FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С IL6008650 B. WING 03/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH CHURCH STREET** ARCADIA CARE JACKSONVILLE JACKSONVILLE, IL 62650 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 Complaint Investigation: 2242491/IL145216 S9999 Final Observations \$9999 Statement of Licensure Violation: 300.610a) 330,1010h) 300.1210a) 300.1210b) 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 300.1010 Medical Care Policies The facility shall notify the resident's h) 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 Attachment A of five percent or more within a period of 30 days. Statement of Licensure Violations

linois Department of Public Health
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT	TIPLE CONSTRUCTION	(X3) DAT	ESURVEY		
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	plan of care for the	ain and record the physician's care or treatment of such hange in condition at the time					
	Section 300.1210 C Nursing and Person	Seneral Requirements for al Care					
	the resident's guardi applicable, must dev comprehensive care includes measurable meet the resident's rand psychosocial ne resident's comprehe allow the resident to practicable level of ir provide for discharge restrictive setting bas needs. The assessment active participation resident's guardian of applicable. (Section 3)	3-202.2a of the Act)					
m N	care and services to a practicable physical, i well-being of the resident's comp plan. Adequate and p care and personal caresident to meet the treater needs of the resident care needs of the resident to meet the treater needs of the resident care needs of the resi	re-giving staff shall review about his or her residents'					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6008650 B. WING 03/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH CHURCH STREET** ARCADIACARE JACKSONVILLE JACKSONVILLE, IL 62650 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 DEFICIENCY) S9999 Continued From page 2 S9999 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: 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. These requirements were not met as evidenced Based on interview and record review the facility failed to provide safe transfers for 1 of 3 residents (R10) reviewed for falls in the sample of 14. This failure resulted in R10 falling out of a shower chair and receiving bilateral tibia and fibula fractures. Finding includes: R10's Electronic Medical Record face sheet dated 3/29/2022, documents R10 has diagnoses of multiple sclerosis, paralytic syndrome, and abnormal posture. R10's Minimum Data Set (MDS) dated Jan12, 2022 documents that R10 requires extensive assistance and two plus physical assistance for bed mobility. R10's MDS (Minimum Data Set) documents that R10 is totally dependent and requires two plus staff physical assistance for transfers. R10's Care Plan dated, revised 8/26/2019 documents that R10 has Activity Daily Living (ADL) self-care performance deficit related to

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	mobility. R10's Care	IS), weakness and decreased Plan documents intervention I body mechanical lift) and I transfers.				
	Nursing (DON) state to her there was a run fracture legs at the historical and the hospital wou stated based on interappears V11, Agence (CNA) was giving R1 on 3/23 and dropped	38 AM V2, Director of an employee had reported amor that R10 was found with aspital. V2 stated that she ion and did call the hospital ald not return her calls. V2 rviews and her investigation it by Certified Nurse's Aide to a shower in the morning ther out of the shower chair, and did not report the fall.				
	shower chair in the s report documents that was with her. The rep that R10 slid out of the was unable to pick R documents V11 state V2's report document mechanical lift into the R10 into a shower be to her room and assis. The report document CNA she had reporte on duty and was told report documents that by other agency CNA with getting R10 in she documents that V12 g took it into the shower into a shower bed. V2 V12 told V11 that R10	stated that she had R10 in a hower room on 300 hall. The at another agency CNA (V12) port documents V11 stated he shower chair, and she 10 up. The Report d she had V12 assist her. It is that V12 brought the e shower room and assisted d, and then took R10 back sted V11 putting R10 to bed. It is that V11 CNA told V12 d the incident to the nurse not to worry about it. V2's to V12 stated she was asked (V11) to come and assist ower chair. V2's report yot the mechanical lift and room and assisted R10 its Report documents that				

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secretions with cough. The report documents has

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	had reduced menta confusion per exter	al awareness and increased nded care facility staff.		,			
	3/27/2022, docume "Fractures in both le documents that "X- extremities) sugges distal tibial fracture, new fracture in the o nondisplaced spiral further evaluation." documents "Examir extremities suggest palpation on the late legs. Mild swelling w documents difficult t pain, unable to bear Sensation was decre Radiology comment bilateral LE suggest distal tibial fracture r	to flex the bilateral leg due to weight on the bilateral leg. eased to light touch." s documents "X-rays of ed severe osteoporosis, right malunion complicated with listal tibia, and fibula. left tibia					
8#	R10's surgical soap 3/28/22, documents on 3/24 prior to adm "Nursing home repormechanical) lift and a turn." The Note docu	note from hospital, dated "Fall- resident reportedly fell ission" The Note documents rts patient is a (full body requires total assistance with imented orthopedic physician amends long leg brace with	Ži.	64	2		
	R10 is to be transfer	36 AM V20, CNA stated that red with a mechanical lift, so in a shower chair, but a		. W		۸	

On 3/30/2022 at 12:05 PM V21, Nurse linois Department of Public Health

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	Practitioner stated th	hat if R10 had been					
	transferred with the	use of a mechanical lift her					
	fractures could have	been prevented.					
	-		*				
	On 3/30/2022 at 12:	34 PM V2, DON stated that					
	she would expect sta	aff to provide safe transfers					
	when transferring re-	sidents.					
i	The facility policy "Tr	romofono Manarat O II D II				1	
	Mechanical Lifts" re-	ansfers-Manual Gait Belt and vised 1/2018, documents "In		-			
	order to protect the s	safety and well-being of the				1	
	staff and residents a	and to promote quality care		•			
	staff and residents, and to promote quality care, this facility will use Mechanical lifting devices for the lifting and movement of Resident." The Policy documents "1. Mechanical lifting devices shall be used for any resident needing a two person assist, or who cannot be transferred comfortably and/or safely by normal transfer technique.						
- 1							
1	Except during emerg	ency situations or				·	
21	permitted."	tances, manual lifting is not				10	
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