Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		07/0	1/2021
LOFTRE	HAB & NURSING OF	CANTON 2081 NOR CANTON,	RTH MAIN S' IL 61520	TREET			
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S000	Initial Comments		S 000			0	
	Annual Licensure a	nd Certification					
S9999	Final Observations	in the second se	S9999			<u>ie</u>	466
	Statement of Licens	sure Violations:					
22	300.610a) 300.1010h) 300.1210a)b)c)d)1) 300.1220b)3)	3)					
	Section 300.610 Re	esident Care Policies)±				,
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co	dvisory physician or the ommittee, and representatives		,55			19
	policies shall compl	r services in the facility. The y with the Act and this Part. shall be followed in operating			. 1099		
	Section 300.1010 M	ledical Care Policies		,			
	of any accident, injuresident's condition safety or welfare of limited to, the prese decubitus ulcers or percent or more with facility shall obtain a of care for the care	notify the resident's physician ary, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five hin a period of 30 days. The and record the physician's plan or treatment of such accident,		Attach	ment A		
	injury or change in on the notification.	condition at the time of		Statement of Lice	ensure Violations		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6011597 B. WING 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFTREHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 Section 300.1210 General Requirements for Nursing and Personal Care 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. 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

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PRINTED: 08/06/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFTREHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders. and personal care and nursing needs. Personnel. representing other services such as nursing. activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. These requirements were not met as evidenced by:

Based on observation, interview and record review, the facility failed to properly transfer residents, ensure supervision was provided to prevent additional falls, document the root cause

analysis of falls and implement additional interventions to decrease the risk of future falls for three of three residents (R28, R39, R47)

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	reviewed for reside These failures resu on 1/31/21 and sus well as R47 falling a 12/22/20 during an	nt injury in the sample of 23. Ited in R28 falling at the facility taining a left femur fracture, as at a local dentist office on improper transfer by a facility sustaining a left tibia fracture.		44s		
	Findings include:					
8	policy dated 1/1/20, environment remain as is possible; and adequate supervision prevent accidents. hazard(s) and risk(s) interventions to red Monitoring for effect	uce hazard(s) and risk(s). 4. tiveness and modifying	,9 7			8
ii v	interventions when Analysis-the process specific hazards and targeted intervention accidents. Interdisc critical component of collection includes of the QAPI (Quality Improvement) Com Report, Post Fall High Analysis may include the severity of hazard and trends such as Both the facility-cent approaches include accident risk data, accidents/incidents for each hazard and or developing interventions.	necessary. 2. Evaluation and as of examining data to identify d risks and to develop as to reduce the potential for iplinary involvement is a of this process. a. Data documents that are for review y Assurance and Performance mittee only: Risk Management addle Summary, etc. b. le, for example, considering ands, the immediacy of risk, time of day, location, etc. Itered and resident-directed a evaluating hazard and which includes prior analyzing potential causes d accident risk, and identifying tentions based on the severity	20 60			
174	of the hazards and	immediacy of risk. d.				

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\$9999	Interventions-using reduce a resident's environment. The p Communicating the staff. b. Assigning reducing as needed. (e.g. plans of action or care plans for the Interventions are be evaluation and analyparatice and risks a relevant standards, practice. f. Develop measures may be reannot immediately Facility-based interventions as parasupervising staff an records document to interventions. 5. Su intervention and a new control of the staff and the	. Implementation of specific interventions to try to risk from hazards in the rocess includes a. Interventions to all relevant esponsibility. c. Provide d. Documenting interventions of developed by the QAPI team estandard individual resident). e. ased on the results of the lysis of information about and are consistent with including evidence-based ment of interim safety necessary if interventions be implemented fully. g. ventions may include, but are cating staff, ii. repairing the ii. developing or revising ures. h. Resident-direct clude i. implementing specific t of the plan of care, ii. d residents, etc. iii. facility he implementation of these pervision-Supervision is an neans of mitigating accident provide adequate supervision	S9999			
	10/18/20 and 1/13/2 severely impaired c	Data Set assessments dated 21, document R28 has ognition, requires extensive asfers and is unable to				218
	R28's Fall Risk Ass documents R28 is a	essment dated 11/28/20, at high risk for falls.	· * 8:			

