

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/27/2021
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NAME OF PROVIDER OR SUPPLIER GARDENVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834
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S 000	Initial Comments Complaint Investigation 2165142/IL136210	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.1210 d)6)</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.</p> <p>d) Pursuant to subsection (a), general</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to use a gait belt to transfer a resident, resulting in R1 falling and suffering a hip fracture that required surgical repair. R1 is one resident reviewed for resident injury in the sample of three residents.</p> <p>Findings include:</p> <p>1.) The Minimum Data Set, dated 6/14/21, documents R1 is cognitively intact, and requires extensive assistance of one staff member for transfers and toileting.</p> <p>The Care Plan, dated 6/16/21, documents R1 is at risk for falling due to gait and balance problems related to a past stroke and that R1 requires "maximal assistance from staff to transfer when toileting."</p> <p>The Nurses Note, dated 6/28/21, states "Resident (R1) was transferring to the bathroom via walker with assistance from aide when (R1) lost (R1's) footing. Resident landed on floor on R (right) side." The 6/28/21 Nurses Note documents R1 was transferred to the Emergency Department</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>due to complaints of right hip and thigh pain.</p> <p>The Hospitalist Admission History and Physical, dated 6/28/21, documents R1 "presented to the hospital with complaints of fall. (R1) said (R1) was pivoting using (R1's) walker and help of an aide when all of a sudden (R1) lost balance and fell on (R1's) right side. (R1) said (R1) landed on (R1's) right hip. (R1) denied losing consciousness. Thereafter (R1) was complaining of 10/10 right hip pain." The 6/28/21 History and Physical also states, "After coming to the hospital CT (Computed Tomography) of the right hip was (done) and (R1) was found to have a right femoral neck impacted fracture."</p> <p>The CT Report of R1's Right Lower Extremity, dated 6/28/21, documents "Indication: Fall-Fracture of Right Hip" "Right femoral neck impacted fracture."</p> <p>The Surgical Note, dated 7/2/21, documents R1 had a surgical repair of R1's fractured femur on 6/29/21.</p> <p>On 7/26/21 at 3:49 PM, V4, Certified Nurses Aide (CNA), stated on 6/28/21, V4 answered R1's call light, and R1 was in bed and wanted to go to the bathroom. V4 stated R1 used the walker, and V4 walked R1 to the bathroom. V4 stated when V4 tried to help R1 turn to sit on the toilet, R1 yanked away from V4 and R1 fell. V4 stated V4 did not put a gait belt around R1 before assisting R1 to walk to the bathroom. V4 stated V4 was told R1 only needed someone to walk next to R1.</p> <p>On 7/26/21 at 9:15 AM, a surgical incision was observed on R1's right upper thigh. R1 stated around midnight (on 6/28/21), R1 used the walker</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>to walk to the bathroom. R1 stated when the CNA (V4) reached in to pull R1's pants down, (V4) bumped R1 and R1 fell. R1 stated R1 knew R1 had broken something.</p> <p>On 7/27/21 at 9:25 AM, R1 stated (on 6/28/21) staff did not offer to put the gait belt around R1 before assisting R1 to walk to the bathroom.</p> <p>On 7/27/21 at 9:45 AM, V13, Physical Therapy Assistant, stated R1 should have one staff and a two wheeled walker for ambulation and transfers. V13 stated V13 would have assumed staff would be using a gait belt for ambulation and transfers for R1.</p> <p>On 7/27/21 at 1:28 PM, V2, Director of Nursing, confirmed R1 fractured R1's hip (femur) when R1 fell on 6/28/21, and R1's fracture required surgical repair. V2 was asked if V2 would expect staff to use a gait belt when ambulating and toileting R1, and V2 stated, "I would have to look at our policy." At that time, V2 could not provide documentation of a policy for the use of a gait belt. V2 stated, "I'm not sure if we have one."</p> <p>(A)</p>	S9999		