

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/06/2021
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NAME OF PROVIDER OR SUPPLIER WINNING WHEELS	STREET ADDRESS, CITY, STATE, ZIP CODE 701 EAST 3RD STREET PROPHETSTOWN, IL 61277
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S 000	Initial Comments Complaint Investigation: 2115541/IL136691-F558	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210d)5) 300.3210b) 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. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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>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>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3210 General</p> <p>b) A resident shall be permitted to retain and use or wear his personal property in his immediate living quarters, unless deemed medically inappropriate by a physician and so documented in the resident's clinical record.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to allow a resident with impaired mobility to retain his motorized wheelchair for one of three residents (R1) reviewed for resident rights in the sample of 9. This failure contributed to R1 experiencing an increase in depression and anxiety symptoms and two wounds.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The findings include:</p> <p>R1's 8/6/21 face sheet showed a 51-year-old male admitted to the facility on 5/9/2012. Admission diagnosis included aneurysm, morbid obesity, flaccid hemiplegia, seizures, depressive episodes, polyneuropathy chronic pain and anxiety disorder.</p> <p>R1's 7/5/21 Facility Assessment showed he is cognitively intact and has range of motion impairment of the upper and lower extremity on one side.</p> <p>On 8/6/21 at 8:47 AM, R1 said V2 Director of Nursing (DON) and the safety person (who's on vacation) told me I had to lose weight to get my (motorized) chair back. They said the weight limit was 350 pounds and I believed them until I looked it up and it said it holds 450 pounds. They kept the chair away from me for over a year. They knew it (manual wheelchair) was causing a sore to the back of my right leg. They actually removed the chair from my room and put it in the garage. It was a pretty big blow to my depression. They took away a lot of my freedom to move about more easily and without pain. My left side is paralyzed, and I have arthritis in my right knee, elbow and shoulder and carpal tunnel in both wrists. It definitely aggravated the pain (not having motorized chair). The pain would interfere with my therapy. I couldn't do certain parts due to the pain. I spoke to V1 Administrator and the prior Administrator and asked for the power chair manual and never got it. Social Services was aware of it. I was always bugging them about it.</p> <p>At 11:13 AM, V3 Certified Nursing Assistant (CNA) said R1 hasn't had his motorized power chair for at least six months. V4 CNA said R1 got</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>his power chair back on 8/3/21. At 12:05 PM, V1 Administrator said the maximum weight capacity for R1's motorized chair is 400 pounds due to the adjustable seat on it. I'm not sure how we came up with 350 pounds. We gave him his chair back on 8/3/21 because he stayed under 350 pounds for two weeks in a row. V1 was unable to determine when R1's power chair was taken from him.</p> <p>At 12:13 PM, R1 said his social worker and V2 told him there was a 350-pound weight restriction on his chair. They said I was over that limit and had to get out of the chair. I wasn't given a choice. It's my personal chair. I got tired of being jerked around. This was not a mutually agreed upon weight loss plan. I've been wheelchair dependent for 11 years and unable to walk. I had a brain aneurysm and a stroke. At 12:50 PM, V5 Dietary Manager said the Minimum Data Set (MDS) coordinator said R1's chair weight limit was 350 pounds. R1 wanted to stay in his electric chair. At 1:03 PM, V2 DON said she was under the impression that R1's chair limit was 350 pounds. R1's chair absolutely should not have been taken away if he wasn't over the weight capacity. R1's main mode of mobility is the wheelchair. At 1:19 PM, V6 psychiatric Nurse Practitioner said R1 has baseline depression, situational stressors like losing the use of his electric wheelchair exacerbate his depression and anxiety symptoms. At 2:20 PM, V8 Grievance Officer said R1 had to be under 350 pounds for two consecutive weeks in order to use his motorized chair. V7 Director of Social Services said R1 came to her to get his power chair back sometime after 7/26/21. I reminded him he needed to be under 350 pounds for two weeks first.