Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6006233 B. WING 01/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE PROMEDICA SKILLED NURSING MO **MOLINE, IL 61265** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Original Complaint Investigation: 2220655/IL142831 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.12106) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies 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 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 Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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		NTOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			TE SURVEY	_				
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	1	the side farthest from you so that when they are		}				- 1				
		turned, they are in the middle of the bed."										
	1				·			ı				
		The facility's "Incont	inence Care" policy, revised	ĺ			, .					
	1	8/2014, states, "6. P	osition on back with knees	1				-1				
		flexed and feet flat on the bed. If patient is unable						١				
		to maintain this position, assist to side lying position by turning towards care giver, unless						1				
		more than one caregiver present. After turning						1				
		patient toward the caregiver, assure patient is										
		positioned in the center of the bed before moving		ļ				1				
	1	to the opposite side of the bed to provide care. If more than one caregiver present, one caregiver						1				
	- 1	provides support of the patient to maintain side						١				
		lying position while the other caregiver completes						I				
		the procedure."	3					I				
		R1's Facesheet documents R1 was admitted to			1			ı				
		the facility on 12/5/21	Iments K1 was admitted to					Ł				
		the racinty on 12/0/2	'					ı				
		R1's "Diagnosis Rep	ort" documents R1 with					ı				
	4	diagnoses to include	but not limited to: Muscle									
		Wasting and Atrophy	Multiple Sites; Sciatica;					ı				
	1	Murbia (severe) Upe Other Signs and Sum	sity; Osteoarthritis; and					L				
	11	Other Signs and Sym Musculoskeletal Syst	em					ı				
		•	1					L				
		R1's "Weights and Vi	itals Summary" documents					l				
		R1's weight on 1/1/22	2 and 1/2/22 as 300 pounds.					L				
		R1's Current Care Di	an at the time of R1's									
	1	admission states. "All	teration in Musculoskeletal									
		Status r/t (related to)	BLE (Bilateral Lower									
	6	Extremity) Weakness	and Impaired Mobility":									
	F	⁻ unctional Mobility de	eficits evidenced by									
	Į v	veakness, balance de	eficits, low endurance, and									
		ncrease need of assi	stance and increased risk of	İ				ě.				
		ans due to UTT (UMS Activities of Daily Livi	ary Tract Infection), ADL ing) self care deficit as									
	e	evidenced by max A	assist) related to pain.									
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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
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	weakness, ROM (Rimpaired balance are assistance/potential transferring from on evidenced by needing transfers related to Intervention: transfer for falls due to Weakness for falls due to Weakness (Osteoarthritis); "At Musculoskeletal progout, obesity, sciation Interventions: Assist assist to transfer an related to Weakness Sciatic Pain, Gout, UR1's Admission Minicassessment, dated alert and oriented wice and that R1 requires plus person physical resident moves to are side to side, and posalternate sleep furnit assistant of two plus toilet use (how reside commode, bedpan, celimination; changes assessment docume performance of toilet maintain perineal hygright (the ability to roll and right side and rebed) as "dependent-Resident does none activity or the assistal is required to complete in the side of the side of the side of the side and rebed) as "dependent-Resident does none activity or the assistal is required to complete in the side of th	ange of Motion) limitations, and unable to walk"; "Requires to restore function for the position to another as ang total assist with all weakness impaired mobility. If with mechanical lift"; "At risk kness, Impaired mobility, Morbid Obesity, OA risk for complications due to blems r/t (related to) arthritis, apain, and impaired mobility. If with bed mobility; provide did reposition in bed."; "Pain and another in the pair in	59999						
	R1's Medical Practition	oner Comprehensive note on							

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not positioned in the center of the bed, but closer

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