

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2015
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NAME OF PROVIDER OR SUPPLIER VILLA AT SOUTH HOLLAND, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473
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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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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>600.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>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. Restorative measures shall include, at a minimum, the following procedures</p> <p>c) Each direct care-giving staff shall review and</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/03/15

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S9999	<p>Continued From page 1</p> <p>be knowledgeable about his or her residents' respective resident care plan.</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 300.3240 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 requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to use safe and proper technique for resident transfer and wheelchair transport, to keep beds in the lowest position, to provide and ensure placement of fall mats and to provide and ensure proper operation of bed alarms for three (R1, R2 and R3) residents out of three in the sample of three.</p> <p>This failure resulted in R1 falling from a wheelchair during transport causing an open laceration to the right side of the head requiring nine staples.</p> <p>Findings Include:</p> <p>1. R1's face sheet diagnoses include adult failure to thrive, senile dementia and atrial fibrillation.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1's Minimum Data Set (MDS) dated 2/15/15 indicates R1 is totally dependent requiring two or more person assistance for bed mobility, and transfers. R1's MDS indicates R1 has impairment to bilateral upper and lower extremities and is severely cognitively impaired.</p> <p>On 3/16/15 at 12:40 pm R1 was observed resting in bed. E5 (Unit Manager) stated R1 is non-verbal and cannot move herself. R1 did not respond to this surveyor verbally.</p> <p>R1's incident report dated 3/15/15 indicates R1 was observed by Certified Nursing Assistant sliding from the wheelchair and bumping her head on the floor.</p> <p>R1's fall risk observation dated 3/15/15 indicates R1 is at high risk for falls.</p> <p>R1's fall care plan initiated 6/10/14 includes an intervention for low bed.</p> <p>R1's Minimum Data Set (MDS) dated 2/21/15 indicates R1 is totally dependent with two or more person assistance for bed mobility and transfers. R1's MDS indicates that R1 has mobility impairment on bilateral upper and lower extremities.</p> <p>R1's activities of daily living functional /restorative record dated 2/4/15 indicates R1 is to be transferred using a mechanical lift up in a specialized wheelchair.</p> <p>R1's hospital physician notes dated 3/14/15 indicate R1 was treated in the local emergency room for a laceration to the right occipital area and required 9 staples. R1's computed tomography of the head dated 3/15/15 indicates</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R1 had a right scalp hematoma and no intracranial hemorrhage was identified.</p> <p>On 3/16/15 at 2:40 pm R1 was observed resting in bed which was noted in a high position. E6 (RN/ Registered Nurse) who was present at the time stated, R1's bed was not in the lowest position and proceeded to lower R1's bed. E6 stated R1 had just been repositioned and the bed was left in the high position. R1 was observed with staples to the right side of her scalp.</p> <p>On 3/16/15 at 3:00 pm Z1 (Family) stated the facility informed her that R1 suffered a fall from the wheelchair while being transported to her room. Z1 stated the facility informed her that R1 fell on her face when the blanket became entangled in the wheels of the wheelchair pulling R1 to the floor.</p> <p>On 3/18/15 at 10:15 am E4 (certified nurse aide/ CNA) stated R1 was transferred from the bed to the wheelchair with E3 to transport R1 to a different room. E4 stated E3 rolled the wheelchair backwards while E4 held R1's legs up. E4 stated she accidentally stepped on R1's blankets and R1 fell out of the wheelchair bumping her head, causing bleeding. E4 stated R1 was lifted off the floor by E3 (RN) and E4 and carried to the bed and 911 was called.</p> <p>On 3/18/15 at 2:42 pm E3 stated R1 was transferred from the bed to the wheelchair using two person assistance without the mechanical lift. E3 stated R1 was placed in a standard wheelchair with a blanket covering the wheelchair to transport R1 to a different room. E3 stated during the transport of R1 she rolled the wheelchair while E4 held R1's legs up. E3 stated R1 did not bump her head on the floor but was</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>lowered to the floor. E3 stated R1 was noted to have bleeding from her head and was lifted by E3 and E4 and carried to the bed.</p> <p>On 3/18/15 at 3:00 pm E2 (Director of Nurses/ DON) stated it is not acceptable to move a resident once bleeding is noted from the head. E2 stated R1 should not have been transferred without the use of a mechanical lift and a specialized wheelchair.</p> <p>2. R2's face sheet diagnoses include history of falls and muscle weakness.</p> <p>R2's progress note dated 2/10/15 indicates R2 was observed on the floor close to her bed. R2's progress note indicates R2 did not suffer any injury.</p> <p>R2's incident report dated 2/10/15 indicates R2 was reaching for the call light and slid onto the floor from the bed. R2's incident report indicates R2 was placed back in bed by family who failed to put R2's call light within her reach.</p> <p>R2's fall care plan dated 11/04/2014 includes interventions for a bed alarm, mattress on side of bed (fall mat) and an anti-slide pad in the wheelchair.</p> <p>On 3/16/15 at 2:30 pm R2 was observed resting in bed without a fall mat or bed alarm in place.</p> <p>On 3/16/15 at 4:00 pm with E1 (Administrator) and E2 (Director of Nursing) R2 was observed in her room in the wheelchair. R2 was observed with a specialized cushion but no anti-slide pad in place in the wheelchair. R2's room was searched by E1 and E2 with no fall mats located and no</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>bed alarm was observed attached to R2's bed.</p> <p>On 3/16/15 at 4:10 pm E7 Certified Nursing Assistant (CNA) stated R2 does not have a fall mat.</p> <p>3. R3's face sheet diagnoses includes muscle weakness, altered mental status and encephalopathy.</p> <p>R3's incident report dated 3/5/15 indicates R3 was observed on the floor in his room. R3's report indicates R3's roommate observed R3 bending over to retrieve his newspaper and fell from his wheelchair. R3's incident report indicates no injury was observed. R3's incident report under immediate action taken includes application of personal safety alarm.</p> <p>R3's incident report dated 3/8/15 indicates rolled out of bed. R3's report does not indicate whether R3 was found on the floor or if he was receiving care when fall occurred.</p> <p>On 3/16/15 at 2:50 pm with E8 Licensed Practical Nurse (LPN) R3 was observed resting in bed with no fall mat in place and a bed alarm in place but was not powered on. E9 CNA stated R3's family had just left and did not put the fall mat in place. E9 stated R3 has the bed alarm because family requested it.</p> <p>On 3/18/15 at 1:00 pm E10 Unit Manager stated if the bed alarm is in place it must be turned on. E10 stated R3 has the bed alarm at the family request. E10 stated R3 was observed with his legs hanging out of the bed on 3/8/15 and did not fall on the floor. E10 stated R3's 3/8/15 incident was classified as a change of plane.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>The facility's Assessing Falls and Their Cause policy revised October 2010 indicates once an assessment rules out significant injury, nursing staff will help the resident to a comfortable sitting, lying, or standing position and then document relevant details.</p> <p>The facility's Room to Room Transfer policy indicates staff should follow safety precautions while transporting the residents. On 3/18/15 at 3:45 pm E1 and E2 stated standard safety precautions include environment free from clutter.</p> <p>The facility's policy on Safe Lifting and Movement of Residents indicates mechanical lift should be used for any resident needing a two person assist.</p> <p style="text-align: center;">(B)</p>	S9999		
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