Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		IL6016687			02/05/2021	
	PROVIDER OR SUPPLIER Y POINT CHRISTIAN	VILLAGE 565 WEST	DRESS, CITY, S F MARION A 1, IL 62535	STATE, ZIP CODE VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPL HE APPROPRIATE DAT	
S 000	Initial Comments		S 000			
	Annual Certification	Licensure			1	
S9999	Final Observations		S9999			
	Annual Licensure a	nd Certification Survey.				
	STATEMENT OF LICENSURE VIOLATIONS					
	300.1210 b) 300.1210 c) 300.1210 d)6)				w to	
	Section 300.1210 G Nursing and Person	General Requirements for nal Care				
	and services to atta practicable physical well-being of the re- each resident's com- plan. Adequate and care and personal of	provide the necessary care in or maintain the highest mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident.				
	c) Each direct care- be knowledgeable a respective resident	giving staff shall review and about his or her residents' care plan.				
	assure that the resident l	ecautions shall be taken to dents' environment remains nazards as possible. All hall evaluate residents to see		Attachment of Licen		
	ment of Public Health	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	TITLE	(X6) DATE	

STATE FORM

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If continuation sheet 1 of 4

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: IL6016687 B. WING 02/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST MARION AVENUE HICKORY POINT CHRISTIAN VILLAGE FORSYTH, IL 62535 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 that each resident receives adequate supervision and assistance to prevent accidents. These regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to provide supervision during toileting to prevent a fall for one (R297) of four residents reviewed for falls on the sample list of 39. This failure resulted in R297 sustaining fractures of the left arm and left hip requiring emergency services and surgical repair. This failure also resulted in R297 having a decrease in mobility and pain. Findings include: R297's hospital history and physical dated 1/6/21 documents R297 was brought to the emergency room two days in a row after falling at home. The second fall occurred in the bathroom and his wife noticed seizure like activity. R297 had another seizure during the ride in the ambulance. R297 was also diagnosed with a right hip fracture. R297's Nursing note dated 1/13/21 at 12:36 PM documents R297 was admitted to the facility. R297's careplan dated 1/13/21 documents, "I am at risk for falls r/t (related to) decreased mobility, impaired balance, pneumonia, seizure disorder. dementia and personality and behavior disorder. I had several falls at home prior to my admission. I had 2 falls in 24 hrs prior to being admitted into the hospital." R297's Initial Report to Public Health form documents R297 was toileted by V6, Certified Nurse's Assistant. This report documents (R297)

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asked for privacy. This report documents V6 left

PRINTED: 04/20/2021 FORM APPROVED 'Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6016687 02/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **565 WEST MARION AVENUE** HICKORY POINT CHRISTIAN VILLAGE FORSYTH, JL 62535 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 S9999 Continued From page 2 and was waiting in the bedroom area waiting for R297 to turn on the call light. R297 turned on R297's call light and V6 entered the room. When entering the room there were no gloves in the room. V6 went to go get gloves and R297 tried to get up by self and fell. R297 sustained a left femur fracture and left humerus fracture. R297's nursing note dated 1/21/21 at 8:50 PM. documents R297 is alert with confusion. R297's nursing note dated 1/22/21 at 12:19 AM documents R297 fell in the bathroom. On 2/4/21 at 1:41 PM, V6 Certified Nurse's Assistant (CNA) stated, "(R297's) light went on and I got (R297) into the bathroom. (R297) asked me for a couple minutes of privacy. I stepped out of the room. (R297) had the call light. Then (R297) pushed it for me to come back in. There were no gloves so I went to go get the gloves. The gloves were in the hall closet. Then went back into the room. When I went in his room, I heard an "ow" sound and then heard (R297) fall on the floor. So when I went in (R297) was on the floor. I yelled for help and then the nurse came down. (R297) was sent to the emergency room. After the fall, the (V2, Director of Nursing) trained me to the look at the care plan before providing cares and to make sure I have gloves and everything I need before going into the room. I didn't know (R297) had a history of falls. If I would have known (R297) had a history of falls I would have stayed with (R297) in the

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(R297) didn't get up."

bathroom or left the door cracked to ensure

R297's Hospital History and Physical dated 1/22/21 documents R297 was diagnosed with a left proximal left humerus (arm) and left proximal Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6016687 02/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **565 WEST MARION AVENUE** HICKORY POINT CHRISTIAN VILLAGE FORSYTH, IL 62535 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 femur (hip) fracture due to a fall. These records also documents that the left hip fracture required surgery to repair it. R297's Nursing Note dated 1/27/2021 at 2:05 PM documents R297 was readmitted to the facility from the hospital with a diagnosis of left humerus (arm) fracture and left femur (hip) fracture. On 2/2/21 at 11:30 AM, R297 was lying in bed. R297's left arm was in a sling. R297 appeared confused. On 2/5/21 at 10:10 AM, R297 was sitting up in a chair. R297's left arm was in a sling. At that time, R297 stated, "I'm not very well, I hurt all over. My left shoulder and my right shoulder hurt. My left hip and my right hip hurt. I am not getting around very well, it hurts too much to move." R297's care plan with a revision date of 1/27/21 documents that R297 now requires two assist with walker and R297 is non-weight bearing to the left upper extremity. On 2/5/21 at 10:06 AM, V2 Director of Nursing stated when R297 first came to the facility R297 required one assist for transfer since his recent fractures he requires two assist. When we investigated the fall on 1/22/21 we talked to V6 CNA about what V6 should do in the future if there are not gloves in the room. V2 stated that V6 should make sure all supplies are available or push the call light to have someone bring the needed supplies so that R297 is not left alone. (A)

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