

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/04/2021
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NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE PEORIA, IL 61604
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Original Investigation #2125213/IL136287</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.610 c)2) 300.1210b)5)</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>c) The written policies shall include, at a minimum the following provisions:</p> <p>2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

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S9999	<p>Continued From page 1</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 procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident with a decline in mobility status received Therapy Services to assess for rehabilitative needs or mobility aides for one of one resident (R1) reviewed for multiple falls and a declining mobility status in a sample of three. This failure resulted in R1 sustaining a Closed Nondisplaced Fracture of the Fourth Cervical Vertebrae on 6/28/21 after a known decline in mobility and an increase in falls.</p> <p>Findings include:</p> <p>An Admission Policy dated 1/20/21 states that for a resident to be admitted to the facility, " The Facility must be able to meet the resident's</p>	S9999		

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S9999	<p>Continued From page 2 needs."</p> <p>A Facility Assessment dated 5/14/21 states, "(The facility) has a variety of types of residents. The target population of the facility is for Acquired and Traumatic Brain Injuries. There is additionally a component comprised of individuals with a Mental Illness Diagnosis, often with a concurrent medical and/ or neurological diagnosis, which needs monitoring, and physical assist." This policy also states, "Some of the clientele of the facility is here for rehab following brain injury" and "Our resident care level varies from independent in activities of daily living to partially-totally dependent on staff for all care." The Facility Assessment also documents, "We are contracted with (a Rehabilitation Service) to provide Speech, Physical, and Occupational Therapy in house as needed," Additionally, the Facility Assessment includes in its list of offered services, "Mobility and fall/fall with injury prevention." This policy also states that the facility accepts residents with current or who develop diseases or conditions to include disorders of the Neurological System, and Musculoskeletal System.</p> <p>R1's Admission Record Sheet dated 8/2/21 documents R1 was admitted to the facility 5/21/20 with diagnoses to include Intracranial Injury Without Loss of Consciousness and Seizures.</p> <p>R1's Minimum Data Set (MDS) assessment dated 5/28/20 documents that, at the time of R1's admission to the facility, he was independent with all activities of daily living (ADLs) including bed mobility, transfers, walking, dressing, eating, toilet use, and personal hygiene. This same MDS assessment documents R1 has no range of motion impairment to his upper or lower extremities and does not use any mobility devices</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>such as a wheelchair or walker. In addition, this MDS assessment documents that R1's Functional Rehabilitation Potential assessment shows that R1 believed he was capable of increased independence and the facility's direct care staff believed R1 was capable of increased independence with ADLs. R1's MDS also documents R1 did not have any falls in the six months prior to his admission to the facility.</p> <p>R1's MDS assessment dated 4/26/21 documents R1 had two falls in the four months prior to that assessment including one fall with a minor injury, requires no assistance with ADL's, and does not use a mobility aide.</p> <p>R1's MDS assessment dated 6/28/21 documents R1 required the assistance of staff for bed mobility, transfers, walking, and dressing.</p> <p>R1's MDS assessment 7/21/21 documents R1 required the assistance of one person for transfers, walking, dressing, personal hygiene, and has a functional limitation in range of motion to both upper and lower extremities. This MDS assessment also documents that R1 had started using a wheelchair as a mobility aide.</p> <p>R1's medical record does not document R1 was evaluated for his change in ability to perform ADL's including walking, or that he was evaluated for new onset of limitation in range of motion to both upper and lower extremities. R1's Physician's Orders dated 6/8/21 document that R1, "May use wheelchair prn (As Needed)."</p> <p>R1's Fall Follow up forms dated 5/11/21 to 7/21/21 document R1 fell 14 times during that time period with each fall resulting from R1 getting up independently or losing his balance.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R1's 5/22/21 fall investigation signed by V2 (Director of Nurses) documents that R1 would be provided a wheelchair as needed for a fall prevention measure. None of R1's fall investigations recommend R1 be evaluated by physical or occupational therapy to determine the cause of his increasing falls from loss of balance.</p> <p>R1's fall investigation dated 6/28/21 documents R1 fell out of his chair after losing his balance sustaining a laceration to the chin.</p> <p>R1's nurse's note dated 6/28/21 at 10:47a.m. documents R1 fell in his room after attempting to ambulate without assistance. This same note documents R1 was transferred to the hospital for a laceration to the chin.