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R28's Fall Report dated 12/10/20 at 7:30 p.m.,

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFTREHAB & NURSING OF CANTON** CANTON, IL 61520 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 documents R28 was observed on the floor, sitting in front of the wheelchair next to the bed. R28's Fall Investigation dated 12/10/20, does not document a root cause analysis of the fall or new interventions to prevent future falls. R28's Care Plan dated 6/3/21, was not revised to reflect R28's fall on 12/10/20. R28's Fall Report dated 12/11/20 (unknown time). documents R28 was walking without assistance and the nurse attempted to assist back to bed and R28's knees gave out and R28 was lowered to the floor. R28's Fall Investigation dated 12/11/20, does not document a root cause analysis of the fall or new interventions to prevent future falls. R28's Care Plan dated 6/3/21 was not revised to reflect R28's fall on 12/11/20. R28's Fall Report dated 1/30/21 at 8:30 a.m., documents R28 fell in front of her wheelchair with no injuries. R28's Fall Investigation dated 1/30/21. does not document a root cause analysis of the fall or new interventions to prevent future falls. R28's Care Plan dated 6/3/21, was not revised to reflect R28's fall on 1/31/21. R28's Fall Report dated 1/31/21 at 3:30 p.m.. documents R28 was found on the floor in the doorway of her room. R28 complained of right upper leg pain. R28's same fall report dated 1/31/21 at 4:15 p.m., documents R28 fell again after transferring self from her wheelchair to another resident's bed. R28 complained of right upper leg pain. X-ray results were received at 3:36 p.m., and documented R28 had a fracture of the neck of her right femur. R28's Fall Investigation dated 1/31/21, does not document a

root cause analysis of either fall or new interventions to prevent future falls.

PRINTED: 08/06/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFTREHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 R28's X-Ray report dated 2/1/21, documents a right hip fracture. On 07/1/21 11:30 a.m., V2 (Director of Nursing) stated R28's fall reports dated 12/10/20, 12/11/20, 1/30/21, and 1/31/21 did not document a root cause analysis or any new interventions to help prevent future falls. V2 verified R28's care plan dated 6/3/21, was not revised to reflect R28's falls/interventions after falls on 12/10/20. 12/11/20, 1/30/21, or 1/31/21. 2. On 06/29/21 at 11:25 AM, R47 was alert sitting up in her wheelchair with a mechanical sling

underneath of her. R47 stated, "I can't wait to not be a mechanical lift anymore. Now that I'm a lift I can't use the restroom. I have to go to the bathroom in my adult incontinent brief, and its awful. I was doing therapy and only using the sit to stand assist lift; however, I fell on 12/22/20 at a dentist appointment and broke my tibia. So now I'm a mechanical lift. I was even at the point of taking steps in therapy. My wheelchair wouldn't fit thru the door at the dentist office, so the one (V8 CNA-Certified Nursing Assistant) who took me told me I had to walk. I told them I could only walk six steps and I didn't feel comfortable doing it. So. on the 7th step I ended up falling. I had pain when it happened, but then as it went on it got worse and worse. I have a high pain tolerance and normally just tolerate pain. Before this I barely took any pain medication, so to take pain medication it took a lot. Initially it was an aching pain. After the x-ray came back negative the staff continued to transfer me with the sit to stand assist lift, so I was still putting weight on that leg. It would send shooting pains in my leg. I ended up staying in bed for a while because I was in so much pain and didn't want to get up because of

having to put weight on it. They didn't increase my

PRINTED: 08/06/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON. IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 pain medication until I suggested it to them. I requested the appointment with the orthopedic doctor as well because I knew something was wrong. It was the orthopedic doctor who finally found the fracture. Then, I had to be a mechanical lift. I've been a mechanical lift ever since then. I just got orders that I can put weight on that leg again so I'm crossing my fingers that I can at least be a sit to stand assist again so I can go back to using the actual bathroom, and maybe take steps eventually." R47's Care plan, dated 6/3/21, documents that at the time of R47's fall, R47 was a two person assist with a sit to stand lift. R47's Post Fall Observation, dated 12/22/20, documents, "Resident stated that staff at dental office was attempting to have R47 ambulate from wheelchair to dental chair when she had to be lowered to the ground. R47's left leg was under her bottom during lowering. Was there a deviation from usual status: Yes, dental office staff attempted to assist resident in walking from wheelchair to dental chair. Summarize potential factors that could have contributed to the fall: Staff unfamiliar with R47 at other facility. Describe measures to be taken to prevent further falls: Ensure transfer status is known among other facilities."

