

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/30/2020
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NAME OF PROVIDER OR SUPPLIER MONTEBELLO HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1599 KEOKUK STREET HAMILTON, IL 62341
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S 000	Initial Comments Statement of Licensure Violations Complaint Investigation 2029200/IL128904	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b)5) 300.1210d)6) 300.1220b)3) 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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 are not met as evidenced by:</p> <p>Based on record review and interview the facility failed to put any preventative measures in place after a fall to prevent further falls for three residents (R1,R2, and R3) of three residents reviewed for falls in a total sample of three. This failure resulted in R1 falling on 11/4/2020 and breaking his hip requiring surgery.</p> <p>Findings Include:</p> <p>The Facility's "Fall Management" Policy dated 07/2014 shows "The facility assists each resident in attaining/maintaining his or her highest practicable level of function by providing the resident adequate supervision,assistive devices and/or functional programs, as appropriate, to minimize the risk for falls, The Interdisciplinary Team (IDT) evaluates each resident's fall risks. A Care Plan is developed and implemented, based on this evaluation, with ongoing review.</p> <p>The Facility's Policy also documents "When a resident is found on the floor, the facility is obligated to investigate to determine how the resident got there and put into place an intervention to minimize it from recurring. Unless</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>there is evidence suggesting otherwise, the most logical conclusion is that fall has occurred. "</p> <p>The Facility's Policy shows that after a fall occurs, the resident is assessed for injury by the nurse. Then the nurse will enter the even into RiskConsole as instructed in the Incident/Accident Reporting for Residents policy, Complete and Incident/Accident Report, Complete the SBAR (Situation Background Assessment Recommendation) Communication Form and Progress Note, add the fall event tot he 24-Hour Report and intiate the Interdisciplinary Post Fall Review.</p> <p>The Facility's Policy shows "the nurse will discuss recommended interventions to reduce the potential for additional falls with the resident and/or resident's representative and document in the Care Plan and Progress Notes."</p> <p>1. R1's Nurse's Notes dated 11/3/2020 7:58 P.M. show that R1 was found on the floor in his room and was sent to the local Emergency Room and returned to the facility at 1:57A.M. with diagnosis of pneumonia.</p> <p>On 11/25/2020 at 11:00 A.M. V2 (Director of Nursing) confirmed V2 did not have a fall investigation, SBAR or any further information to provide regarding R1's fall on 11/3/2020. V2 stated R1 was moved to a different room upon return to the facility related to COVID symptoms. V2 stated no further or additional fall precautions were taken at that time to prevent another fall.</p> <p>R1's Fall Risk Assessment done after R1's fall on 11/3/2020 deemed R1 a LOW RISK for another fall.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 11/27/2020 at 2:00 P.M. V1 (Administrator) stated after review of that fall risk assessment that R1 should have been indicated as a HIGH FALL RISK due to diagnosis of dizziness, unsteadiness on feet and weakness.</p> <p>R1's Care Plan (Last updated May 2020) does not include any IDT (Interdisciplinary Team) meeting or any new interventions to prevent future falls after 11/3/2020 fall.</p> <p>R1's Nurse's Notes show that R1 was found on the floor in his room and was sent to the local Emergency Room on 11/4/2020 at 6:30 P.M. R1's Nurse's Notes show that R1 was found on his left side and he complained of right hip pain. R1's Nurse's Notes show that R1 was admitted to the hospital for surgery for a fractured hip.</p> <p>On 11/30/2020 at 9:30 A.M. V3 (R1's Doctor) stated R1's broken hip was not pathological and it was caused from the fall. V3 stated V3 had not been requested to review R1's Medication list, Blood Sugar readings or any other medical intervention to assess the reasoning for the increase in falls. V3 stated that R1's falls could have been preventable with new and/or different fall precautions taken.</p> <p>R1's Care Plan (last updated May 2020) does not include any IDT meeting or any new interventions to prevent future falls after 11/4.2020 fall.</p> <p>R1's Nurse's Notes show that R1 returned to the facility on 11/10/2020 after having right hip surgery. R1's Nurse's Notes show that R1 was found on the floor in his room on 11/16/2020.</p> <p>On 11/25/2020 at 11:00 AM V2 (Director of</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Nurses) stated V2 did not have a fall investigation, SBAR or any further information to provide regarding R1's fall on 11/16/2020.</p> <p>R1's Care Plan (last updated May 2020) does not include any IDT (Interdisciplinary Team) meeting or any new interventions to prevent future falls after R1's 11/16/2020 fall.</p> <p>2. R2's Nurse's Notes show that R2 had a witnessed fall on 11/8/2020.</p> <p>R2's SBAR (Situation Background Assessment and Recommendation) Form dated 11/8/2020 has nothing marked/written in the box "What do you think is going on with the resident?"</p> <p>R2's Care Plan (last updated 10/2020) does not include any IDT (Interdisciplinary Team) meeting or any new interventions to prevent further falls.</p> <p>R2's Nurse's Notes show that R2 was found on the floor in the main lobby on 11/11/2020.</p> <p>R2's Care Plan (last updated 10/2020) does not include any IDT meeting notes or any new interventions to prevent further falls.</p> <p>R2's Nurse's Notes show that R2 was found on the floor in a different resident's room on 12/1/2020.</p> <p>R2's Care Plan (last updated 10/2020) does not include any IDT meeting notes or any new interventions to prevent further falls.</p> <p>R2's Nurse's Notes show that R2 was witnessed sliding out of wheelchair onto floor on 12/4/2020.</p> <p>R2's Care Plan (last updated 10/2020) does not</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>include any IDT meeting notes or any new interventions to prevent further falls.</p> <p>3. R3's Nurse's Notes show that R3 was found on the floor on 11/6/2020 in his room.</p> <p>R3's Care Plan (last updated 5/2019) does not include any IDT (Interdisciplinary Team) meeting or any new intervention to prevent further falls.</p> <p>On 11/30/2020 at 9:00 A.M. V1 (Administrator) confirmed that there were no new interventions put into place after falls for R1,R2 and R3 and "there should have been."</p> <p style="text-align: center;">(A)</p>	S9999		
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