

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002588	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/06/2021
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NAME OF PROVIDER OR SUPPLIER TUSCOLA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1203 EGYPTIAN TRAIL TUSCOLA, IL 61953
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S 000	Initial Comments Investigation of Facility Reported Incident of 7/14/21/IL136530	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 300.610a) 300.1010b) 300.1210b) 300.1210c) 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 300.1010 Medical Care Policies</p> <p>b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the</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>cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee.</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 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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 Regulations are not met as evidenced by:</p> <p>Based on record review and interview the facility failed to transfer one (R2) resident safely by not using the appropriate sized sling for a mechanical lift. This resulted in R2 falling from the mechanical lift during a staff assisted transfer to the floor and R2 sustaining a fractured left ankle. R2 is one of three residents reviewed for falls in a sample list of 11 residents.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R2's undated Face Sheet documents diagnoses of: Cerebral Vascular Accident (CVA), Impaired Mobility, Deafness, Wheelchair Dependent, and Weakness of Left Arm.</p> <p>R2's Minimum Data Set (MDS) dated 2/2/21 documents a Brief Interview for Mental Status score of 15 out of 15 possible points indicating intact cognition. This same MDS documents R2 requires total dependence of two staff for transfers.</p> <p>R2's Care Plan dated 5/7/20 documents "Advise resident (R2) what is expected during the transfer. Reassure resident (R2) of safety as needed. Keep hand on resident (R2) to reassure safety as needed. Ensure lift sheet is intact and correct size for resident."</p> <p>R2's Physician Order Sheet (POS) dated July 1-31, 2021 documents a physician order to "Obtain X-Ray of Left Ankle. Three views AP, oblique and lateral. Portable due to decreased mobility and health. Diagnosis: edema and complaint of pain." This same POS documents another Physician order to "Send to Emergency Room for fracture of Left Ankle and Pain Control."</p> <p>R2's X-Ray report dated 7/14/21 documents "Findings: A fracture is noted involving the Medial Malleolus. The fracture abuts the articular surface. Anterior medial displacement of the distal fracture fragment is noted. The ankle mortise is intact. Degenerative changes are present. Osteopenia is noted. The surrounding soft tissues are normal. Impressions: Fracture involving the Medial Malleolus. Clinical</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Correlation and follow up are recommended. Chronic and degenerative changes."</p> <p>R2's Final Abuse Investigation Report dated 7/21/21 to the state agency documents R2 "was being transferred with the mechanical lift when she (R2) slid out of the sling onto the floor. X-Ray of the Left ankle obtained showing fracture involving the medial malleolus, chronic and degenerative changes."</p> <p>R2's After Visit Summary dated 8/2/21 documents "Use a fracture boot, adjusted to comfortably snug. Keep the boot on as tolerated for the next six weeks, except while bathing."</p> <p>On 8/3/21 at 2:20 PM V13 Certified Nurse Aide (CNA) stated V13 and V25 CNA's assisted R2 out of bed into wheelchair using a mechanical lift on 7/14/21. V13 CNA stated tried to get R2's mechanical lift sling to fit several times "but it was too small. We (V13 and V25) raised and lowered (R2) over bed several times trying to adjust the sling. The sling we (V13, V25) used was a six-point sling, but it was too small to criss cross between her (R2) legs, so we (V13, V25) didn't criss cross the sling. It (sling) barely covered her (R2) buttocks. We (V13, V25) thought it would be ok to just go to the wheelchair, but it wasn't. She (R2) slid out of the sling and fell on the floor. She (R2) broke her ankle. If we (V13, V25) would have just got a bigger sling, she (R2) wouldn't have fallen and broken her (R2) ankle."</p> <p>On 8/3/21 at 3:30 PM V1 stated "nursing staff should always use the correct size of sling for mechanical lift and (R2's) fall and fracture would have been prevented if correct size sling was used during 7/14 transfer."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>V26 Physician stated on 8/4/21 at 2:45 PM "If the staff used the correct size of sling for the patient (R2), the fall and fracture would have been prevented. (R2's) Osteopenia and chronic changes would not have caused this fall due to the fall was related to the failure of the staff to use the appropriate size sling for this patient (R2). This fracture was not caused by the chronic degenerative changes. The fracture was caused by the fall. This fall will most likely cause the patient (R2) chronic discomfort due to probable ligament injury and documented fracture of medial malleolus of Left Ankle."</p> <p>The facility policy titled 'Mechanical Lift' revised 10/30/08 documents the following: "The mechanical lift may be used to lift and move a resident with limited mobility during transfer while providing safety and security for residents and nursing personnel. Place sling straps under thighs and cross."</p> <p style="text-align: center;">(B)</p>	S9999		
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