STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004188	A. BUILDING: _____ B. WING _____	06/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES REHAB & HEALTH CARE	310 EADS AVENUE PARIS, IL 61944

(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
S9999	Final Observations STATEMENT OF LICESNURE 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	Attachment A Statement of Licensure Violations	

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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 observation, interview and record review the facility failed to implement new fall interventions after falls for two of seven residents (R5 and R13) reviewed for falls in the sample of eight. These failures resulted in R5's pelvic fracture. Findings include: R5's Physician Order Sheet (POS) dated 6/1/15 documents the following diagnoses: Osteoarthritis, Muscle Weakness, Anxiety, Depression, Anemia and Dysphagia with Communication Deficit. R5's Minimum Data Set (MDS) dated 6/4/14, 9/5/14, 11/5/14 and 2/5/15 document R5's mental status as severe cognitive impairment.	S9999		

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S9999	Continued From page 2 The same MDS's documents that R5 requires supervision when ambulating in the room and corridor. R5's Fall Risk assessment dated 6/4/14 and 9/11/14, documents that R5 was at moderate risk for falls. R5's Fall Risk assessments dated 10/30/15 and 2/8/15 document R5 was at high risk for falls. R5's, Physician Communication and Progress Note for New Symptoms, Signs and Other Changes in Condition (SBAR), along with the Nurses Note and Transfer Form dated 8/5/14 document R5's fall. The same forms document that R5 was found on the floor when R5 complained of right wrist and right hip pain. R5's documented pain level was "very, very bad", when R5 was transferred to the local hospital for x-rays which were negative for fracture. R5's, Nurses Note dated 10/27/14 document that R5 was found on the floor and complained of left arm, left hip and back pain at a level of 9/10 (severe). The same note documents that R5 was transferred to the local hospital. The local hospital "Radiology Report" dated 10/27/14 documents "Nondisplaced left inferior pelvic ramus fracture". R5's Nurses Note dated 4/11/15 documents that R5 was found on the floor of her room with no injury documented. R5's Care Plan Conference Participation Logs dated 9/5/14, 11/6/14, 2/8/15 and 5/6/15 document that R5's Care Plan was reviewed but not revised to include any new targeted fall interventions after 7/1/14.	S9999		

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S9999	Continued From page 3 On 6/25/15 at 10:28 am, E2, DON stated "The only date I'm seeing for (R5's) fall interventions is 7/1/14. Anytime there are changes in a resident's status, the care plan should be updated to include dates of the new intervention when a fall occurs." On 6/25/15 at 9:23, E8, Certified Nursing Assistant stated "(R5) stayed in the hall while I went into the bathroom. (R5) waited just outside the bathroom door. I started the shower and rolled up my pant legs. I was behind the curtain then. I didn't see (R5) fall. I should have brought (R5) into the shower room with me. I heard (R5) yell for help. (R5) was lying on her left side when I saw her. (R5) said she did not know what happened. The facility's Physician Order Sheet for R13 dated June 2015 documents related medical diagnoses for R13 including Alzheimer's Dementia, History of Hemorrhagic CVA (Cerebrovascular Accident) with Hemiplegia, and Osteoporosis. The facility's Minimum Data Set (MDS) for R13 dated 4/20/15 documents R13 does not ambulate, is dependent upon staff for locomotion in a wheelchair, toileting and eating. This same MDS documents R13 requires extensive assistance of 2 staff members for bed mobility, surface to surface transfers, and dressing. The facility's Fall Risk Assessment dated 4/20/15 documents R13 is a high risk for falls due to confusion, loss of ability to maintain sitting or standing balance, and R13's related medical diagnoses. This same Fall Risk Assessment documents R13 has experienced a fall in each of the two most recent quarters.	S9999		

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S9999	Continued From page 4 The facility's Nursing Notes dated 6/1/15 document R13 experienced a fall on 6/1/15 by falling off of the bed. The facility's care plan for R13 documents the most recent care plan review was conducted on 4/20/15. This care plan does not document any targeted interventions related to the fall out of bed on 6/1/15, nor any new or revised interventions since 3/19/14. On 6/23/15 at 4 PM E7, MDS/Care Plan Coordinator acknowledged that the facility's care plans were not individualized nor appropriately revised. On 6/24/15 at 10:30 AM E2, Director of Nursing, acknowledged that there were no new or revised interventions since the date of 3/19/14. (B) 300.1230 k) Direct Staffing Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. This requirement is not met,	S9999		

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Based on record review and interview the facility failed to meet staffing requirements for nursing and personal care for ten of 14 consecutive days reviewed. This failure has the potential to affect all 43 residents in the facility.

