

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN - PONTIAC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 SOUTH EWING DRIVE PONTIAC, IL 61764</b>
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(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
S 000	Initial Comments  Investigation of Facility Reported Incident 8/31/21/IL138375	S 000		
S9999	Final Observations  Investigation of Facility Reported Incident 8/31/21/IL138375 - F689  <b>STATEMENT OF LICENSURE VIOLATIONS:</b>  300.1210b) 300.1210d)6)  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.  Section 300.1210 General Requirements for Nursing and Personal Care  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	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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>that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure post fall interventions were in place for one of three residents (R2) reviewed for falls on the sample list of five. This failure resulted in R2 having a fall that resulted in a 3 centimeter forehead laceration that required sutures.</p> <p>Findings Include:</p> <p>R2's Fall Risk Assessment dated 12/28/20 and 6/21/21 both document R2 is at high risk for falls.</p> <p>R2's MDS (Minimum Data Set) dated 6/21/21 documents a BIMS (Brief Interview for Mental Status) as a 7, which indicated severe cognitive impairments. This MDS documents R2 is independent with bed mobility and requires supervision for transfers.</p> <p>R2's Progress Notes dated 2/8/21 documents at 8:00 am, R2 ambulated to nurses desk, reporting "I (R2) need a band-aid. I (R2) rolled out of bed and got this," pointing to R2's right jawline where a 3.0 cm (centimeter) x (by) 3.0 cm purple bruise is present, with 0.5 cm x 0.2 cm x 0.1 cm V-shaped skin tear at the center of the bruise. When R2 reported the fall, R2 stated "I (R2) don't know what happened. I (R2) didn't know where I (R2) was and just rolled out of bed." New intervention: scoop edge mattress placed on bed.</p> <p>R2's Progress Notes dated 9/13/21 documents</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R2 yelling out for help from R2's room. Upon entering R2's room, R2 was noted to be laying on floor on R2's tummy, diagonal to the bed. There was a significant amount of blood under R2's head. R2 was repositioned to be able to assess where the bleeding was coming from and R2 was found to have a large laceration and hematoma above the left eye. R2 stated R2 swung feet over the bed, stood up and fell forward on the floor. R2 was sent to the hospital for evaluation.</p> <p>R2's Hospital Notes from V11 dated 9/13/21 documents R2 had a fall while getting out of bed, and struck R2's head on the ground. R2 sustained a 3 cm "gaping left suprorbital laceration with associated large skin avulsion" requiring sutures.</p> <p>R2's Care Plan dated 9/14/21 documents R2 is at risk for falls related to impaired balance/gait and cognition/safety awareness, with interventions for a scoop mattress to have been implemented after R2's 2/8/21 fall, and to replace call don't fall signs in room and bathroom from current signs to ones on bright paper which was to have been implements after R2's 9/13/21 fall.</p> <p>On 9/21/21 at 3:15 pm, R2 had a regular mattress on R2's bed. There was a white sign in R2's room with red writing on the wall next to the head of bed, and in the bathroom next to the toilet and call light that documents "don't stand without help. There was another white sign with black writing on it at the foot of the bed that documents "please call-don't fall".</p> <p>On 9/22/21 at 8:00 am, R2 was lying in bed, on a regular mattress. The same white signs were on R2's walls.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 9/22/21 at 9:50 am, V9 RN (Registered Nurse) and V13 CNA (Certified Nursing Assistant) both confirmed that R2 does not have a scoop mattress. V13 stated V3 ADON (Assistant Director of Nursing) was just asking a couple of days ago if the facility had any spare scoop mattresses.</p> <p>On 9/22/21 at 10:05 am, V3 stated if R2's care plan says R2 is to have a scoop mattress, then R2 should have one. V3 stated V3 was on the unit the other day and told staff if a scoop mattress was not on R2's bed, they {staff} needed to put one on. V3 stated R2 had a scoop mattress at one point and doesn't know what happened to it, unless it didn't move with R2 when R2 had a room move. V3 also stated V2 DON (Director of Nursing) was going to change out the white safety signs in R2's room to bright colors. V3 stated V3 is unsure why that didn't happen.</p> <p>R2's ongoing census documents R2 moved rooms on 5/21/21.</p> <p>On 9/22/21 at 11:46 am, V18 (R2's Family) stated V18 voiced a concern on 9/16/21 during their care plan meeting regarding R2's fall and the fact that R2 did not have a scoop mattress, which R2 is suppose to have. V18 stated R2 had a scoop mattress in R2's previous room but has not had one since being in R2's new room.</p> <p>(B)</p>	S9999		
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