

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2021
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NAME OF PROVIDER OR SUPPLIER BARRY COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 PRATT STREET BARRY, IL 62312
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S 000	Initial Comments	S 000		
S9999	<p>Annual Licensure and Certification</p> <p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 300.1210 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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>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:</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide supervision to prevent falls, investigate falls and to identify causative factors for 2 of 7 residents (R20 and R26) and failed to serve drinks at proper temperatures to prevent burns for 1 of 7 residents (R3) reviewed for accidents in the sample of 49. This failure resulted in R20 falling, sustaining a second fracture to the right hip, in the same location that was previously surgically repaired, and requiring hospitalization.</p> <p>Findings include:</p> <p>1. R20's Face sheet, dated 11/17/21, documents, an admission on 5/5/2021 for skilled treatment/therapy following a right hip fracture post-surgery.</p> <p>R20's Minimum Data Set (MDS), dated 5/11/21, documented, R20 has no recall to the year, month, day, unable to repeat words, requires extensive assistance with toileting due to urinary incontinence and requires stabilization of staff with transfers.</p> <p>R20's, Fall Risk Data Collection, dated 5/5/21, documented R20 at risk for falls and oriented to self only.</p> <p>R20's Care Plan, initiated date of 5/5/21, documented, "I am at risk for falls d/t (due to) a right hip fx. (fracture) and poor safety awareness." Fall Interventions put in place on 5/5/21: "1. Care givers are to make sure that all of my wants and needs are met before leaving room. 2. Low bed, mat placed at bedside. 3.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Make sure the bed is always locked, also a fall star located outside of residents entry door."</p> <p>The facility's Fall Incident Report, documented R20's fall history that occurred on; 5/5/21, 5/7/21, 6/19/21, 6/28/21, 7/2/21 and 7/21/21.</p> <p>R20's Fall Incident Report, dated 5/5/21, documented, R20 found on the floor in room, lying on stomach, with no injuries noted.</p> <p>R20's Fall Incident Report, dated 5/7/21, documented, R20 ws found on the floor, in room, in front of a wardrobe. Right hip rotated, R20 states that right hip hurts and hit head on the wardrobe table. R20 was transferred to a local emergency department for medical evaluation. No injuries reported.</p> <p>R20's Progress Note, dated 5/8/21 at 11:22AM, documented, R20 is alert but forgetful.</p> <p>R20's Progress Note, (Daily Skilled Nurse Note), dated 5/28/21 at 8:55PM, documented, R20 is confused, has short- and long-term memory problems with decision making impaired.</p> <p>R20's Progress Note, dated 6/17/21 at 4:52AM, documented, R20 has not been sleeping all night.</p> <p>R20's Progress Note, dated 6/18/21 at 5:09AM, documented, R20 has been restless throughout the night. Attempted to transfer self, unable to be redirected at times and has had some confusion.</p> <p>R20's Fall incident Report, dated 6/19/21, documented R20 was sitting in wheelchair in front of the nurse's station and at 8:00AM, attempted to stand up from chair, unassisted. Fell, lying on the floor on right side and with wheelchair on top of R20. This event was unwitnessed.</p> <p>When (R20) is restless, staff are to be 1 on 1 with</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>resident and make sure staff is in reach when up in wheelchair. Admitted to a local hospital on 6/21/21, sustaining a right hip fracture to the same right hip, previously surgically repaired prior to admission.</p> <p>R20's Regional hospital documentation, dated 6/22/21, documented a date of service of 6/19/21, with present medical history of; "Periprosthetic fracture around internal prosthetic right hip joint and R20, who had sustained a fall at the nursing home and recently had a hemiarthroplasty of the right hip in May." (hip fracture with surgical hardware and re-fractured around the hip socket surgical hardware, due to fall of 6/19/21).</p> <p>On 11/17/21 at 3:00PM, V1, Administrator, stated she would have expected staff to be visibly present when R20 is at the nursing station.</p> <p>On 11/18/21 at 4:55PM, V21, R20's Physician, stated R20 probably should have been supervised by staff, if left unattended, in a wheelchair, at the nursing station.</p> <p>The facility's Fall Policy, dated as reviewed 9/17/19, documented, "The facility shall ensure that a Fall Management Program will be maintained to reduce the incidence of falls and risk of injury to the resident and promote independence and safety."</p> <p>2. R3's Facility Reported Investigation (FRI) dated 11/7/21 documents, Initial Report on incident documents, "During breakfast, (R3) was observed spilling hot tea on right side. She was taken to her room and assessed. There was some redness to right abdomen and thigh. A cool compress was applied at that time and she denied any pain. Her POA (power of attorney)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>and MD (medical doctor) were notified. Later, the evening nurse noted a broken blister on right abdomen and one on right thigh. Silvadene was applied at that time and nurses to monitor the areas daily and as needed. Both areas are healing well at this time."