

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2021
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NAME OF PROVIDER OR SUPPLIER FAIR HAVENS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 2</p> <p>300.610 a) 300.690 b) 300.690 c) 300.1210 b) 300.1210 d)6) 300.1220 b)3)</p> <p>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.</p> <p>Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including: These requirements are not met as evidenced by:</p> <p>3) Developing an up-to-date resident</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>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.</p> <p>Based on interview and record review, the facility failed to provide safety and supervision to prevent falls by failing to implement effective post fall interventions after a resident rolled out of bed; failed to thoroughly investigate an incident and identify root cause; and failed to provide notification to the State Survey Agency of incidents, for two of four residents (R1 and R3) reviewed for falls on the total sample list of eight. These failures resulted in R1 subsequently rolling out of bed again, and sustaining fractures to the nasal bones.</p> <p>Findings include:</p> <p>1. R1's fall risk assessment, dated 10/3/2020, documents a fall risk score of 18, indicating high risk for falls.</p> <p>R1's care plan, with a revision date of 10/5/2020, documents R1 is at risk for falls due to deconditioning, history of falls. Interventions: 10/3/2020: place mat next to bed.</p> <p>R1's medical record documents on 11/23/2020,</p>	S9999		
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S9999	Continued From page 3 found on floor in resident's room, the resident was lying on the floor on her right side. R1's medical record, dated 11/24/2020, documents, "Post Fall Evaluation, Fall Details: Fall was not witnessed. Fall occurred in the Resident's room. Activity at the time of fall: Rolled out of bed The reason for the fall was not evident." R1's Fall incident investigation form documents: Fall 11/23/2020 at 12:30 PM documents, "Resident is alert with confusion, readmitted to our facility on 11/17/2020 post left Above the Knee Amputation. After reviewing the medical record, talking to the staff and resident, the root cause of fall is related to acute condition change and other contributing factors such as medical diagnosis." R1's Fall incident investigation form did not identify or document resident- centered interventions to prevent future occurrences for R1 rolling out of bed. R1's medical record documents, on 12/2/2020 at 1:23 AM,"staff notified writer that resident was on floor, observed lying on her right side, holding her face. Bed side table, next to residents face. Has a small laceration to nose with minor bleeding & swelling at this time. Res has bruising to right side of face. Res has a (hematoma) above right eye. 2:00a.m (physician) called back & directed to send to Emergency Room for further evaluation due to hitting head." R1's medical record, dated 12/2/2020, documents, "Post Fall Evaluation Fall Details: Fall was not witnessed. Fall occurred in the Resident's room. Activity at the time of fall: rolled	S9999		

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S9999	<p>Continued From page 4</p> <p>out of bed The reason for the fall was not evident. Did an injury occur as a result of the fall: Yes. Injury details: small laceration on nose, bruising & swelling Did fall result in an Emergency Room visit/hospitalization: Yes, Emergency Room."</p> <p>R1's Emergency's room provider notes document, date of service: 12/2/2020 at 3:02 AM. Chief Complaint: Patient presents with fall. Patient states that she was sleeping when she rolled and fell out of bed. Patient sustained injuries to the face, bruises and abrasions and nose bleed. Examination: CT facial bones without contrast, 12/2/2020, Impression: Fractures of the anterior nasal bones with overlying soft tissue swelling. Re-evaluation time: 12/2/2020 at 4:17 AM, Clinical impression: 1. Closed fracture of nasal bone.</p> <p>On 6/21/21 at 2:00 PM, and on 6/22/21 at 5:00 AM, R1 was observed lying in bed, there was no fall mat next to R1's bed.</p> <p>On 6/22/21 at 5:25 AM, V11, Registered Nurse, stated, "(R1) is newer to this hallway, she was down here and then moved to another unit then came back down here. I am not sure that (R1) does use a mat beside (R1's) bed."</p> <p>On 6/23/21 at 11:45 AM, V2, Director of Nursing, stated R1 should have a mat beside R1's bed.</p> <p>On 6/23/21 at 2:15 PM AM, V2, Director of Nursing (DON), confirmed there were no interventions put into place after R1 rolled out of bed on 11/23/2020; then R1 rolled out of bed again on 12/2/2020 and suffered a nasal fracture. V2 stated, "When a resident falls, the nurses complete a fall evaluation form, we then investigate the fall, determine the root cause, and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>develop new interventions to prevent further falls." V2 stated R1 did have an air mattress on her bed, "I don't know if it could have been because of that or not."