PRINTED: 04/29/2015 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 IL6009674 04/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 COLLEGE BOULEVARD WABASH CHRISTIAN RETIREMENT CARMI, IL 62821 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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 following procedures: Pursuant to subsection (a), general d)

Illinois Department of Public Health

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

nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

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

seven-day-a-week basis:

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

04/14/15

PRINTED: 04/29/2015

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: \_ C B. WING IL6009674 04/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 COLLEGE BOULEVARD WABASH CHRISTIAN RETIREMENT CARMI, IL 62821 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. (Section 2-107 of the Act) Based on interview, observation, and record review, the facility failed to maintain a side rail by not replacing a missing end safety cap, which left a sharp metal surface exposed, causing an eleven centimeter laceration requiring sutures. and blood transfusions for one resident (R2) reviewed for injuries. Findings include: 1. R2 was admitted to the facility on 10-29-13 with the following diagnoses: Coronary Heart Disease, Peripheral Vascular Disease, Chronic Kidney Failure-Stage III, Congestive Heart Failure, Atrial Fibrillation, Type II Diabetes. R2's March, 2015 Medication Administration Record indicates she was receiving 5 milligrams of Apixaban twice a day, and 81 milligrams of Aspirin daily by mouth prior to the incident of 03-05-15. R2's Investigation of Skin Tear, Bruises & Abrasions report documented by E4 (Licensed Practical Nurse) on 03-05-15 at 8:10 PM

Illinois Department of Public Health

indicates the following: Location of Injury-Left lower leg; Description of area: Laceration to left lower leg; Equipment check: Bed frame or side rail (side rail circled) Jagged edge-end of side

PRINTED: 04/29/2015 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: CB. WING IL6009674 04/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 COLLEGE BOULEVARD WABASH CHRISTIAN RETIREMENT CARMI, IL 62821 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 rail cap missing. On 04-06-15 at 11:17 AM, E4 indicated the bottom cap was missing from R2's side rail. E4's Nurses Progress Note dated 03-05-15 at 21:17 indicates: "res' left lower leg was hit on bed rail causing a 11 by 1 centimeter laceration to left lower leg, area was cleaned and wrapped. MD and family notified. res sent to ER for treatment". On 04-06-15 at 11:45 AM, E5 (Certified Nurse Aide) indicated she and E3 (Certified Nurse Aide) were transferring R2 to bed on 03-05-15. Her leg caught on a piece of the side rail. One cap was missing. We saw her leg was bleeding after we got her in bed. On 04-06-15 at 9:50 AM, E3 indicated on 03-05-15, they stood R2 up and pivoted her. She got scared and dropped her legs, and her leg hit the side rail. On 04-06-15 at 2:00 PM, E6 (Certified Nurse Aide) indicated he was in R2's room on 03-05-15 during the transfer. R2 hollered as she started to go down, and after they got her into bed, he noticed her left leg was bleeding. E6 indicated she had blood running down her leg. It wasn't deep, it was a long cut. R2's Clinical Report-Physician/Mid Levels sheet dated 03-05-15 at 21:04 indicates: Extremities: Left leg: moderate tenderness and swelling, deep laceration greater than 5.0 cm (centimeters) and large ecchymosis located in the lateral aspect of mid leg. Progress and Procedures: Laceration Repair: Location: left leg. Length: 12 cm. Wound depth/shape-curved and subcutaneous. Wound is clean. Contused tissue present. Distal neuro/vascular/tendon status normal. Local anesthesia using 1% lidocaine. Prepped with Shur-Clens. Wound Cleansed. Closure of superficial layer interrupted 4-0 nylon (15 sutures). R2's Nurses Progress Note dated

Illinois Department of Public Health

03-06-15 at 03:58 indicates: "Res. returned back

PRINTED: 04/29/2015 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: C B. WING IL6009674 04/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 COLLEGE BOULEVARD WABASH CHRISTIAN RETIREMENT CARMI, IL 62821 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 via ambulance from HMH, has a laceration to LLE (left lower leg) with 15 stitches". On 03-06-15 at 23:14, E10 (Registered Nurse) documented in nurse progress notes, "Problem/Symptom is lethargic, pallor. Other things that have occurred with this problem/symptom are Obtained leg wound 03-05-15. Continues to have copious amount of bleeding from wound. Send to ER for eval and tx". R2's laboratory report dated 03-07-15 indicated her hemoglobin was 8.0 (Low), and hematocrit was 25.50 (low). R2 was admitted to the hospital on 03-07-15 with blood loss anemia. secondary to Chronic anticoagulation from a laceration on her left leg, Atrial Fibrillation, and UTI per review of the Discharge Summary sheet dated March 8, 2015. On 04-06-15 at 9:20 AM, R2's outer aspect of her left lower leg was observed with multiple steri strips with dry old blood, and a large hematoma near the top of the laceration. On 04-06-15 at 2:25 PM, Z1 indicated he did not know the cause of the injury to R2's left lower leg. He looked at her leg, and the concern was if it would become infected. The aspirin and Apixaban were put on hold. She was anemic to start with. Her hemaglobin and hematocrit went down. The facility notified me in a timely manner of R2's changes.

(B)