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R47's Fall Investigation, dated 12/22/20, documents, "10:10 a.m. (R47) returns from dentist appointment and reports that she had fallen at the dentist office. (R47) states that she was lowered to the floor during transfer from the wheelchair to dental chair. Complains of pain in left leg, states leg was under bottom." The Investigation also documents, "(R47) is alert and oriented with a BIMs (Brief Interview of Mental

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 8 \$9999 Status) score of 15 (cognitively intact). (R47) requires assistance with transfers and cares. On 12/22/20, (R47) was transferring from wheelchair at dentist appointment to dental chair and was lowered to the floor, resulting in left leg bending back and being under her bottom. Physician did a telehealth visit with (R47) due to fall at the dentist. (R47) complaining of pain to left lower leg and bruising noted. Physician ordered an x-ray at this time. Mobile x-ray done; no fracture noted." R47's Nurses' note, dated 12/22/2020 at 12:20 p.m., documents, "Physician did a telehealth visit with R47 due to fall at the dentist, R47 complaining of pain to left lower leg and bruising noted, physician ordered an X-ray at this time." R47's Staff Statement, dated 12/22/20, documents an interview with V8 stating, "During transfer at dentist resident was lowered to the floor." R47's Fall Care plan, dated 6/3/21, documents that R47's care plan was not revised with new interventions to prevent further accidents. R47's Nurses' note, dated 1/5/2021 at 07:59 a.m., documents, "Warmth, bruising, pain and swelling noted to left lower extremity. V7 (R47's family) requests x-ray of knee and lower leg." R47's Orthopedist note, dated 1/13/21,

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documents, "After her distal femur fracture, she was never really able to ambulate for any sustained distances. She spends most of her time in a wheelchair and often times will use a mechanical lift and staff assistance for transfers at the skilled facility. She presented today for a visit though, as unfortunately she sustained another ground level fall on December 22, 2020

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\$9999	Continued From pa	ige 9	S9999			
<i>x</i>	or approximately 3 dentist's office and wheelchair and wall dental chair. After a fatigued given her defit knee. She had cand bruising since the apparently ordered upon her return, when tibia periprosthetic for further	weeks ago. She was at the was required to get out of her k a certain distance to the a few steps, she became deconditioning and fell onto the discomfort and some swelling that time. X-rays were at the skilled nursing facility nich showed a left proximal fracture. She presents today in revaluation. Assessment: Left periprosthetic fracture."		3		
	documents, on 12/2 building to dentist a attempted to have rewheelchair to denta the floor and left leg Facility CNA (V8) all appointment. Type of Fracture. Disposition during transfer with complained of pain, area. MD notified of 12/22/20 with order shows no acute fract and fibula. Ice pack to have pain in left key monitor. On 1/2/21 of bruising noted. On request for second and doppler knee stelleft knee fracture (the admit 1/4/19). Veno	ortable, dated 1/14/21, 22/20, (R47) went out of and staff at dental office resident ambulate from all chair. (R47) was lowered to gwas bent under her bottom. Iso assisted resident at dentist of Injuries: Proximal Tibial on: 12/22/20: (R47) had fall staff at dentist office. (R47), with swelling to left knee of fall and did telehealth visit on for x-ray. X-ray of tibia/fibula cture or dislocation in left tibia and Tylenol. (R47) continued knee area, staff continued to continued left leg pain and 1/5/21 physician notified of x-ray. Order received for x-ray hows old healing distal femurals was original diagnosis on our doppler performed 1/6/21 Deep Vein Thrombosis). Per puest resident had				
=	appointment with or reported new tibula	rthopedic doctor. On 1/13/21 fracture. Order received for of left lower extremity, no left		#		¥2

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STATEMENT OF DEFICIENCIES (X1) PR