</p> <p>2. R3's fall risk assessment, dated 3/20/21, documents a fall risk score of 15, indicating R3 is at high risk for falls</p> <p>R3's medical record documents, "Post Fall Evaluation Fall Details: Date/Time of Fall: 03/31/2021 at 7:30 PM Fall was not witnessed. Fall occurred in the bathroom. Activity at the time of fall: Attempting to get herself off of toilet Reason for the fall was evident. Reason for fall: Attempting to get herself off of toilet."</p> <p>R3's medical record documents on 3/31/2021, Staff witnessed resident slid off the wheelchair and fell on the floor in front of room. Resident noted to have laceration to Left forehead, c/o pain on head and left shoulder. (Physician) notified, ordered to send to Emergency Room for evaluation and treatment.</p> <p>R3's medical record contained no documentation a post fall assessment investigation was completed to determine the root cause of R3's fall on 3/31/21 at 7:30 PM, or develop and implement new interventions.</p> <p>R3's Emergency Department provider notes documents, on 3/31/2021 at 3:32 PM, "Chief complaint: Fall, presents to the emergency room by emergency medical services for evaluation after a fall. Patient had a witnessed fall where staff state that she slid out of her wheelchair and hit her head on the wall. Patient has a small laceration to the left forehead. CT scan of head or brain without contrast final results document:</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>on 3/31/21, indications: head trauma, ground level fall hitting head on wall, left frontal head laceration with bleeding."</p> <p>On 6/23/21 at 11:45 AM, V2, Director of Nursing, stated, "When a resident falls the nurses complete a fall evaluation form, we then investigate the fall, determine the root cause, and develop new interventions." V2, DON, confirmed there was no investigation completed for R3's fall on 3/31/21 at 7:30 PM, no root cause was determined, or interventions developed.</p> <p>The facility was not able to provide documentation that notification was made to the State Survey Agency for R1's fall on 12/2/2020, resulting in a serious injury, and R3's fall on 3/31/21 resulting in a serious injury.</p> <p>On 6/23/21 11:45 AM, V2 confirmed there was no reportable/notification on R1's 12/2/2020 fall or R3's 3/31/21 fall, and stated these should have been reported to the (State Survey Agency).</p> <p>The facility's policy, with a revision date of August 2008, titled "Falls- Clinical Protocol" documents, "Assessment and Recognition: 5. The staff will evaluate and document falls that occur while the individual is in the facility; for example, when and where they happen, any observations of the events, etc. a) Falls should be categorized as a) those that occur while trying to rise from a sitting or lying to an upright position., b) those that occur while upright and attempting to ambulate, c) other circumstances such as sliding out of a chair or rolling from a low bed to the floor. They should be identified as witnessed or unwitnessed. Cause identification: 1. For an individual who has fallen, staff will attempt to define possible causes within 24 hours of the fall. a) causes refer to</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>factors that are associated with or that directly result in a fall. b) Often, multiple factors in varying degrees contribute to a falling problem. Treatment/Management: 1. Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling. 2. If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuation."</p> <p>(B)</p> <p>2 of 2 300.675</p> <p>Section 300.675 COVID-19 Training Requirements EMERGENCY a)Definitions. For the purposes of this Section , the following terms have the meanings ascribed in this subsection (a): 1)"CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov. 2)"Frontline clinical staff" means the medical director of the facility, facility treating physicians , registered nurses , licensed practical nurses, certified nurse assistants , psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators, assistant directors of nursing, directors of nursing , social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs , and caregivers who</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>provide, engage in, or administer direct care and services to residents on behalf of the facility are also considered frontline clinical staff.</p> <p>3)"Management staff" means any facility staff who:</p> <p>A)Assign and direct nursing activities; B)Oversee comprehensive assessment of residents' medical needs and care planning; C)Recommend numbers and levels of nursing personnel; D)Plan nursing service budgeting; E)Develop standards of nursing practice F)Supervise in-service education and skill training for all personnel ;or G)Participate in the screening of prospective residents and resident placement.