

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006365	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/02/2021
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NAME OF PROVIDER OR SUPPLIER WAVERLY PLACE OF STOCKTON	STREET ADDRESS, CITY, STATE, ZIP CODE 501 FRONT STREET STOCKTON, IL 61085
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S 000	Initial Comments Facility Reported Incident of March 30, 2021/IL132289	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b)5) 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. 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>	S9999		

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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.

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 safely transfer a resident to prevent a fall. This applies to one of three residents (R1) in the sample of 3. Staff utilized a pivot transfer instead of using a mechanical lift as care planned. The facility failure resulted in R1 sustaining a fracture to her left hip requiring surgical intervention.

The findings include:

The facility face sheet shows R1 has diagnosis of hemiplegia (paralysis) of the left side, obesity, lack of coordination and difficulty in walking. The facility assessment dated 2/22/21 shows R1 is cognitively intact and requires extensive assistance of two staff for transfers, and has impairment to one side of her body. The facility care plan dated 3/30/21 shows R1 required extensive assist of two staff and the mechanical stand lift for all transfers.

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S9999	<p>Continued From page 3</p> <p>The nursing progress note dated 3/30/21 shows R1 had fallen during a transfer. R1 was assessed after the fall and was showing verbal and non-verbal indicators of extreme pain and unsafe to transfer back to bed. An ambulance was called. A nursing note later that same day showed R1 had sustained a fracture to her left hip.</p> <p>On 4/2/21 at 9:00AM R1 was up in her wheelchair eating breakfast. R1 said "I feel rough, it hurts". At 9:50AM R1 was taken to her room to be transferred back to bed. R1 was shaking and facial grimacing observed. R1 said she hurt a lot. When R1 was asked if one staff member transferred her alone the day she fell, R1 shook her head yes. At 12:30PM, V6 R1's POA was in the resident room. V6 said her mother (R1) was in a lot of pain and she was worried for her mother. At 1:30 PM, R1 continues to say she is in a lot of pain. V6 said the staff are calling the doctor to get more pain medications for her (R1).</p> <p>On 4/2/21 at 1:45 PM, V3 CNA (Certified Nursing Assistant) said she was the CNA doing the transfer the day R1 fell and broke her hip. V3 said she was transferring R1 from her bed to her wheelchair by herself and was not using a mechanical lift. V3 said she had no reason for why she did not use the mechanical lift as care planned. V3 said two staff usually transfer R1 to her chair.</p> <p>On 4/2/21 at 9:00 AM, R4 (R1's roommate) said she did not witness the fall but said there was only one CNA in the room and no mechanical lift was brought into the room. R4 said the mechanical lift is rarely used to transfer R1.</p> <p>On 4/2/21 at 1:25 PM, V5 RN (Registered Nurse)</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>said CNA's are to follow the patient care summary document in each residents room to know how to care for the resident. V5 said the information on the patient care summary comes right off the care plan and it is the safest way to transfer each resident.</p> <p>On 4/2/21 at 9:50 AM, V4 CNA said R1 is to be transferred with two staff present and are to use the mechanical lift.</p> <p>On 4/2/21 at 11:25 AM, V1 DON (Director of Nurses) said she was the nurse working the day R1 fell. V1 said V3 came to get her to tell her R1 had fallen during the transfer. V1 said R1 fell because V3 did not lock the brakes on R1's wheelchair. V1 said she was not sure who was in the room when R1 fell or if the mechanical lift was in the room. V1 said R1 was in a lot of pain and she just wanted to get her transferred to the hospital. V1 then said R1 was transferred by one staff member and no mechanical lift was used. V1 said the care plan should always be followed and that this was a serious accident that could have been avoided.</p> <p>On 4/2/21 at 10:15 AM, V2 Rehabilitation Director said a resident is assessed by her when they are admitted to the facility or if the resident has a change in condition, to determine the safest way to transfer each resident. V2 said R1 has a flaccid left side, does not follow commands well and will not turn to her sides. V2 said the safest way to transfer R1 was with two staff and the mechanical stand lift. V2 said transferring R1 with one staff and no mechanical stand lift is very dangerous and should never be done that way. V1 said with R1's injury and previous deficits, she does not see R1's rehab going very well and is not sure if R1 will be able to get back to where</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>she was before.</p> <p>The facility physical therapy note dated 12/22/20 shows R1 had been evaluated for transfer ability after a change in condition. The note shows R1 had potential for decline in functional transfers which would result in decreased safety and an increased need for assistance. The precautions listed on R1's therapy notes shows she is a fall risk and has left sided weakness and a left upper extremity contracture.</p> <p>The hospital records for R1 dated 4/1/21, showed a diagnosis of acute closed left hip fracture after a fall at the nursing home. Surgery was preformed on 3/31/21 to repair the hip.</p> <p>The undated facility policy for resident handling shows the resident handling policy exists to ensure a safe environment and transfers will be designated into categories for each residents safe transfer. This policy is to be followed at all times.</p> <p>(A)</p>	S9999		
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