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S 9 999	Continued From pa	ge 10	S9999			
	immobilizer locked	of Motion), hinged knee on extension, ok to open or skin care. Follow up in four				
W.	stated, "(V8) went v would not fit into de (dental office) aske wheelchair to the ex	7 PM, V1 (Administrator) with (R47). (R47's) wheelchair ntist exam room. So, they d if she could walk from the kam chair. They were asking the is not really able to do."	¥.			20
	On 06/29/21 at 03:3 went to the dentist a to stand lift. The de could walk just a fer the chair. (V8) was was the one who as chair. (V8) was awa care of her so he sh with her. The dentis department transfer wheelchair. (R47) w	38 PM, V7 stated, "When she appointment, (R47) was a sit ntal place asked her if she w steps from her wheelchair to with her the whole time. (V8) sisted (R47) to walk to the are of her abilities and took hould have known not to walk to office called 911 and the fire tred her back to her was not transported to the		±	50	52
₹ 3	me know. (R47) co (R47) is very tolerar would say it was un hurts. (R47) would a pain scale of 0-10 would be extremely person it would prol something was wro because she didn't wondered if someth because she contin went in there she poswollen. I spoke wit	ppened, (V8) called me to let intinued to complain of pain. Int of pain. At that time, she comfortable, swollen, and it say it was around a 5 or 6 (on it) but with her tolerance that high for myself. A normal bably be rated a "30." I knew ing with her complaining complain. As it went on, I sing else was going on used to complain. One day I binted out to me that it was in the nurse and asked if there used to, and that is when the ordered."				×

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) S9999 Continued From page 11 \$9999 On 06/30/21 at 10:54 AM, V12 (Dental Office) stated, "(R47's) wheelchair would not fit thru the exam room doorway. (V8) had a gait belt on (R47) and attempted to walk (R47) to the examchair, but she ended up going down. Both (R47) and (V8) sat on the ground for a while because he couldn't get her up off of the floor by himself. We don't help patients with transfers to the chair or walking. We couldn't help with getting her up off of the floor even, so we had to call the fire department for lift assistance." On 07/01/21 at 09:47 AM, V2 (Director of Nursing) stated, "(R47) was a sit to stand lift transfer status. If (R47) was a sit to stand lift transfer, then she was not able to ambulate. We should follow the same transfer/ambulation status at the appointments as what she is in the facility. It is my understanding that she went to the dentist before and was not able to see her because she couldn't transfer into the exam chair so that appointment was rescheduled. (R47) and (V8) worked to do a pivot transfer, and that is what it was supposed to be a pivot transfer from the wheelchair to the exam chair. My understanding is (V8) attempted to ambulate (R47) from the doorway to the exam chair when (R47) fell. (R47) reported to the nurse that she had fallen when she had gotten back from the appointment. The dentist office called to reschedule the appointment and notified us that she had fallen. I don't recall (V8) calling the facility to report the fall. Initially, (V8) was interviewed and never said he attempted to ambulate (R47) so I didn't know she was ambulated. I didn't interview the dental office; at the time I was told I didn't need to. I wasn't even aware the fire department was called for lift assist. I don't know if there is any direction.

as to what to do when a resident falls in this situation. If at a doctor appointment ultimately that

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lifting devices.

uses appropriate techniques and devices to lift and move residents. 4. Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belt, lateral boards) and mechanical

documents R39 has superficial frictional abrasive

R39's Physician Wound Evaluation and Management Summary dated 6/30/21,

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breakdown."

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pain. The following are general principles the

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continued to transfer me with the sit to stand assist lift, so I was still putting weight on that leg. It would send shooting pains in my leg. I ended up staying in bed for a while because I was in so much pain and didn't want to get up because of

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6011597 B. WING 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET LOFTREHAB & NURSING OF CANTON **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 16 S9999 having to put weight on it. They didn't increase my pain medication until I suggested it to them. I requested the appointment with the orthopedic doctor as well because I knew something was wrong. It was the orthopedic doctor who finally found the fracture." R47's Order Summary Report, dated 7/1/21, documents that since 5/9/2019 R47 had an order to receive Tylenol 500 mg (milligrams) by mouth two times a day as needed for pain rated a 1-4 on a scale of 0-10. Then, on 1/4/21 this order was increased to 1000 mg by mouth two times a day as needed for pain. R47's Pain Care plan, dated 6/3/21, documents an intervention to notify the physician if pain frequency/intensity is worsening or if current analgesic regimen is ineffective. R47's MDS, dated 12/9/20, documents that R47 rarely has pain and the worst pain she has had in the last five days would be a 2. R47's Fall Investigation, dated 12/22/20, documents, "10:10 a.m. (R47) returns from dentist appointment and reports that she had fallen at the dentist office. (R47) states that she was lowered to the floor during transfer from the wheelchair to dental chair. Complains of pain in left leg, states leg was under bottom." The Investigation also documents, "(R47) is alert and oriented with a BIMs (Brief Interview of Mental Status) score of 15 (cognitively intact). (R47) requires assistance with transfers and cares. On 12/22/20, (R47) was transferring from wheelchair at dentist appointment to dental chair and was

