STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008015	A. BUILDING: _____ B. WING _____	C 11/21/2014

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RIVERSHORES HLTH & REHAB CTR	578 WEST COMMERCIAL STREET MARSEILLES, IL 61341

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S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.1210b) 300.1210d)6) 300.1220b)3) 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. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including:	S9999		

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S9999	Continued From page 1 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 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS EVIDENCED BY: Based on interview and record review, the facility failed to develop and implement new individualized fall interventions after falls for two of three residents (R1 and R2) reviewed for falls in a sample of three. This failure resulted in R2 sustaining a closed head injury with concussion after a fall. Findings include: 1. R2's Physician Order Sheet (POS), dated 10/20/2014, documents an admission date of 9/18/2009 with diagnoses which include: Alzheimer's Dementia, Hypertension, Transient Ischemic Attacks, Hyperlipidemia, History of Falls, and Dementia.	S9999		

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S9999	Continued From page 2	S9999		

The facility Incident/Accident Log documents R2 fell on 10/26/2014 in R2's room. R2's Incident Investigation report, dated 10/26/2014, documents, "environmental factors: resident had a bowel movement."

R2's Care Plan, dated, 9/23/2014, documents "fall without injury on 10/26/2014" and lists interventions for falls which include: "Keep areas free from obstructions to reduce the risk of falls or injury; Encourage participation in all aspects of care with verbal and physical hands on assist for follow through; With each encounter remind resident to call for assistance before moving from bed-to-chair and from chair-to-bed; Respond promptly to calls for assist; Use alarm to monitor attempts to rise; Footwear will fit properly and have non-skid soles." R2's Care Plan was lacked any new intervention(s) for fall on 10/26/2014.

The facility Incident/Accident Log documents R2 fell on 11/17/2014 in the North Dining Room. On 11/21/2014 at 11:45 a.m, E2 (Director of Nurses) verified that R2's Incident Investigation Report was started 11/17/2014 and is pending completion.

R2's Nursing Note, dated 11/17/2014, states, "Resident noted on floor by staff members. Upon assessing, resident had no visible injuries. Resident is unconscious, lying on (R2's) left side with left side of head on floor...911 called for transport to (local area hospital Emergency Department)."

The local area "Adult Hospitalist Admission Assessment" (dated 11/18/2014) states, "Principal Problem: Closed head injury with concussion."

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S9999	Continued From page 3	S9999		

R2's "Computed Tomography (CT) Examination of the Head, without contrast" (dated 11/18/2014) states, "Foci of acute hemorrhage demonstrated at the frontal regions bilaterally, the subarachnoid versus peripheral parenchymal in location."

On 11/21/2014 at 4:52 p.m., Z2 (R2's Physician) stated, "On 11/17/2014, (R2's) CT shows areas with bleeding on the brain. Looking back, (R2) also had a CT of the head complete on 9/4/2014, which at the time, (R2) had no signs of intercranial bleeding. The change in these radiology reports is due to the fall (R2) had on 11/17/2014."

On 11/21/2014 at 3:35 p.m., E1 (Administrator) stated, "We just received witness accounts for (R2's) fall on 11/17/2014 that said that prior to the fall, (R2) had a incontinent bowel movement and was finger painting. They cleaned (R2) and brought (R2) out to the dining room to sit. So, since the Incident Report from 10/26/2014 states that (R2) had a bowel movement, both occurrences were related to a toileting issue. For residents with impaired cognition, I would expect a new intervention be developed and Care Planned to reduce the likelihood of future occurrences. For R2, I would expect an intervention of allowing more time for the resident to use the toilet to be on the Care Plan."

2. R1's POS, dated 10/20/2014, documents an admission date of 9/28/2014. R2's Care Plan, dated 10/9/2014, documents diagnoses which include: Alcohol Cirrhosis Liver, Cellulitis of the Hand, Chronic Airway Obstruct, Dementia without Behavior Disturbances, Hydronephrosis, Lack of Coordination, Muscle Weakness, History of Fall, Protein Calorie Malnutrition, and

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S9999	Continued From page 4 Rhabdomyolysis. The facility Accident/Incident Log documents R1 fell on the following dates: 9/30/2014, 10/9/2014, 10/10/2014, 10/12/2014, 10/14/2014, again on 10/14/2014, 10/19/2014, 10/23/2014, 10/31/2014, 11/7/2014, again on 11/7/2014, 11/10/2014 and 11/11/2014. R1's Care Plan, dated, 10/9/2014, documents "fall without injury on 10/10/2014, 10/11/2014, 10/12/2014, 10/14/2014, 10/19/2014, 10/23/2014, 10/31/2014, 11/7/2014, and 11/10/2014" and lists interventions for falls which include: "Keep areas free from obstructions to reduce the risk of falls or injury; Place call bell/light within easy reach; Remind (R1) to call for assistance before moving from bed-to-chair and from chair-to-bed; Respond promptly to calls for assist; Use alarm to monitor attempts to rise; Footwear will fit properly and have non-skid soles; Provide Reminders to use ambulation and transfer assist devices." R2's Care Plan lacked any new interventions to prevent further fall for falls listed above. On 11/21/2014 at 11:52 a.m., E3 (Care Plan Coordinator) stated, "After a fall, we review the incident report to see what could've led to the fall to determine root cause. That allows us to make any necessary changes to the environment or plan of care to try to prevent further occurrences and/or injuries...The fall should be logged on the Care Plan and if there is a new intervention, it will be put on the Care Plan." On 11/21/2014 at 3:35 p.m., E1 (Administrator) stated, "For residents that have impaired cognitive abilities, I would expect my Director of Nurses and Care Plan Team to try to develop new fall interventions after each fall to try to	S9999		

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S9999	Continued From page 5 prevent/reduce future occurrences. (R1's) fall interventions are very basic and not individualized to (R1's) needs. I would expect (R1) fall interventions to be more detailed, especially because some interventions aren't pertinent since (R1) doesn't have the ability to use a call light." (B)	S9999		