

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006282 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/17/2021 |
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| NAME OF PROVIDER OR SUPPLIER PRAIRIE CREEK VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET DECATUR, IL 62526 |
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| S 000 | Initial Comments Complaint Numbers: 2160591/IL130523 2160682/IL130624 2161000/IL130984 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 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 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the | S9999 | Attachment A Statement of Licensure Violations | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| S9999 | <p>Continued From page 1</p> <p>following procedures:</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>. These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to sufficiently supervise one resident (R2) to prevent a fall. This fall caused (R2) to sustain a fractured shoulder resulting in pain and immobility. In addition, the facility failed to investigate and determine root cause for fall for one resident (R3). R2 and R3 were two of three residents reviewed for falls in a sample list of 15 residents.</p> <p>Findings include:</p> <p>1. R2's "Continuity of Care" document dated 2/9/21 includes the following diagnoses: Methicillin Resistant Staphylococcus Aureus, Type II diabetes Mellitus, Muscle Weakness (generalized), Chronic Kidney Disease stage 5, Dysphagia, Dependence on Renal Dialysis, Contracture, Left hand, Hypothyroidism, Diabetic Neuropathy, Dysarthria following Cerebrovascular Disease, Hemiplegia and Hemiparesis following Cerebrovascular Accident</p> <p>R2's Minimum Data set (MDS) dated 1/9/21 documents R2 requires extensive assistance of</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>two or more staff with bed mobility and transfer. R2's MDS documents R2 as completely cognitively in tact.</p> <p>R2's Progress Note dated 2/5/21 at 5:51PM documents "(V20) Certified Nurse's Aide (CNA) was assisting (R2) and resident rolled off bed landing on floor, full assessment and vitals done within in normal limits. Neurological check done with no abnormalities. (V20) left side is paralyzed Voices no complaint of pain at present." R2's Progress Note dated 2/5/21 at 7:54PM documents "Ambulance service called in regard to (R2's) increase in pain to right shoulder from previous incident. Family notified. Medical Doctor notified. Will notify Director of Nursing (DON)."</p> <p>On 2/9/21 at 1:00PM R2 stated "Last Friday (2/5/21) I needed cleaned up. There was an agency CNA (Certified Nurse's Aide) who came in. The CNA turned me to my left side. I am paralyzed on my left side. I gripped the side of the bed with my right hand to help her hold me over. All the CNA had was the wipes. I felt cold and wet and asked her to dry me off. She left me on my side while she went into the hall to get a towel. My right leg slipped off the bed and I fell to the floor. When I fell I landed on my right arm. They got a lift and got me back in bed. The nurse didn't think I was hurt, but I had a lot of pain and had them send me to the hospital. Now I will have surgery to fix my right shoulder. The bad thing is I can't even feed myself now. My right arm was my good side and now it won't work. This has been painful and frustrating to me. Look they brought me pizza and just left it there. How do they expect me to eat?" There was a piece of pizza sitting on the over bed table. R2 was wearing a sling to immobilize her right shoulder and arm.</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>On 2/9/21 at 3:00PM V20, Certified Nurse's Aide (CNA) stated "I was on the same hall with the agency CNA who was taking care of (R2) on the night (R2) fell out of bed (2/5/21). The agency CNA called out for help after (R2) was on the floor. Both the agency CNA and (R2) told me (R2) had slipped out of bed when the agency CNA left (R2) on her side to go out into the hall and get a towel. When the CNA came back (R2) was on the floor. We got (R2) back to bed with the lift and (R2) was in a lot of pain right away. (R2) told the nurse a little later she needed to go to the hospital. R2 is a little slow to answer, but she is completely aware of what is happening and how she feels." The agency CNA was not available for interview.</p> <p>On 2/9/21 at 11:27AM V2, Director of Nursing (DON) stated "As DON it is my expectation that staff provide assistance as documented on MDS and Care Plan. R2 should have had the assistance of two or more staff."</p> <p>On 2/10/21 at 3:00PM V24, Orthopedic Surgeon stated "(R1) has a fracture of her right humerus (upper arm). We are planning to do an open reduction internal fixation to repair this. If (R1) rolled out of bed because of what staff at the nursing home did or didn't do it is unfortunate. This injury is certainly painful. I believe (R1) is capable of telling you how her injury occurred."</p> <p>The facility's undated "Fall Reduction Program" documents "Safety interventions will be determined and implemented based on the assessed individualized risks and in accordance with standards of care. This policy also states "If resident is not able to maintain proper sitting balance, staff shall remain with the resident</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>allowing as much privacy as is safe for the resident."</p> <p>2. R3's progress notes document on 06/13/2020 at 6:22 AM, "resident observed on floor of bedroom laying on (R3's) stomach resident not noted to readily move on (R3's) own, assisted back into bed, raised area on left cheek noted, no discoloration noted at this time."</p> <p>R3's progress notes document on 7/18/2020 at 7:56 PM, "At about 4.45 PM, attention was drawn to resident by (R3's) room mate. (R3) was found on the floor left face down and with about 0.5cm skin tear to the left eye brow."</p> <p>R3's medical record did not contain post fall investigations with root cause analysis for R3's falls on 6/13/2020 and 7/18/2020.</p> <p>On 2/9/21 at 11:35 AM V2 Director of Nursing stated, I am not able to locate fall investigations with root cause for R3's falls on 6/13/20 and 7/18/20. When a resident falls a fall investigation should be completed to determine the root cause and develop further interventions.</p> <p>The facility's undated "Fall Reduction Program" documents "Attempts shall be made to implement new or modified interventions to enhance safety and consistent with root cause analysis."</p> <p>(A)</p> | S9999 | | |