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lowered to the floor, resulting in left leg bending back and being under her bottom. Physician did a telehealth visit with (R47) due to fall at the dentist.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED **B. WING** IL6011597 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 9999 Continued From page 17 S9999 (R47) complaining of pain to left lower leg and bruising noted. Physician ordered an x-ray at this time. Mobile x-ray done; no fracture noted." R47's Nurses' note, dated 12/22/2020 at 12:20 p.m., documents, "Physician did a telehealth visit with R47 due to fall at the dentist. R47 complaining of pain to left lower leg and bruising noted. physician ordered an X-ray at this time." R47's MAR (Medication Administration Record), dated 12/2020, documents that R47 received PRN Tylenol on the following dates: 12/22/20 at 12:02 p.m. for pain rated at a 5; 12/22/20 at 6:14 p.m. for pain rated at a 6; 12/23/20 at 12:11 a.m. for pain rated at a 5; 12/24/20 at 9:17 a.m. for pain rated at 4; 12/24/20 at 4:04 p.m. for pain rated at a 5; 12/28/20 at 10:04 a.m. for pain rated at a 5; 12/29/20 at 8:16 a.m. for pain rated at a 5; 12/30/20 at 10:23 a.m. for pain rated at a 4. R47's Physician telephone encounter, dated 12/29/20, documents, "Advise that (R47) needs to be out of bed to chair three times daily as she has not gotten out of bed in the past week." R47's MDS, dated 1/1/21, documents that R47 frequently has pain that limits her day to day activities and the worst pain she has had in the last five days would be a 4. R47's MAR, dated 1/2021, documents that R47 received Tylenol 500 mg prn on the following dates: 1/2/21 at 12:05 a.m. for pain rated at a 4; 1/2/21 at 8:39 p.m. for pain rated at a 6; 1/3/21 at 8:30 a.m. for pain rated at a 4; 1/4/21 at 1:17 p.m. for pain rated at an 8. R47 received Tylenol 1000

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mg prn for pain on the following dates: 1/6/21 at 9:04 a.m. for pain rated a 6; 1/6/21 at 7:12 p.m. for pain rated a 5; 1/7/21 at 7:28 p.m. for pain

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weeks."

resident and V9 request resident had

appointment with orthopedic doctor. On 1/13/21 reported new tibula fracture. Order received for non-weight bearing of left lower extremity, no left knee ROM (Range of Motion), hinged knee immobilizer locked on extension, ok to open brace while in bed for skin care. Follow up in four

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often and her pain levels were higher. On

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6011597 B. WING 07/01/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON. IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 21 S9999 12/29/20, (R47's) doctor called to say (R47) needs to get out of bed since she hadn't been out of bed for a week after the fall. I don't know why the doctor wasn't called sooner to address (R47's) pain changes. The doctor wasn't notified until 1/4/21 when she ordered the ice packs for two days. The wound doctor saw her on 1/5/21 and noted the limited mobility and pain in her R47's left leg. She was still a sit to stand bearing weight on that leg until she was seen on 1/13/21 by the orthopedic doctor who diagnosed the fracture." On 7/1/21 at 11: 49 a.m., V11 (Physical Therapy Assistant) stated, "After the fall, we held a few treatments because of the pain and swelling in her left leg prior to knowing her left tibia was fractured." On 07/01/21 at 11:50 AM, V10 (Licensed Practical Nurse) stated, "(R47) complained of more pain and was taking her Tylenol more frequent. She didn't complain of pain much prior to that (fall 12/22/20) maybe an occasional headache." (B)

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