

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/31/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  CLARK-LINDSEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801
---	--

(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  Facility Reported Incident of January 7, 2022/IL142755	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610 a) 300.1210 a) 300.1210 b) 300.1210 d)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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/31/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARK-LINDSEY VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 WEST WINDSOR ROAD URBANA, IL 61801</b>
--	--

(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
S9999	<p>Continued From page 1</p> <p>practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</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>These REQUIREMENTS were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to identify, implement, and document individualized fall interventions for one (R1) of three residents (occupying a licensed-only bed) reviewed for falls. This failure resulted in R1 sustaining multiple falls with injuries and transfers to the emergency department while on anticoagulant therapy.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/31/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARK-LINDSEY VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 WEST WINDSOR ROAD URBANA, IL 61801</b>
--	--

(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
S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>On 1/26/22 R1 was sitting in a wheelchair in resident's room. Black and blue bruising was seen on over fifty percent of R1's face with a quarter sized, protruding, hematoma noted on the right side of the forehead. Multiple sutures were visualized on the right side of R1's head. Bandages were noted on bilateral arms. R1 was alert to person only with poor communication.</p> <p>R1's fall investigation dated 1/7/22 documents that R1 was found on the bathroom floor with a laceration to R1's head and a large amount of blood noted on the floor. R1's fall investigation dated 1/11/22 documents that R1 was sent to the Emergency Department where R1 received sutures and a Computed Tomography Scan of the head. R1's fall assessment dated 1/7/22 documents R1 is at high risk for falls. R1's care plan dated 1/7/22 documents Therapy Services and R1's physician to follow up with R1 in one week. R1's progress notes dated 1/10/22 document R1 taking three milligrams of Warfarin one time a day, four days a week and two milligrams of Warfarin one time a day, three days a week. No targeted fall interventions were documented as being implemented in R1's medical record at this time.</p> <p>R1's fall investigation dated 1/14/22 documents a second fall at approximately 5:30AM. R1 was found lying on R1's right arm and knee with legs under the bed and head near the dresser with R1's head suture area bleeding and multiple new and old, re-opened skin tears. R1 was sent to the Emergency Department for evaluation and treatment where another Computed Tomography Scan of R1's head was performed along with a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/31/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CLARK-LINSEY VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 WEST WINDSOR ROAD URBANA, IL 61801</b>
---	--

(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
S9999	<p>Continued From page 3</p> <p>radiograph of R1's left hand. R1 then returned to the facility. No targeted fall interventions were documented as being implemented in R1's medical record at this time.</p> <p>R1's fall investigation dated 1/14/22 documents a third fall at approximately 10:48PM. R1 was found sitting on the floor in R1's resident room. No new injuries were noted. No targeted fall interventions were documented as being implemented in R1's medical record at this time.</p> <p>R1's progress notes dated 1/17/22 document R1's change of condition and vital signs out of range. R1's physician was notified and requested R1 be sent to the hospital for evaluation and treatment where R1 was hospitalized for a week.</p> <p>On 1/26/22 at 12:19PM, V2 (Director of Nursing/DON) said that V2 was aware of the danger of someone on anticoagulant therapy falling.</p> <p>On 1/31/22 at 9:00AM V9 (Certified Nursing Assistant/C.N.A.) stated that V9 had been away from the facility the day that (R1) was hospitalized most recently. "I got in report that day that (R1) had fallen a couple of times and had gone out to the hospital a couple of times. Later that day (V10 Registered Nurse/RN) put (R1) on 15-minute checks because (R1) kept trying to get up. Shortly after that, they sent (R1) to the hospital."</p> <p>On 1/31/22 at 9:10AM, V10 (RN) stated, "I had been out (of the facility) until the day that (R1) went to the hospital. I remember that I had them put (R1) on 15-minute checks because (R1) tried to get up on (R1's) own. A lot of our normal staff were out on quarantine then, so it was hard to get</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/31/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  CLARK-LINDSEY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801
---	--

(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
S9999	<p>Continued From page 4</p> <p>an idea of exactly what and when things had happened."</p> <p>The facility Fall Risk Assessment and Protocol policy dated 9/8/16 documents, "Interventions will include call light in reach, bed in lowest position, non-slip footwear when ambulating and additional interventions will be determined for the individual resident based upon decisions by the interdisciplinary team and individualized interventions will be documented in the resident care plan."</p> <p>"A"</p>	S9999		