

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2021
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NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN RESTMOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 PARKSIDE AVENUE MORTON, IL 61550
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S 000	Initial Comments Facility Reported Incident of August 2, 2021/IL136872	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</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>	S9999	<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>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. (Section 2-107 of the Act)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure foot pedals were applied to a wheelchair prior to transporting a resident, for one of three residents (R5) reviewed for falls in a sample of five. This failure resulted in R5 abruptly dropping his feet during wheelchair transport, causing R5 to fall forward, hitting his nose and sustaining a fracture of the nasal bone.</p> <p>Findings include:</p> <p>The facility policy titled "Wheelchair Safety Policy</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(August 2016)", documents "Wheelchair Pedals: 1. Pedals will be applied to the wheelchair as needed for resident mobility, as designated in the care plan. 2. To prevent injuries, staff, volunteers, and visitors are discouraged from pushing a resident in a wheelchair unless they have front pedals. Instead, staff are encouraged to walk beside the resident. 3. Removing the wheelchair pedals prior to transferring the resident to and from the wheelchair can lessen the risk for skin tears."</p> <p>A Plan of Care, dated 7/13/21, documents R5 has the diagnoses of Right Sided Hemiplegia and Hemiparesis following a Cerebral Vascular Accident, Muscle Weakness, Fatigue, and Stiffness of the Right and Left Ankles. The 7/13/21 Plan of Care identifies R5 as "At risk for falls (related to) age, immobility, medications, Dementia, unsteady gait, intermittent confusion, needing extensive assist with (Activities of Daily Living) and a fall risk score of 15."</p> <p>ACNA (Certified Nursing Assistant) Fall Investigation, dated 8/02/21, documents R5 was, "being pushed in (wheelchair), put foot down and fell on his nose." The CNA Fall Investigation further documents R5 as being transferred by staff down the hall and "(R5) put feet down while being transported." A Nurse Fall Investigation, dated 8/02/21, documents "(R5) was being transported to hair salon in facility (in wheelchair). He put his foot down and (tipped) over and (fell)." The 8/02/21 Nurse Fall Investigation documents "Cause of fall: (Wheelchair) had no pedals." The conclusion at the end of the investigation documents, "After reviewing the investigation, what do you think was the cause: Root Cause - No pedals were on the (wheelchair). Interventions: Place pedals when not self</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>propelling."</p> <p>Nursing Progress Notes, dated 8/02/21, document nursing staff notified the Physician of R5's fall immediately after it occurred and a portable x-ray of the nose was ordered. A Portable X-ray Report, dated 8/02/21, documents, "Reason: Contusion to nose; Swelling Bruising" and "Findings: Lateral view demonstrates contour deformity. Overlying soft tissue swelling. Impression: Findings suggest subtle nondisplaced fracture of the nasal bone."</p> <p>On 8/11/21 at 10:48 a.m., V13 (Volunteer) stated that on 8/02/21 he approached R5 to take him to the barber. V13 stated R5 was in his recliner at the time and asked a staff member to transfer R5 to his wheelchair. After the staff member transferred R5 to the wheelchair, V13 stated he asked the staff member (V13 could not recall who) if R5 needed foot pedals, and that staff member stated R5 did not need them. V13 stated as he was pushing R5 down the hallway, R5 abruptly put his feet down which caused R5 to fall forward onto his face. V13 stated R5 did have obvious injury and redness to his nose immediately after the fall.</p> <p>On 8/11/21 at 11:09 a.m., V14 (Therapy Aide) stated she was asked by V13 on the morning of 8/02/21 to transfer R5 from his recliner to his wheelchair. V14 stated R5 has right-sided weakness and requires staff assistance with a gait belt and walker to safely transfer. V14 stated R5 will usually self propel in his wheelchair, so the foot pedals were not on the wheelchair at that time. V14 could not recall if V13 directly asked if R5 had foot pedals at that time. When questioning V14 on her knowledge of the facility "Wheelchair Safety Policy" and the statement that</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>"staff, volunteers, and visitors are discouraged from pushing a resident in a wheelchair unless they have front pedals," V14 stated she was aware, but had forgotten.</p> <p>On 8/11/21 at 2:31 p.m., V4 (Assistant Director of Nursing) stated R5 does have pedals for his wheelchair; however, she believes V13 did not communicate with the staff that he would actually be transporting R5 in the wheelchair. V4 stated she is responsible for education in the facility and was unaware volunteers were transporting residents in wheelchairs, so they have had no formal training on wheelchair safety. V4 concluded that R5's wheelchair should have had foot pedals to elevate and rest his feet, if he was being transported by wheelchair.</p> <p>(B)</p>	S9999		