</p> <p>R1's hospital After Visit Summary dated 6/28/21 to 7/2/21 documents R1 was admitted with the diagnosis of a Closed Nondisplaced Fracture of the Fourth Cervical Vertebra.</p> <p>On 8/2/21 at 11:25a.m. V10 (Licensed Practical Nurse/LPN) and V11 (LPN) were standing at their medication carts in front of the nurses' station. V10 and V11 stated they have both provided nursing care to R1. V10 and V11 stated that R1 has always had an unsteady gait but it has worsened in the last few months causing R1 to have repeated falls. V10 and V11 stated that R1 is now supposed to use a wheelchair but he either pushes it from behind or refuses to use it.</p> <p>On 8/3/21 at 12:20p.m. V9 (R1's Power of Attorney/POA) stated regarding R1's care at the facility, "They haven't provided him the care they said they would when he originally was admitted there." V9 stated that R1 was "a little unsteady on his feet" when he was first admitted to the facility</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>5/21/20 but he was able to walk independently. V9 stated that now R1 must sit in a wheelchair instead of walking and has frequent falls. V9 stated the facility did not have their physical therapy department evaluate him as she had asked stating, " I have been asking for physical therapy for (R1) for the last eight months. During Care Plan meetings both V12 (R1's Family) and myself talked to V2 (Director of Nurses) several times and also the nursing staff about getting (R1) some physical therapy." V9 stated that if R1 had been provided with physical therapy within the last eight months, as she had requested, R1 may not have gotten so weak. V9 stated if R1 had gotten therapy he may still be able to walk and would not have fallen so many times.</p> <p>On 8/3/21 at 12:00p.m. and 1:00p.m. V3 (MDS/Care Plan Coordinator) verified that V9 had asked for a physical therapy evaluation for R1 stating, "(V9) asked about therapy and we told her we were going to do a restorative program. That restorative started 6/8/21 but he was uncooperative with it." V3 stated that R1 was able to walk independently until a few months ago when he started having more and more falls. V3 stated that she is part if the Interdisciplinary Team (IDT) who determine new interventions for fall prevention whenever a resident has a fall. V3 stated the IDT never recommended a physical or occupational therapy evaluation for R1 but instead the fall prevention interventions the IDT put into place included having R1 start using a wheelchair for mobility. V3 stated that when R1 started falling out of the wheelchair, the IDT recommended a seat belt restraint.</p> <p>On 8/2/21 at 12:55p.m. V4 (Restorative Nurse) stated that she started a walking program with R1 in early 6/2021 but when R1 kept falling more and</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>more V4 discontinued R1's walking program. V4 stated, " (R1) doesn't realize his impairments. After a while it started taking two people to hold him up."</p> <p>On 8/2/21 at 1:15p.m. three residents in wheelchairs were stopped in a line in front of R1's room. R1 was standing inside his room behind his wheelchair waiting to exit his room. When the first resident outside R1's door was unable to propel herself forward, R1 walked from behind his wheelchair then pushed the resident's wheelchair forward so he and the other residents could pass. R1 appeared unsteady, leaned to the right, and had a limp when he walked.</p> <p>On 8/3/21 at 11:35a.m. V7 (R1's Physician) stated that R1 has had a recent increase in falls while at the facility. V7 stated that R1's recent falls resulted in injuries which included bruises, head injuries and a fractured cervical vertebra. V7 stated the facility offered R1 a wheelchair and a helmet. V7 stated R1 has not been offered a physical therapy or an occupational therapy evaluation stating, " They wouldn't take him anyway because he now has an unstable cervical vertebra fracture." V7 stated that the facility is just an Intermediate Care Facility and doesn't offer the medical care that a skilled facility can offer which is what R1 needs.</p> <p>On 8/3/21 at 9:30a.m. V5 (Social Worker) stated that the facility was trying to get R1 transferred to a skilled nursing facility where they provide skilled services such as physical therapy. V5 stated that this facility offers limited therapy services. V5 stated that the therapy department from their sister facility nearby will come to this facility and provide residents with therapy services. V5 stated she doesn't know why R1 was not offered those</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>limited therapy services.</p> <p>On 8/3/21 at 3:00p.m. V2 stated R1 has never been evaluated or received physical or occupational services (PT/OT) while admitted to the facility. V2 stated that after R1 returned from the hospital 7/28/21 the facility did request a PT/OT evaluation but that it has not started yet. V2 was unable to explain why R1 was provided a wheelchair as a fall prevention measure without a therapist evaluating what type of mobility aide would be most appropriate for R1's condition.</p> <p>On 8/2/21 at 2:35p.m. V1 stated that this facility is an Intermediate Care Facility and doesn't offer the medical care R1 needs. V1 stated that, instead, R1 needs to be transferred to a skilled care facility. V1 verified the Facility Assessment states that the facility can treat residents with conditions that require complex medical care and management such as Traumatic Brain Injuries, Neurological Disorders, Musculoskeletal System problems, Mobility and fall/falls with injury, and who may require physical and occupational therapy services.</p> <p>(B)</p>	S9999		