Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_\_\_\_\_ B. WING 12/20/2019 1L6005953 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 800 MCADAM DR **TAYLORVILLE SKLD NUR & REHAB** TAYLORVILLE, IL 62568 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Certification Survey First Probationary Licensure Survey S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 01/20/20

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING IL6005953 12/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR **TAYLORVILLE SKLD NUR & REHAB** TAYLORVILLE, IL 62568 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. These requirements were not met evidenceed by: Based on observation, record review, and interview, the facility failed to provide supervision and new effective interventions to prevent falling for 1 of 3 residents (R4) reviewed for falls in the sample of 28. This failure resulted in R4 falling multiple times, hitting her head causing lacerations requiring staples, hematoma, 7th rib fracture and right hip fracture on three separate falls and being sent to the Emergency Room (ER) for treatment. Findings include: On 03/23/19, a Situation Background Assessment Recommendation, (SBAR), report documented, R4 was found on the floor in the hallway and stated, "I hurt everywhere." The report documented no injury noted. The Interdisciplinary Team, (IDT), follow up documented R4 was impulsive without safety awareness, refuses help or assistance at times and non-compliant with the use of a call light. The intervention was for 30-minute monitoring checks,

for stand by assist with ambulation.

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WING IL6005953 12/20/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 800 MCADAM DR **TAYLORVILLE SKLD NUR & REHAB** TAYLORVILLE, IL 62568 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PRÉFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 On 05/02/19, the SBAR report documented, R4 was found on the floor in her room with a large hematoma to back of head. It documented "once up, R4 was leaning to right and unable to pick up right leg to ambulate, placed in bed by staff. R4 insists she was able to ambulate. Staff placed R4 in a wheelchair for safety." R4 was sent to Emergency Department, (ED), for evaluation and diagnosed with acute, mild, non-displaced fracture of the right 7th rib. The intervention was for 30-min monitoring due to non-compliance with call light. On 05/16/19, a SBAR report documented, R4 was found on the floor in her room on her buttocks, incontinent of stool, it documented no injury. SBAR documented R4 continues to self-transfer, not to use the call light. R4 has poor safety awareness and refuses care and assistance from staff at times. The intervention was for frequent checks and visualization from staff and offer toileting every two hours. On 05/21/19, a SBAR report documented, R4 was found on the floor in her room with a head laceration and bleeding and right leg deformity. SBAR documented R4 was rating pain 10 out of 10 for her leg. R4 was sent to the ED for evaluation and diagnosed with a fracture of the right hip with surgical intervention required. No new interventions were listed on the SBAR. On 06/23/19, a SBAR report documented, R4 was found on the floor next to her bed. It documented R4 slid from bed to floor, no injury noted. The intervention was to add sensor alarm to bed to alert staff that R4 was attempting to

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self-transfer.

On 10/16/19, the fall risk assessment for R4 was

PRINTED: 03/12/2020 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ B. WING IL6005953 12/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR TAYLORVILLE SKLD NUR & REHAB TAYLORVILLE, IL 62568 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 documented as a score of 80 or high risk for falls. On 10/21/19, the Minimum Data Set. (MDS). documented R4 had a Brief Interview for Mental Status was scored at 6 or moderately impaired cognition. It documented R4 required supervision for bed mobility and transfers; limited assist of one staff for ambulation; extensive assist of one staff for dressing; and supervision with set up for eating, toileting and hygiene. It documented R4 was identified with no limitations of upper or lower extremities and required wheeled walker or wheel chair for locomotion. On 12/01/19, a SBAR report documented, R4 was found on the floor in her room with an abrasion to the mid back. R4's walker was found in the bathroom. SBAR documented, R4 was non-compliant with use of call light, using walker or wheel chair and will not use safety alarms, removes or hides alarms. The intervention was to offer toileting every two hours. On 12/01/19, the Physician's Order Sheet, (POS), documented R4 had the following diagnoses, history of falling, fracture of neck of right femur. fracture 7th rib and congenital hydrocephalus. On 12/02/19, a SBAR report documented, R4

was found on the floor in her room with a laceration to back of the head. R4 was sent to the ED for evaluation and treated with two staples to the head laceration. The SBAR documented, R4 was independent with ambulation. The intervention was to change R4 from independent to a two person assist with transfers and

On 12/02/19, the Care Plan documented R4 required assistance of two staff with transfers.

ambulation and add alarm to bed and chair.

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