

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006985 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/23/2015 |
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| NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION | STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350 |
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| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)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 following</p> | S9999 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **05/13/15**

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| S9999 | <p>Continued From page 1</p> <p>procedures:</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility to provide supervision to one of four residents (R1) reviewed for falls in the sample of 24. This failure resulted in R1 sustaining a left forehead laceration from a fall that required the placement of 9 sutures at a local hospital.</p> <p>Findings include:</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>1. R1's Fall Risk Assessments dated 2/15/15, 2/19/15 and 4/3/15 document that R1 is at high risk for falls.</p> <p>R1's Accident/Incident Report dated 2/15/15 documents that R1 fell from R1's wheelchair and obtained a right forearm skin tear. This same report documents the following intervention was initiated: "Keep in visibility when up in wheelchair..."</p> <p>R1's current fall care plan has this same intervention documented.</p> <p>R1's Accident/Incident Report dated 4/3/15 documents that R1 had an unwitnessed fall and was observed face down on the floor at the bottom of the facility's 800 hall ramp. This same report documents that R1 sustained a laceration to R1's left forehead, and was sent to a local hospital, where R1 had sutures placed to repair the laceration.</p> <p>R1's local hospital emergency room records dated 4/3/15 document the following: "...presents to the emergency department with complaint of fall and forehead laceration...(R1) was in (R1's) wheelchair and fell face first out of the wheelchair...(R1) with pain to head...pain has been constant since the injury...3.5 centimeter laceration to left forehead T-shaped...nine 5-0 Nylon sutures required to close laceration..."</p> <p>On 4/20/15 at 9:56 a.m., 4/21/15 at 10:15 a.m., and 4/22/15 at 10:17 a.m. and 12:00 p.m., R1 was sitting alone up in R1's wheelchair in R1's room.</p> <p>On 4/22/15 at 10:35 a.m., E8, Restorative Nurse, verified that R1's fall on 4/3/15 was unwitnessed</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>and therefore R1 was not in staff visibility at the time of R1's fall. E8 also stated that facility staff should not be leaving R1 sitting up in R1's wheelchair alone in R1's room.</p> <p>On 4/23/15 at 12:30 p.m., E1, Administrator, stated that R1's fall on 4/3/15 occurred at approximately 7:00 p.m. E1 then stated, "At this time of the evening, staff may be busy toileting or providing cares to others, so (R1) may have been out of facility staff's visibility.</p> <p style="text-align: center;">(B)</p> | S9999 | | |