Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ______ B. WING ______	C 08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	565 WEST MARION AVENUE FORSYTH, IL 62535

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S 000	Initial Comments Investigation of Facility Reported Incident of 7/22/21 / IL 136527	S 000		
S9999	Final Observations Investigation of Facility Reported Incident of 7/22/21 / IL 136527 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)6) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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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 that each resident receives adequate supervision and assistance to prevent accidents.

These regulations were not met as evidenced by the following:

Based on interview and record review, the facility failed to safely perform a resident transfer per resident's plan of care and company policy for one of three residents (R1) reviewed for falls in the sample of three. This failure resulted in R1 falling abruptly at an angled position on to the seat of R1's wheelchair causing R1 to strike R1's left rib cage on R1's left arm rest of R1's wheelchair resulting in left lateral rib fractures of R1's 6th and 7th ribs.

Findings include:

R1's Care Plans dated 7/20/21 document R1 requires assist of one staff member, a wheeled walker and a gait belt for transfers due to

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S9999	Continued From page 2 activities of daily living self care performance deficits related to physical limitations, weakness and pain. R1's Fall Occurrence Report dated 7/22/21 at 4:30am documents R1 fell in to R1's wheelchair during a transfer in R1's room. This report documents V5, Certified Nursing Assistant (CNA) notified V3, Licensed Practical Nurse (LPN) R1 "sat down hard" in R1's wheelchair and R1 stated R1 had a little tenderness and some redness at the brassiere line at the time of the incident. This report documents on 7/23/21 an x-ray performed revealed R1 had left lateral 6th and 7th rib fractures and bones and soft tissues are otherwise negative. This report documents R1 was "falling but caught" but does not document the use of a gait belt or wheeled walker at the time of the fall. There is no documentation of the root cause of the fall. There is no documentation of what interventions were placed to prevent further falls for R1. R1's Incident/Accident Report or Unusual Occurrence to the State Survey Agency documents R1's Diagnoses including Parkinson's, Urinary Tract Infection, Peripheral Neuropathy, Peripheral Vascular Disease and Glaucoma. This report documents R1 "transfers with one assist" and on 7/22/21 at unknown time, R1 "sat down hard in (R1's) wheelchair." R1 indicated a "little tender" and some redness along R1's brassiere line at the time of the incident. This report documents on 7/23/21, R1 had an X-ray performed showing R1 had "Acute rib fractures of the left lateral 6th and 7th rib." This report documents "late in the day family" reported R1 was complaining of left rib pain but R1 had not complained to staff. This report documents R1 is cognitively intact. This report does not document	S9999		

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that any assistive devices, including a wheeled walker or gait belt were in use during this transfer or the root cause of R1's fall during transfer on 7/22/21.

R1's Progress Notes dated below document:

7/23/21 at 6:31pm "Late entry for 07/22/2021 4:30 am" V5, Certified Nursing Assistant (CNA) was assisting R1 to the bathroom and R1 sat down "hard" in R1's wheelchair, bumping R1's left side of R1's body on the arm of the wheelchair. A body assessment was performed and a 3 cm reddened area to the left side of R1's body (even with R1's elbow) was observed.

7/22/21 at 9:25am- R1 had some complaints of pain "this morning."

7/22/21 at 5:29pm- R1 complained of "generalized pain" with no documentation of location of the generalized pain.

7/22/21 at 9:07pm- R1 was complaining of left rib pain that R1 sat down hard last night and it feels tender when R1 moves.

The facility's list of interviews for R1's fall on 7/22/21 documents R1 reported R1 "fell hard into the side of wheelchair" on 7/23/21. This list documents when the facility spoke to V9, R1's family on 7/23/21 at an unknown time, V9 was notified the facility considered this a fall. This list documents V12, CNA stated R1 tends to bend at the knees and go backwards and sits "hard." V12 stated R1 had some complaints of pain, even when R1 was sitting on 7/22/21.

R1's Progress Notes dated 7/23/21 at 6:12am documents a "Date of Service: 07/22/2021 9:17

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PM" documents R1 stated R1's left side was hurting. R1 reported that R1 sat down hard on R1's chair yesterday and "probably hit that side on the arm rest." R1 says it hurts when R1 moves. This note documents "orders" including "rib X-ray stat (immediately or now) to area of discomfort."

On 8/3/21 at 8:50pm, V2, Director of Nursing (DON) stated R1 fell/"plopped" while transferring to R1's wheelchair. V2 stated a wheeled walker was not in use during the transfer and V5 did not use a gait belt to transfer R1 on 7/22/21. V2 stated V5, CNA told V2 V5 did not use a gait belt because V5 did not have one readily available with V5 when V5 went to assist R1. V2 stated gait belts are to be used for all transfers and the staff are aware and this is to help prevent falls. V2 stated X-rays were performed on 7/23/21, following R1's fall that occurred on 7/22/21 showing R1's rib fractures. V2 stated V5, CNA received a final written warning regarding the improper transfer resulting in R1's rib fractures.

V5's Disciplinary Report dated 7/22/21 documents V5 transferred R1 without a gait belt when required. This report documents R1 incurred fractures to R1's ribs while "sitting down hard" and bumping the edge of the wheelchair in the process of the transfer. This report documents staff are to follow the resident's plan of care for transferring residents and V5 chose not to follow the proper procedure causing injury to R1.

The facility's Gait Belt policy dated October 21, 2011 documents gait belts are utilized on all residents requiring physical assistance with transfer unless contraindicated. This policy documents direct care staff will utilize the gait belt

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S9999	Continued From page 5 for all transfers requiring hands on assistance with a pivot or manual transfer. This policy also documents a gait belt is utilized around a resident's waist "to help transfer the resident to the destination safely." The facility's Accidents and Incidents policy dated January 26, 2012 documents the facility will provide an environment that remains as free of accident hazards as possible and to provide adequate supervision and assistive devices to prevent accidents. This policy documents to notify the physician and responsible party of the incident/accident. The facility's Fall Prevention - Steady Steps policy dated February 17, 2020 documents the facility will provide each resident with an appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs. (B)	S9999		