

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/11/2022
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NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH ALPINE ROAD ROCKFORD, IL 61114
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Incident Report Investigation Survey of 12/19/21/ IL 142119	S 000		
S9999	Final Observations Incident Report Investigation Survey of 12/19/21/ IL 142119 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)6) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>Section 300.1210 General Requirements for Nursing and Personal Care 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: 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>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure the necessary care and services by not ensuring that a resident was assessed for injury in a timely manner following a fall during a transfer. The failure to assess R2 prior to moving, resulted in R2 being submitted to greater risk for worsening injury and more pain, by standing R2 up on the fractured leg. This failure also led to R2's treatment for R2's fractured leg being delayed.</p> <p>This applies to 1 of 3 residents (R2) reviewed for care and services in a sample of 3.</p> <p>The findings include: The Incident Report dated 12/19/21 states, "(R2) walked to the bathroom with one assist then when trying to transfer back to bed, (R2) stated</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>her leg was giving out and she was going down so CNA lowered (R2) to the floor. During transfer via (Stand Lift) resident complained of right knee pain."</p> <p>R2's Abuse Allegation Report dated 12/20/21 states, "Daughter/POA reported resident's accounts as to what caused her injury. Staff was interviewed and stated that during the one person transfer (R2's) leg gave out causing staff to make an immediate decision to lower resident to the floor to ensure safety of both resident and staff. Staff then adjusted and helped resident off the floor and on the toilet. When resident was done using the toilet staff attempted to transfer resident to the wheelchair. Resident at that time did not want to get in the wheelchair. Staff went to seek help from another staff to assist with transfer. The two staff members used the (Stand Lift) to help resident up and into bed. Resident would not stand up or hold on to the (Stand lift). Resident expressed her leg hurt. Staff placed resident in bed and informed the nurse immediately."</p> <p>On 1/6/22 V9 (CNA) stated, "I helped (R2) stand and she usually stands and walks with the walker. It was about 9:30 PM and I took her to the bathroom with the walker and a gait belt. I had her hold on to the bar in the bathroom and she was going to sit on the toilet then she suddenly swayed to the right and said she was going down so I set her on the floor and ran and got help from V12 (CNA). We picked her up off the floor then we used the (Stand lift) and put her to bed. Her knees were kind of pressed against the (Stand lift). When we lowered her to the floor the nurse on duty said he would come and assess her but to go ahead and get her off the floor. Then she was still complaining of pain around 10:30 PM or 11:00 PM so I had V10 (Agency RN-Night Shift)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>look at her and he sent her to the hospital. We usually don't use a (stand lift) on her because she walks with her walker. When she was on the floor she wasn't really calling out or anything she just said her knee hurt."</p> <p>V10's Progress Notes dated 12/20/21 at 1:30 AM state, "CNA alerted this nurse that resident had a witnessed fall. Per CNA resident walked to the bathroom with one assist then when trying to transfer the resident back to bed resident stated her leg was giving out and she was going to go down. So CNA lowered resident to the floor. Resident was then transferred to the toilet via assistance of second CNA. Resident was then transferred to her bed via the (Stand Lift) machine with assistance of both CNAs. During the transfer with (Stand lift) resident was noted by CNAs to not attempt to hold on or attempt to stand up in machine during transfer as directed. Upon assessment resident verbalized pain to the right knee and was noted to be swollen and injured ..."</p> <p>R2's hospital documents show a diagnosis of closed displaced supracondylar fracture without intracondylar extension of lower end of femur with malunion dated 12/21/21.</p> <p>The undated facility policy entitled Falls Policy states, "Staff will notify the charge nurse after ensuring resident safety. Staff must not move the resident unless the resident is in imminent danger or request to be moved." (B)</p>	S9999			