</p> <p>R3's Final report, not dated, documents, Final report, "An investigation was started immediately. Investigation was completed and all kitchen staff were in-serviced on the Serving Hot Beverages and Soup policy in place. They each expressed understanding of the policy and a copy has been hung up in the kitchen, so they have easy access to it, if they have any questions. The IDT (interdisciplinary team) met and agreed that all new hires will be in-serviced on this policy on their initial orientation and the dietary manager and Administrator will do periodic audits to make sure staff are in compliance with this policy. Nursing continues to apply silvadine and a dressing to the areas, until completely healed. See attached policy and in-service."</p> <p>R3's Physician Order Sheet dated 11/14/2021 documents, Change right lower quadrant (RLQ) and Right upper leg dressing daily. Cleanse burn wound apply silvadene, and nonadherent dressing, one time a day for burn.</p> <p>On 11/17/21 at 2:50 PM, V13, Dietary worker, stated, "I did not check the temp of the tea the day (R3) spilled tea and was burned. The tea is brewed in the coffee machines."</p> <p>On 11/18/21 at 11:05 AM, V2, Director of Nurses (DON), stated, "I would expect dietary staff to check the temperatures of food and drinks before serving to the residents." The facility Policy and Procedure for Serving Hot</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Beverages and Soup dated July 2007 documents , Policy: The Food Service Department will monitor the temperature of all hot liquids being prepared to ensure that hot liquids are served at a temperature that will prevent burns if they should come into contact with skin. Procedure: 1. The Food Service Manager will monitor temperature that coffee is brewed at. 2. Drip coffee machines need to be at least 180 degrees F to brew coffee. However, many coffee machines are turned up to 195 degrees F or greater. Please test the temperature at which the coffee is being brewed and contact the coffee machine owners for instructions on how to turn the temperature down to 180 F. 3. The coffee should be chilled to 120-130 degrees (118-124 degrees was hand written on the policy) before being served to residents. 4. The Food Service Department is responsible for ensuring that all hot beverages leave the kitchen at the proper temperature. This</p> <p>3. R26's health status note dated 9/15/2021 at 02:19pm documents that R26 had a fall at 1:30 AM. R26's note documents R26 "appears to have hurt right shoulder or arm, it was protruding at an awkward angle. Sent to the hospital." R26's health status note dated 9/15/2021 at 08:42 pm documents that R26 returned from hospital ER (Emergency Room) at this time by ambulance. Sling in place on RUE (right upper extremity) d/t (due to) humerus (upper arm bone) fracture. R26's note documents that R26 denies pain upon arrival. R26's note does document that R26 did return to the facility with orders for pain medication.</p> <p>The facility long term care initial report to the Department dated 9/15/2021 documents alert</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>resident found lying on the floor in room next to bed and stated fell and hurt arm. R26 assessed and complaining of right shoulder pain. Report documents area assessed and noted abnormal positioning of upper arm/shoulder. Form documents returned to the facility with sling to right arm and diagnosis of proximal right humerus fracture.</p> <p>The facility serious injury final report to the Department dated 9/23/2021 documents that R26 was found unresponsive and sent back to the hospital on 9/16/2021 and admitted for severe anemia. The report documents upon admission R26 was found to have a displaced right femur (high bone) fracture.</p> <p>On 11/18/21 08:20 AM, V1, Administrator, stated when R26 had initial fall was sent to local hospital and diagnosed with fractured proximal humerus which V1 stated documented on initial report. V1 stated R26 had an unresponsive episode, was sent to a different hospital, and was found with a non-displaced fracture of right femur. V1 stated they assume it was from the first fall. V1 stated the facility has no investigation when femur fracture identified nor was public health notified when fracture identified but sent in final report of humerus fracture.</p> <p>R26's CT (computerized tomography) scan report dated 9/17/2021 documents comminuted fracture of the right greater trochanter with mild to moderate displacement of the greater trochanter. and small intramuscular hematoma in the lateral right gluteus muscle. R26's hospital discharge notes dated 9/22/2021 documents weight bearing as tolerated to RLE (right lower extremity).</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>The facility Fall Policy dated, revised documents following any falls, the facility staff completes and occurrence Report. Details of the fall will be recorded and potential causal factors identified and investigated. Interventions will be implemented and Care Plan updated.</p> <p>(B)</p>	S9999		