

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016786	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/11/2022
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NAME OF PROVIDER OR SUPPLIER SPRING CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER AVENUE JOLIET, IL 60432
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2271897/IL144458</p> <p>Final Observations</p> <p>Statement of Licesnure Violation</p> <p>300.1210b) 300.1210d)6 300.1220b)3</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>	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>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>These Requirements were not met as evidenced by:</p> <p>Based on observations, interviews and record reviews the facility failed to do assessments and put new interventions in place after falls. This failure resulted in R1 sustaining a 1-centimeter laceration to his forehead. This applies to 3 of 3 residents (R1, R2, and R3) reviewed for falls.</p> <p>Findings Include:</p> <p>On 3/10/22 a tour of the facility was made and there were no star symbols placed at the doorway of R1 and R3's rooms.</p> <p>R1 EHR (Electronic Health Record) showed that R1 is a 72-year-old male admitted to the facility on 10/25/2021 with diagnosis including hemiplegia and hemiparesis, chronic obstructive pulmonary disease, altered mental status, senile</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>degeneration of the brain, dementia, depression, cardiomyopathy, and hyperlipidemia. On 1/3/2022, R1 fell and was sent to the local community hospital with a laceration above his right eye. On 2/26/2022 R1 fell again and was sent to the local community hospital with a closed head injury, and on 3/7/2022, R1 fell again, and again R1 was sent to the local community hospital and received sutures for a 1cm laceration to his forehead. R1 remained in the hospital from that last fall for the duration of this investigation. R1's progress notes shows that R1 fell on 3/7/2022, 2/26/2022, 1/2/2021, 1/3/2021, 11/4/2021, 11/2/2021, and 10/29/2021. R1's care plan was reviewed and showed the last review dated of 1/20/22. There were no further updates with new interventions for the falls on 2/26/22 and 3/7/22. R1's records showed that the facility did not complete fall risk reviews for falls dated 3/7/22, 1/3/21, and 11/4/21.</p> <p>R2's progress notes showed that on 2/15/22 R2 fell and sustained a left wrist fracture. R2's care plan showed that no update or new revisions were put in place since that fall.</p> <p>R3's progress notes showed that R3 fell on 3/8/22 and his last update for falls on his care plan was 1/21/22.</p> <p>The facility had no documentation of Root Cause Analysis forms for R1, R2, or R3's falls. V1 Administrator said that the Root Cause Analysis form is used to determine the need for new interventions to prevent further falls. V1 Administrator said that the facility's Restorative Nurse is the person who does the root cause analysis, and the facility has been without this person since December of 2021 and that is the reason the facility did not do them for R1, R2 and</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R3's falls. V1 said that the interventions and recommendations on the Root Cause Analysis form is used to update the care plan. If this form is not completed and the care plan is not updated, it could cause the resident to fall again and be injured.</p> <p>V5 R1's Primary Care Physician said that after a resident falls, he expects the facility to put interventions in place to prevent future falls. V5 said that R1's 1cm laceration to his forehead (with sutures) was because of his fall on 3/7/22. V4 LPN (Licensed Practical Nurse) said that after a fall the facility is to complete a fall risk review.</p> <p>The facility's fall risk review list dated 9/10/21 to 3/10/22, showed that R1, R2, and R3 were at risk for falls. The facility's Fall Prevention Program policy dated 2/28/22 showed under Standards: 2. A fall risk assessment will be performed at least quarterly... and after any fall incident. 3. Safety interventions will be implemented for each resident identified at risk</p> <p>The facility's Fall Risk and Post Fall Assessment policy dated 6/14 showed under, Policy: ... a post fall assessment will be performed after each fall and additional interventions promptly initiated to prevent future falls ... Purpose: To identify treatable conditions and improve the overall quality of life for residents. To detect reversible causes of falls and to identify supportive aids to prevent falls. Procedure: 7. if the fall prevention plan failed initiate an immediate new intervention. 8. Document assessment findings, change fall prevention interventions14 Revise the care plan to include all new fall interventions.</p> <p>The facility's Falls policy date 6/14 showed under Falling Star Program, Star symbol will be placed at doorway of room. The facility's Fall Committee policy date 6/4 showed under Purpose: To meet</p>	S9999		

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S9999	Continued From page 4 minimal weekly to analyze the cause of the incident and ensure new interventions are incorporated into the care plan. (B)	S9999		