

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2021
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NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270
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S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.1210a) 300.1210b) 300.1210c) 300.1210d)3) 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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</p>		<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 have fall prevention interventions in place and failed to safely transfer residents with a gait belt for three of five residents (R23, R8, R21) reviewed for falls in the sample of 12.</p> <p>This failure resulted in R23 falling onto the floor and sustaining an impacted left femoral neck</p>	S9999		

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S9999	<p>Continued From page 2 fracture requiring surgery.</p> <p>The findings include:</p> <p>On 09/14/21 at 09:58 AM, R23 was resting in bed with his eyes closed. The right side of his head adjacent to the eye and upward was bruised. There was a small band aid to the top of his head on the right side. R23 did not respond when spoken to.</p> <p>On 09/14/21 at 11:07 AM, V6 Certified Nursing Assistant (CNA) and V7 CNA were preparing to transfer R23 from the chair to bed. There were steri-strips to R23's right hand and a 4 inch X 4 inch padded dressing to the top of the head posteriorly. V7 placed a gait belt around R23's waist. V6 and V7 lifted R23 under his arms and lifted R23's full body weight during the transfer. R23's feet slid across the floor during the transfer as R23 did not bear any weight to his legs.</p> <p>At 11:34 AM, V6 and V7 entered R23's room with a total mechanical lift to transfer R23 from the bed to the chair. This surveyor asked V7 why a lift was being used this time and V7 said "because you were concerned about him not bearing weight". There was a dressing in place to R23's left hip. R23 cried out in pain when being turned from side to side in bed and yelled "Jesus Christ".</p> <p>On 9/14/21, V3 Licensed Practical Nurse (LPN) said when R23 fell on 8/20/21 she heard the fall from the nurse's station. When she got to R23's room he was laying on the floor.</p> <p>On 9/15/21 at 12:26 PM, V2 Director of Nursing (DON) said a resident's care plan tells you how much assistance a resident requires for transfers. V2 said "If a resident can't bear weight, they</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>should be a mechanical lift" (total mechanical lift). R23 was to be weight bearing as tolerated (on the left leg). R23 used a total mechanical lift as needed.</p> <p>On 09/16/21 at 08:35 AM, V11 CNA said, the morning of 8/20/21, me and V3 Licensed Practical Nurse heard R23 fall. We were at the nurses' station. We heard him hit the floor so me and V3 ran in there. R23 was laying on his right side next to the bed. Prior to that he was in bed. He was bleeding from the back of his head and complained of pain to the right leg. There were no alarms on and the floor mat was not in place. The floor mat was on the other side of the room.</p> <p>On 9/16/21 at 9:38 AM, V13 Nurse Practitioner said she expects fall prevention interventions to be in place if they are indicated. R23's alarm wouldn't have prevented his fall but if R23's fall mat had been in place it could have lessened the injury. R23's fractured hip was caused from the fall to the floor.</p> <p>R23's face sheet showed admission to the facility on 5/6/21.</p> <p>R23's 5/10/21 nurses note showed he was found on the floor in his room lying on his back.</p> <p>R23's 5/12/21 care plan intervention showed to use a chair/bed pressure alarm.</p> <p>R23's 8/3/21 fall care plan showed the resident has been known to attempt to get out of bed unattended, mat on floor. Resident has dementia and poor safety awareness. He is confused and unaware of safety limitations at times. The facility's 8/26/21 incident summary showed on 8/20/21 at 6:20 AM, V3 Licensed Practical</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Nurse and V11 CNA heard a noise come from R23's room and R23 was found on the floor next to his bed.</p> <p>R23's 8/20/21 CT scan of the left lower extremity showed an impacted left femoral neck fracture. R23's 8/21/21 post op left hip x-ray showed recent left hip arthroplasty hardware intact.</p> <p>During the survey, there was a poster on the wall in the staff bathroom that showed- Always ask yourself, is this the safest transfer for our resident? Can't bear weight for 5 seconds or more? Get a lift! Safer transfers for residents are safer transfers for caregivers.</p> <p>R23's local hospital history and physical showed the patient was found on the ground and is a known total mechanical lift patient. The patient has not ambulated for some time. He has no history of recent hip fractures. The patient did not receive any pain medications or anything else when he fell, he was just transferred here to the hospital. A CT of the left lower extremity showed an impacted femoral neck fracture and a large joint effusion (fluid accumulation). He has some scalp abrasion and a skin tear on his scalp.</p> <p>R23's 8/24/21 local hospital discharge summary showed the patient had an unwitnessed fall at the facility and injured his left hip. The patient underwent a left hip hemiarthroplasty (partial hip replacement)</p> <p>R23's 8/28/21 facility assessment showed R23 was not cognitively intact and was dependent on staff for bed mobility, transfers, locomotion, dressing, toilet use, personal hygiene, and bathing. This assessment showed no unhealed pressure injuries. This assessment showed R23</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>was not steady and only able to stabilize with staff assistance for surface to surface transfers.</p> <p>An 8/24/21 intervention showed extensive assistance of two with gait belt or total mechanical lift for transfers.</p> <p>R23's 9/13/21 continence care plan showed antibiotic therapy for infection to left hip surgical site. R23's physician order sheet showed a 9/13/21 order for antibiotics every six hours for 10 days.</p> <p>The facility's 11/10/18 Fall Prevention Policy showed the purpose of the policy was to provide for resident safety and to minimize injuries related to falls. Appropriate interventions will be implemented for residents determined to be at high risk.</p> <p>The facility's 10/30/08 Mechanical Lift Policy showed the mechanical lift may be used to lift and move a resident with limited ability during transfer while providing safety and security for residents and nursing personnel.</p> <p>(A)</p>	S9999		