

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003800	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2020
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NAME OF PROVIDER OR SUPPLIER CHAMPAIGN REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821
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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 Annual Licensure and Certification survey	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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/24/20
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S9999	<p>Continued From page 1</p> <p>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:</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</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> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to use a gait belt to safely transfer and provide safe assistance during a shower for one resident (R24) reviewed for falls. This facility failure resulted in R24 sustaining a left hip fracture which required surgical repair and</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>affected R24's ability to walk.</p> <p>Findings include:</p> <p>R24's Minimum Data Set assessment dated 12/6/19 documents R24 requires limited assistance of one person with transfers and with walking. R24's care plan dated 11/6/19 documents R24 requires limited assistance with bed mobility, transfers, and grooming.</p> <p>R24's Hospitalist Discharge Summary dated 1/23/20 documents, "(R24) is a 86 year old with an extensive past medical history who was admitted to (the hospital) after suffering a fall and work-up revealed a left intertrochanteric femur fracture (left hip fracture). During hospitalization, patient underwent ORIF (Open Reduction and Internal Fixation)."</p> <p>The facility's investigation report dated 1/21/20 documents on 1/21/20 at 7:30 PM, V11 (Certified Nurse's Assistant) assisted R24 with a shower when R24 lost their balance and fell. This report documents under conclusion, "(R24) was being assisted with a shower. The resident stood to be dried off. (R24) was holding onto grab bar. (R24) lifted their leg, lost (R24's) balance and fell to the floor. Staff member (V11) did not use a gait belt during transfer. (V11) was re-educated on gait belt transfers."</p> <p>On 1/27/20 at 1:00 PM, V2 Director of Nursing stated before R24's fall required help of one person with transfers. R24 could walk with one person assistance. V2 stated when V2 completed the fall investigation for R24's fall on 1/21/20, it was discovered that when V11 was assisting R24, V11 did not use a gait belt for safety. V2 stated V11 was drying R24 off. R24</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>was standing up at the time and was holding onto the grab bar. R24 then tried to assist with drying off and R24 lost their balance and fell to the floor. When V2 interviewed V11, V2 found out that V11 did not use a gait belt. V2 stated that V11 should have used a gait belt to help transfer and stand the resident. V2 stated when R24 lost their balance, V11 could have prevented the fall or help guide R24 to the floor when R24 lost their balance. V2 stated R24 was sent to the hospital for complaints of hip pain. V2 stated R24 was diagnosed with a left hip fracture. V2 stated the fracture did occur as a result of the fall. V2 stated R24 is now weight bearing as tolerated. V2 stated R24 can not ambulate at this time.</p> <p>The facility's undated Gait Belt policy documents the purpose of the gait belt is to, "safely and effectively transfer or ambulate a patient".</p> <p>The facility's Safe Lifting and Movement of Residents policy with a revision date of February 2014 documents, "4. Gait belt to be used for all non-mechanical lift transfers, unless medically contraindicated."</p> <p>(B)</p>	S9999		
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