

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/20/2022
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NAME OF PROVIDER OR SUPPLIER ACCOLADE PAXTON SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 450 FULTON STREET PAXTON, IL 60957
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S 000	Initial Comments First certification revisit to Survey 6/21/22 Investigation of Facility Reported Incidents of 5/26/22 IL14873 First certification revisit to Survey of 8/16/22 Investigation of Facility Reported Incident of 7/27/22 IL149998 First certification revisit to Survey of 8/16/22 Investigation of Facility Reported Incident of 7/28/22 IL149883. First certification revisit to Investigation of 8/3/22 Facility Reported Incident of 7/22/22 IL 149601	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210c)3) 300.1210d)6) 300.3210t) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for	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>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to 1) provide adequate supervision and assistance during care and 2) failed to replace a malfunctioning air mattress to prevent a fall for one resident (R1) reviewed for falls. This failure resulted in (R1) to fall resulting in sutures to his right eyebrow and a black eye and several skin tears.</p> <p>Findings include:</p> <p>R1's Transfer/Discharge report dated 9/19/22 includes the following diagnoses: Anxiety Disorder, Dementia, Alzheimer's Disease, History of Falling, Osteoarthritis, and Unsteadiness on Feet.</p> <p>R1's Minimum Data Set (MDS) dated 8/20/22 documents R1 is severely cognitively impaired, requires extensive assistance of two or more staff for bed mobility and is totally dependent on two or more staff for transfer.</p> <p>R1's Care Plan updated 8/20/22 Documents "(R1) is at risk for bleeding related to aspirin use." This Care Plan also documents "(R1) is totally dependent on two staff for bed mobility." This Care Plan also documents "R1 is at high risk for fall." This Care Plan also documents "(R1) is High</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>risk for falls related to Alzheimer's Disease, Dementia, Unsteady Gait, Decreased Activity Tolerance, Decreased Endurance, Congestive Heart Failure, Morbid Obesity, Chronic Fatigue, Past Medical History of Falls."</p> <p>R1's Fall Risk Evaluation dated 9/4 22 documents R1 is "disoriented at all times", has experienced "1-2 falls in the past 3 months", is "chair bound-requires restraints and assist with elimination", has "poor vision", "requires assistive devices ", and has 3 or more Predisposing diseases. This and other parameters included on the assessment document R1 as at a high risk for falls.</p> <p>R1's Progress note dated 8/25/22 at 6:31AM documents "Call placed to hospice due to mattress not staying inflated, new air mattress needed."</p> <p>R1's Progress note dated 8/29/22 at 3:39AM documents "nurse observed (R1) lying on (R1's) left side/arm on the left side of R1's bed. Upon assessing (R1) for injury, (R1) stated (R1) had hit (R1's) head; nurse observed a hematoma was present on top of head."</p> <p>R1's progress note dated 8/31/22 at 11:54PM documents "Registered Nurse (RN) called Hospice and let them know the (R1) fell on 8/29/22. Per night nurse (R1) complained specifically of his left femur hurting. (R1) during this shift complained of generalized pain and leg pain. (Hospice) RN stated that (R1) received PRN (as needed) morphine for pain control and if hospice wants to add any further orders they can call back." No call back was documented</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>There is no documentation to indicate a physician, or a nurse practitioner was ever notified of the 8/29/22 fall or the subsequent complaint from R1 of Left leg/femur pain.</p> <p>R1's report of fall with injury submitted to state agency 9/9/22 documents ". On 9/4/2022 approximate 0128 (1:28 am) in the morning, (V4) Certified Nurse's Aide (CNA) was performing peri care, during which (R1) became restless and fell out of bed, landing on the floor. (R1) sustained opening above the right eye, skin tear to right hand and right forearm. Due to opening above the right eye, decision was made to send (R1) to emergency room for immediate medical attention. During emergency room course, X-rays were obtained showing no acute changes, and opening above right eye was sutured with dissolvable sutures. Resident returned to facility on 9/4/22 approximately at 930AM. Intervention put in place upon resident return, he is to have two caregivers provide all ADL care."</p> <p>R1's hospital discharge Instructions dated 9/4/22 at 6:18AM document "The sutures placed will dissolve on their own. (R1) was found to have a fracture of his left hip from his prior fall. (R1) is also noted to have several old rib fractures. Please contact his primary care provider or hospice specialist about these imaging findings and inform them so they can make any adjustments to his care that they might find either advantageous for (R1) or necessary."</p> <p>On 9/19/22 at 2:00PM V4, Certified Nurse's Aide (CNA) stated "I was taking care of (R1) on 9/4/22 when he rolled out of bed. I am an agency CNA. I was doing my rounds and (R1) was wet. I came up to the left side of the bed. There was a fall mat on the left side of the bed and none on the right</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>side of the bed. There was an air mattress on the bed, but it was flat. I went to roll (R1) away from me to clean him. He was now having a bowel movement. When I rolled (R1) the flat sheet he was laying on slipped on the air mattress and (R1) rolled off the bed to the floor. R1's Oxygen concentrator was on the right side of his bed. (R1's) head hit the concentrator on the way to the floor. He was bleeding a lot and I got the nurse. In thinking back, I probably should not have tried to move (R1) alone, but I was trying to clean him up."</p> <p>On 9/19/22 at 2:30PM V6, Certified Nurse's Aide (CNA) stated "I am familiar with the care of (R1). (R1) uses a (Sling type mechanical lift) for transfer. (R1) is a big heavy man and he always needs at least two staff to roll or transfer him."</p> <p>On 9/19/22, at 2:45PM V2, Director of Nursing (DON) stated "We are aware (R1) should always have more than one staff to turn or transfer. The agency CNA who was with (R1) should have gotten help to turn (R1). We have done several inservices since (R1) fell to be sure all staff are aware of this."</p> <p>On 9/19/22 at 3:15PM R1 was resting in his bed. there was purple bruising around R1's right eye and a healing laceration above R1's right eye. The head of R1's bed was at about a 50-degree angle and R1's upper body was leaning to the left.</p> <p>In-service documentation for an-inservice presented 9/6/22 at 2:00PM by V2, Director of Nursing states "1. Going forward anyone who is a two person assist as a transfer status, should be a two person assist with bed mobility and ADL (Activities of Daily Living) care. 2. It is unacceptable to transfer anyone in a way in which</p>	S9999		

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S9999	Continued From page 6 it is not care planned. (Sling type mechanical lifts) need to be (Sling type mechanical lifts) even if it is not convenient. 3. If you are caught giving care not in alliance with the resident's care plan, it will be followed with immediate disciplinary action. 4. If you have any ideas of ways to reduce our frequent faller's falls, please let us know! We are attempting to keep people safe and working diligently on staffing." (B)	S9999		