confirmed R7 was unsupervised in the dining room at the time of the fall.

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S9999	Continued From page 5 On 1/24/20 at 2:45 pm, V1 Administrator acknowledged awareness of the above falls for R7 and confirmed the falls did cause injury. (B)	S9999		