

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
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NAME OF PROVIDER OR SUPPLIER SULLIVAN REHAB & HLTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 11 HAWTHORNE LANE SULLIVAN, IL 61951
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S 000	Initial Comments Annual Licensure Survey Complaint Investigation 2164030/IL134797	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b)5) 300.1210d)6) 300.1220b)3) 300.3240a) Section 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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as	S9999	Attachment A Statement of Licensure Violations	

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>applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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</p>	S9999		

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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.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These regulations are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide a safe transfer, failed to implement interventions or increase supervision after a change in condition,

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S9999	<p>Continued From page 3</p> <p>to prevent falls, and failed to properly secure a wheelchair in the facility van impacting 3 of 4 residents (R53, R36, and R37) reviewed for accidents in the sample of 41. These failures resulted in R53 sustaining a fracture to the left humerus which required surgical repair and in R36 sustaining a right clavicle fracture.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 6/14/21 at 10:15 AM, R53 was sitting in a wheelchair in the room. R53's left arm was in a sling. <p>R53's Emergency Room notes dated 6/1/21 documents R53 was in the emergency room on 5/8/21 due to discomfort in the upper extremity. R53 was diagnosed with a chest wall strain, R53 was brought to the emergency room due to worsening of symptoms. These notes document R53 has a communitated transverse fracture through the supracondylar left humerus.</p> <p>R53's progress note dated 5/4/21 documented by V1 Administrator states R53 was transferred with gait belt by the nurse (V10 Licensed Practical Nurse) during a weather emergency. R53's progress note dated 5/5/21 documents R53 was found to have a bruise to the left upper extremity.</p> <p>On 6/16/21 at 9:55 AM, V10 Licensed Practical Nurse stated the night of the tornado (5/4/21), the tornado siren went off. I was clearing out the dining room due to a tornado warning. R53 was sitting at the back of the dining room. R53 is a two person transfer with a gait belt. I transferred R53 by myself. It was a fast transfer. I stood and pivoted R53, I am not sure if R53's arm hit anything. R53 yelled out, "Oh honey." After that a bruise developed on the inside of R53's arm,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>breast area, and chest. Days later, R53's left side started to swell and R53's left humerus fracture was identified.</p> <p>On 6/17/21 at 8:24 AM, V13 Orthopedic Surgeon stated V13 operated on R53's left arm today (6/17/21). V13 stated the fracture was already healing and looked about a month old. V13 stated the bruising of R53's left arm, breast area, and chest found on 5/5/21 is consistent with that type of fracture. V13 stated at the time of R53's fracture there would have been significant bruising and since the bruising occurred after the transfer on 5/4/21 then the transfer is the cause of the fracture.</p> <p>2. R36's nurse's note dated 3/16/21 at 1:00 PM, documents, "(R36) very sleepy, constantly ambulating/wandering among facility. Assisted to sitting/laying multiple (times) but refuses to remain down. Gait unsteady, small shuffling gait. Affect flat, appears very drowsy. Appetite very poor. Lab results received including (u/a) results, culture not indicated. All results received sent to (physician) for review. (Telephone order) received to discontinue Trazodone, call if not better, check vitamin B-12 level. "</p> <p>R36's medical record nor care plan documents any new interventions or an increase in supervision to prevent R36 from falling.</p> <p>On 6/17/21 at 1:15 PM, V1 Administrator stated there were no additional fall interventions or documentation that supervision was increased to prevent R36 from falling when R36 was having a change in condition on 3/16/21.</p> <p>Nurse's note dated 3/19/21 at 4:30 PM documents, "Writer was notified that (R36) was</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>on floor by nurse's station. (R36) was walking (and) fell down. (R36) bit lower inner lip bleeding noted cold compress held on it. (vital signs within normal limits. Neurological checks started)." Nurse's note dated 3/19/21 at 11:30 PM documents, "(R36) complained of pain in (R36's right) shoulder/arm. Contacted MD (medical doctor) with new orders." These notes documents that R36 was sent to the hospital for an evaluation.</p> <p>R36's Emergency Department Encounter dated 3/20/21 documents R36 complained of shoulder pain due to a fall. R36's x-ray results documents a comminuted fracture of middle third of the right clavicle.</p> <p>3. R37's Physician's Order Sheet (POS) for 6/16/21 to 7/15/21 includes the following diagnosis: High Fall Risk.</p> <p>R37's Care Plan dated 12/14/20 includes the following: "Fall Risk factors include unsteady balance, bowel incontinence, history of fall with injury and catheter."</p> <p>R37's progress note dated 4/5/21 at 3:55PM documents "Resident in wheelchair. Wheelchair locked in place in van with seat belt on. Driver going downhill, had to brake and resident slid forward in wheelchair. Resident caught by seat belt under chin. Driver released seat belt and resident resting on foot pedals. Emergency Medical Services called to assist with placing resident back in chair. 3 centimeter by 2 centimeter skin tear on right first toe. No other injuries noted."</p> <p>On 6/15/21 at 2:30PM V2, Director of Nursing (DON) stated "When (R37) fell in the van we</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>thought there must be a part missing on the restraint in the van. We checked and it was complete." V2, and V5, Certified Nurse's Aide (CNA) demonstrated the wheel chair is locked in tracts on the floor of the van. Then a seat belt which is attached to the inside of the van is threaded under both arm rests of the wheel chair across the resident's lap. The belt is then attached to the floor of the van. At that point the seat belt has to be tightened enough to restrain the resident. If this is done it would not be possible for the resident to slip. V2 stated "If the restraint is on correctly it would not be possible for a person to slip down."</p> <p>V1 denied there is any facility policy to cover safe resident transfer per facility van.</p> <p>(A)</p>	S9999		