

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003446	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2021
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF GALESBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 280 EAST LOSEY STREET GALESBURG, IL 61401
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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 Facility Reported Incident of 9/27/21/IL138818 F689G cited	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	<p>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. 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>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 were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a scoop mattress, an identified fall intervention, was in place for one resident (R1) resident reviewed for falls. This failure resulted in R1 falling out of bed and sustaining a wrist fracture.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>Current Physician Order Report indicates R1 was admitted to the facility 7/7/21 with diagnoses that include Intracranial Injury/Skull Fracture (result of Motor Vehicle Accident), Cognitive Communication Deficit and Anxiety Disorder.</p> <p>Incident Investigation Report dated 9/27/21 indicates R1 was found on that date lying on her back on the floor next to her bed. Report indicates R1 is moderately cognitively impaired and was not in her normal bed due to being in respiratory isolation as a result of COVID-19 exposure. Report indicates R1 was transferred to the hospital after complaining of hip and head pain. Report indicates R1 was transferred back to the facility the same day with diagnosis of closed non-displaced fracture of the left wrist.</p> <p>Hospital Record dated 9/27/21 at 3:48pm indicates R1 only complained of left wrist pain, X-Rays were done which showed a closed nondisplaced fracture (of scaphoid) of left wrist "Will splint."</p> <p>Nurse Note dated 9/27/21 at 7:02pm indicates R1 returned to the facility with a small left wrist brace.</p> <p>R1 was observed in bed - on a scoop mattress, in a low bed - multiple times throughout the day on 10/5/21.</p> <p>On 10/5/21 at 9:53am V3, LPN (Licensed Practical Nurse) stated she was the nurse that responded when R1 fell out of bed. V3 stated that R1's bed is supposed to be in the low position and "The bed was low but R1's head of the bed was raised higher than usual."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 10/5/21 at 1pm V5, Nurse Unit Manager stated that R1 was not in her usual room when she fell on 9/27/21. V5 stated that R1 had a scoop mattress on her bed, but when she transferred to the quarantine room - the scoop mattress was not put on R1's bed. V5 acknowledged that a scoop mattress was previously identified as an intervention to prevent R1 from falling out of bed.</p> <p>Care Plan (date initiated 7/8/21) indicates R1 is at risk for falls due to history of falls, impaired balance/poor coordination and unsteady gait. Care Plan interventions include "Scoop/perimeter mattress (dated initiated 8/14/21) and "Bed in low position (date initiated 7/16/21)."</p> <p>Facility Policy/Falls Practice Guide dated 2011 documents: Individualized interventions are developed and initiated for fall reduction and injury prevention.</p> <p>(B)</p>	S9999		
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