</p> <p>At 3:00 PM, V9 wheelchair supply company</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>representative said (on speaker phone to V1 with this surveyor present) R1 has had the same motorized wheelchair since 2017.</p> <p>The manufacturer's manual for R1's power chair showed a maximum weight capacity of 400 pounds with the adjustable seat height installed. The Dietary Manager provided a document with R1's weights. R1's weight was 353 on 2/4/21, 356 on 4/6/21, and 349 on 8/3/21 (consistently under the recommended weight of 400 pounds).</p> <p>R1's revised 5/9/2019 contract showed R1 was made aware by the Safety Director and Social Worker that his electric wheelchair had a maximum weight limit of 350 pounds (lbs.). R1 was made aware and understood he is to maintain a weight of 340 lbs. or less for both his safety in the chair and the condition of the chair itself in the case there is a weight fluctuation at any time. R1 was made aware and understood by both the Safety Director and Social Worker that should R1's weight exceed 340 lbs.; he would be transferred into his manual wheelchair until his weight is at 340 lbs. or less.</p> <p>R1's care plan created 9/30/20 showed R1 utilizes an electric wheelchair that has a weight capacity of 350 pounds. If resident is at 350 pounds or over, resident will have to utilize a bariatric manual wheelchair. This care plan showed the resident was educated on the weight limit of the electric wheelchair and resident had to remain underweight (350 pounds) for two weeks in order to receive the electric wheelchair. Educate resident on importance of reducing snacks and sugars. R1's undated functional performance care plan showed if R1 is over 350 pounds he will be in a manual wheelchair. R1's undated acute pain/chronic pain care plan</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>showed a history of osteoarthritis, chronic headaches, thoracic vertebrae fracture, depression and a ruptured right side brain aneurysm. R1's undated wound management care plan showed a wound to the right buttock measuring 2.0 centimeters (cm) X 3.0 cm due to rubbing on the manual wheelchair. R1's second wound management care plan showed a wound to the right ischial measuring 3.0 cm X 4.0 cm due to resident being in the manual wheelchair and rubbing the back of his leg. R1's August 2021 physician order sheet showed wound treatments to the right buttock and right ischium started 6/18/21.</p> <p>R1's 1/22/21 Social Service Note showed the social worker informed R1 that he would need to lose 2.6 pounds in order to remain in his power chair. It was explained if he did not lose this weight, he would be given his manual wheelchair again. R1's 4/27/21 Social Service Note showed R1 needed to maintain a healthy weight to remain in it (his power chair).</p> <p>The dietary manager provided a list of R1's weights. R1 was 353 pounds on 2/4/21, 356 pounds on 4/6/21, and 349 pounds on 8/3 (consistently under the manufacturer recommendation of 400 pounds). R1 was 349 pounds on 6/22/21, and 347 pounds on 6/29/21. The facility still did not allow him to have his wheelchair despite meeting the facility requirement to be under 350 pounds.</p> <p>R1's 1/26/21 Plan of Care note showed R1 is over 350 pounds which is the maximum capacity for his electric wheelchair. Resident was notified of having to switch to his manual wheelchair.</p> <p>R1's 3/4/21 psychiatric assessment note showed R1 feeling down and rated depression a 4-6 (on a</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>0-10 scale) related to having a different wheelchair. R1's 4/12/21 note showed feeling down because he is still in a self-propelled wheelchair. R1 rated his depression a 7 (on a scale of 0-10) worse than usual. R1 reported difficulty pushing his current chair around due to arthritis in his right arm (left side hemiplegia). R1 reported he would feel better if he could get back into his old wheelchair (motorized). R1's 6/21/21 note showed anxiety had been worse lately and reported the average daily rating a 6 (on 0-10 scale). R1 reported that anxiety is his biggest concern at that time. R1 said he is anxious to get back into his motorized wheelchair so he can get out of the facility on his own. This note showed R1's anxiety medication was increased from twice daily to three times daily.</p> <p>R1's 7/15/21 Advanced Practice Nurse note showed R1 used a wheelchair and self-propels (not motorized). This note showed an increase in R1's depression symptoms.</p> <p>The facility provided resident rights booklet showed as an individual living in a long-term care facility, you retain the same rights as every citizen of Illinois and of the United States. You may keep and use your own property. You have a right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health, at their highest practical levels.</p> <p>(B)</p>	S9999		