

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST CLARA'S REHAB &amp; SENIOR CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1450 CASTLE MANOR DRIVE LINCOLN, IL 62656</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	S 000		
	Facility Reported Incident of 6/24/2021/IL135637			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</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</p>			
			<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>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>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident was safely transferred for one of three residents (R2) reviewed for transfers in a sample of three. This failure resulted in R2 being improperly transferred and subsequently sustaining a left ankle fracture.</p> <p>Findings include:</p> <p>The facility's Safe Handling Program Policy revised 3-18-18, documents "The Safe Handling Program exits to ensure a safe working environment for resident handlers. Initial Screening will be performed on all residents to</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>assess transfer and ambulating status. Resident transfer status will be reviewed via care plan time frame and on an as needed basis."</p> <p>R2's current POS (Physician Order Sheet) documents R2 has Diagnoses of Macular Degeneration, Anemia, Shortness of breath, Diabetes Mellitus, Osteoarthritis, and Unsteadiness on Feet. This same POS documents orders for Physical Therapy three times a week for: Therapeutic Exercise, Mobility Training, Gait Training, and Safety Awareness, started 4/29/21 for 12 weeks.</p> <p>R2's Minimum Data Set Assessment dated 5/12/21, documents R2 has a BIMS (Brief Interview of Mental Status) of 15 (cognitively intact). This same assessment documents R2 requires extensive assist of two for bed mobility and transfers.</p> <p>R2's Current Functional Performance plan of care dated 3/2/21, documents Transfer-Extensive Assist/two-person physical assist with slide board.</p> <p>R2's progress notes dated 6/24/21, document a call to R2's physician (V12) regarding complaint of pain in left knee and left anterior leg and Left ankle. This same note documents (R2) said she twisted this leg during transfer. Progress notes dated 6/24/21 document orders for X-ray of left knee and left ankle and an order for Tylenol.</p> <p>R2's X-ray report dated 6/24/21, documents, "X-ray of Left Ankle. A fracture of the distal aspect of the medial malleolus is identified."</p> <p>R2's State Reportable Final Report dated 6/30/21 and signed by V1 (Administrator), documents, "(R2) stated (V11 CNA/Certified Nursing</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Assistant) was standing (R2) up so she could transfer from her wheelchair to her bed. (R2) thought her leg was going to slide, but instead it planted on the ground and when (V11) went to turn (R2) to sit, her body turned and her leg did not. (R2's) care plan was updated with new transfer status. There is a fracture of the tip of the medial malleolus of the tibia."</p> <p>On 7/7/21 at 1:00 pm, R2 stated, " V11 transferred me from my wheelchair to my bed by himself. My leg moved but my foot didn't. They always have two people and use a slide board to transfer me but (V11) said he was strong enough to do it himself. I broke my ankle during the transfer."</p> <p>On 7/7/21 at 1:15 pm, V1 (Administrator) and V2 (ADON/Assistive Director of Nursing) both stated R2 was suppose to be transferred with two person assist and a slide board.</p> <p>(B)</p>	S9999		