

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/12/2017
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NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052
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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
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S 000	Initial Comments	S 000		
	Complaint # 1745780/IL97130			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610 300.1210b)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>		<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 11/03/17
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S9999 Continued From page 1 following procedures

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 are not met as evidenced by:

Based on record review and interview, the facility failed to provide safe transfers with the use of a gait belt for 1 resident (R2) of three residents reviewed for falls in the sample of 3. This failure resulted in R2's fall sustaining a right hip fracture requiring surgical repair.

This Past Non Compliance occurred on 8/11/17. On 8/11/17, the facility took disciplinary action against E4, Certified Nurse's Aide (CNA) and conducted a validation competency screen regarding transfers on E4. On 8/11/17, the facility reviewed the Safe Patient Handling Policy, dated January 2017 and all nursing staff were in serviced on this policy. At that time, the facility implemented random Validation competency screens on all CNAs regarding transfers skills. Validation competency screens began on 8/11/17 and are on-going to ensure compliance.

Findings include:

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S9999	<p>Continued From page 2</p> <p>R2's Minimum Data Set (MDS), dated 4/5/2017, documents that R2 has a Brief Interview for Mental Status (BIMS) score of 3 which indicates severe cognitive impairment. R2's MDS also documents that R2 requires extensive assistance and one person physical assistance with bed mobility and transfers.</p> <p>R2's Fall Risk Assessment, dated 10/4/16, 1/3/17, 4/5/17, and 7/3/17 document R2 as high risk for falls.</p> <p>R2's Care Plan, dated 7/6/16, documents R2 requires staff assistance for transfers related to alteration in mobility, unsteady balance and cognitive impairments. R2's Care Plan documents under the Approach section to gather all supplies for task, including gait belt. To place gait belt around R2's waist. After gait belt is secured around R2's waist to place walker in front of R2 and to have R2 to push up from surface. R2's Care Plan also documents that R2 is at risk for fall related to unsteady balance.</p> <p>E4's, Certified Nursing Assistant (CNA), undated Employee Witness Statement documents that E4 went to put R2 in her recliner, locked the wheelchair, had a hold of R2 by left side and arm, the wheel chair did move and R2's foot slid on floor and R2 fell on her right hip on the floor.</p> <p>On 10/4/17 at 11:15 AM in an interview regarding R2's fall on 8/11/17, E4 stated that she did not use a gait belt and that she had admitted that to the facility. E4 stated that she did try to catch R2. E4 stated it is the facility policy to use gait belts.</p> <p>E4's Employee Disciplinary Action form, dated 8/11/17, documents, in part, "did not apply gait belt during resident transfer from W/C (wheelchair) to recliner resulting in a resident</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>injury."</p> <p>R2's X-ray report, dated 8/11/17, documents that examination of the pelvis and right hip reveals an essentially nondisplaced right intertrochanteric hip fracture.</p> <p>R2's Operative Report, dated 8/11/17, documents that R2 had her right hip pinned.</p> <p>On 10/4/2017 at 2:30 PM, E1, Administrator, stated that she would expect staff to use a gait belt when transferring residents.</p> <p>Multiple attempts to contact the physician were unsuccessful.</p> <p>The facility Safe Patient Handling Program, revised January 2017, documents gait/transfer belts where deemed appropriate will be used when manual assistance is required for ambulation and transfer activities.</p> <p>On 8/11/17, the facility reviewed the above policy. The In-Service Training Record, dated 8/11/17, documented the training topic as "Safe Patient Handling & Please Keep Me Safe." All Nursing staff signed this in-service sheet.</p> <p>On 8/11/17, E4 and multiple staff were given validation of competency skills check on transfers.</p> <p>On 10/12/17, E1 stated that random validation of competency skills check will be conducted on all nursing staff to ensure compliance.</p> <p>(A)</p>	S9999		
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