Findings include:

On 6/24/15 at 2:00 PM E1, Administrator, provided a staffing spreadsheet dated 6/10/15 through 6/23/15. The spreadsheet documents the average daily census for that period of 14.42 skilled residents and 29.35 intermediate residents. The calculations totaled 128.16 hours of minimum direct care staff and 12.81 hours of registered nurses (RN) required per 24 hours. The staffing spreadsheets and working schedules document the following staffing failures:

6/11/15: 11.5 RN hours shortage of 1.31 hours
6/12/15 12.18 RN hours shortage of 0.63 hours
6/16/15 11.27 RN hours shortage of 1.54 hours
6/17/15 12.22 hours shortage of 0.59 hours
6/18/15 12.0 RN hours shortage of 0.81 hours
6/20/15 8.0 RN hours shortage of 4.81 hours
6/21/15 12.0 RN hours shortage of 0.81 hours
6/23/14 12.25 RN hours shortage of 0.56 hours

6/13/15 84.25 hours of direct care staffing shortage of 43.91 hours
6/14/15 109.63 hours of direct care staffing shortage of 18.49 hours
6/20/15 103.06 hours of direct care staffing shortage of 25.10 hours
6/21/15 118.62 hours of direct care staffing shortage of 9.54 hours

R104 stated on 6/24/15 at 9:30 AM " Once in awhile there is not enough staff this happens

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S9999	Continued From page 6 mainly on the weekends." E2, Director of Nurses at 10:30 AM on 6/26/15 confirmed the staffing hours were accurate. E1, Administrator at 11:45 AM on 6/26/15 confirmed the staffing hours were accurate. The Resident Census and Conditions of Resident Form dated 6/24/15 documents that 43 residents reside in the facility. (AW) Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is	S9999		

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S9999	Continued From page 7 unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This requirement is not met, Based on record review and interview the facility failed to provide safe transportation for one wheelchair bound resident in the facility van (R101) and failed to report the incident to the Regional Office within 24 hours. R101 is one of three residents reviewed for falls in a sample of four. Findings include: The Physicians Order Sheet (POS) for R101 documents the following diagnoses: Chronic Obstructive Pulmonary Disease, Asthma, Parkinson and history of Thyroid Cancer. The Minimum Data Set (MDS) dated 9/16/2014 states R101 requires extensive assistance with bed mobility, transfers and toilet use. The MDS also documents R101 has impairment on one side of R101's upper extremity and impairment on both sides of R101's lower extremities. R101 requires wheelchair for transportation within and outside the facility. Fall Risk Assessments dated 9/16/14, 10/24/14 and 12/14/14 documents R101 to be high risk for falls. R101's Nurses Notes dates 10/24/14 at 1 PM states " (R101) on a facility outing and tipped back in the wheelchair. E10, (Social Service/Activity Director) notified Emergency Medical Service....."	S9999		

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S9999	Continued From page 8 On 6/25/15 at 12:01 E10 stated " E18, Certified Nurses Assistant (CNA) is the transportation aide who strapped (R101) into the facility van. I was driving going to the restaurant and started to turn down a one way street the wrong way. I realized this and did not turn but changed the lane I was in and I heard (R101) yell and saw she had tipped back in her wheelchair. I pulled into a parking lot and called 911, I left (R101) the way she was and watched (R101) until the ambulance arrived...." On 6/25/15 at 12:10 PM E1, Administrator stated " We checked the facility van by re-enacting the event with an employee, we could not find anything wrong with the wheelchair straps. We put the van back into commission after doing the investigation." E18 confirmed on 6/25/15 at 3:20 PM she was the CNA who strapped R101 into the facility van on 10/24/14. R101's hospital record titled discharge instructions dated 10/24/14 documents R101 had head injury and was sent home with medication for pain. On 6/24/15 E1 stated at 2:30 PM " No I did not report this incident to the state (Regional Office)..." (B)	S9999		