</p> <p>b)Required Frontline Clinical Staff Training</p> <p>1)All frontline staff employed by the facilities shall complete the following portions of CMMS Training A)Module 1: Hand Hygiene and PPE;B)Module 2: Screening and Surveillance;C)Module 3: Cleaning the Nursing Home;D)Module 4: Cohorting; and E)Module 5: Caring for Residents with Dementia in a Pandemic. 2)Facilities shall ensure at least 50% of frontline clinical staff have completed the CMMS Training by January 31, 2021.3)Facilities shall ensure at least 100% of frontline clinical staff have completed the CMMS Training by February 28, 2021.4)Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>c)Required Management Staff Training</p> <p>1)All management staff employed by facilities shall complete the following portions of CMMS Training: A)Module 1: Hand Hygiene and PPE; B)Module 2: Screening and Surveillance; C)Module 3: Cleaning the Nursing Home; D)Module 4: Cohorting; E)Module 5: Caring for Residents with Dementia</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>in a Pandemic; F)Module 6: Infection Prevention and Control; G)Module 7: Emergency Preparedness and Surge Capacity; H)Module 8: Addressing Emotional Health of Residents and Staff; I)Module 9: Telehealth for Nursing Homes ; and J)Module 10: Getting Your Vaccine Delivery System Ready.</p> <p>2)Facilities shall ensure at least 50% of management staff have completed the CMMS Training by January 31, 2021. 3)Facilities shall ensure 100% of management staff have completed the CMMS Training by February 28, 2021. 4)Facilities shall require, within 14 days after hiring, CMMS Training for all management staff hired after January 31 , 2021. d)By January 31, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(2) and (c) (2). e)By February, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(3) and (c) (3). (Source: Added by emergency rulemaking at 44 Ill. Reg. 19551, effective December 2, 2020, for a maximum of 150 days; amended by emergency rulemaking to emergency rule at 45 Ill. Reg. 393 , effective DEC 18 2020 , for the remainder of the 150 days)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure all frontline clinical staff hired after January 31, 2021 received CMMS (Centers for Medicare and Medicaid Services) Targeted COVID-19 (Human</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Coronavirus Infection) Training for Frontline Nursing Home Staff. This failure has the potential to affect all 91 residents residing in the facility.</p> <p>Findings include:</p> <p>On 6/22/21 at 10:02 AM, V1, Administrator, stated "Most of our staff have taken the Covid-19 training but there are still a few newer staff who have not completed it yet." V1 stated, "(V11), Human Resources Director keeps track of the training and can provide the list of staff who had and had not received the education, along with a binder of staff completion certificates."</p> <p>V11 provided an updated list of all employees, with staff names highlighted who had not completed the Targeted COVID-19 Training for Frontline Nursing Home Staff with in 14 days of hire.</p> <p>Employees included: V24, Certified Nursing Assistant (CNA), hired 5/27/21; CNA, V29, hired 5/27/21; V30, CNA, rehired 1/8/21, works PRN (part time as needed); V10, Licensed Registered Nurse, who returned to work after a leave of absence on February 18, 2021. V10 was working on night shift on Station Three on 6/22/21. Additionally, V26, Receptionist, rehired on 4/25/21. V26 is responsible for screening staff and visitors for elevated temperature and for Covid-19 symptoms.</p> <p>On 6/22/21 at 12:30 PM, V11 stated during orientation, the staff are given a sheet with the link and instructions for the Targeted CMMS Covid-19 Training. V11 states "We have two computers set up in the breakroom that staff can use to complete training. A certificate is</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>generated after completion of the course which (V11) keeps in a binder." V11 confirmed the above staff all have been employed more than 14 days and have been sent the link.</p> <p>On 6/22/21 at 3:15 PM, V11 stated "I have contacted their supervisors and have emailed them the links." V11 stated she was on vacation last week and had not followed up with everyone.</p> <p>The link page given to each employee included steps required to get a certificate for the Targeted COVID-19 Training for Frontline Nursing Home Staff and Management including the https://QSEP.cms.gov/COVID-Training-Instructions.aspx training link. At the bottom of the page it reads "ALL EMPLOYEES MUST COMPLETE!!" The sheet documented "You can email the certificate to the (email address for the Human Resource Director)."</p> <p>The facility's census report, dated 6/21/21, documents 91 residents reside in the facility.</p> <p>(C)</p>	S9999		