Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000293 B. WING 02/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE ACCOLADE HEALTHCARE OF PEORIA PEORIA, IL 61614 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident Investigation of 01-25-2022/IL143275 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.3240a) 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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each Attachment A Statement of Licensure Violations

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

TITLE

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\$9999	resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:		S9999				1
	encourage residents transfer activities as	personnel shall assist and s with ambulation and safe s often as necessary in an etain or maintain their highest functioning.					
	c) Each direct of and be knowledgeat respective resident of	care-giving staff shall review ble about his or her residents' care plan.					
	nursing care shall in	subsection (a), general clude, at a minimum, the e practiced on a 24-hour, asis:					
	to assure that the res as free of accident h nursing personnel sh	y precautions shall be taken sidents' environment remains azards as possible. All hall evaluate residents to see ceives adequate supervision event accidents.					
	Section 300.3240 Al	buse and Neglect					
	employee or agent of	ensee, administrator, f a facility shall not abuse or Section 2-107 of the Act)		¥*			
	These Regulations a	re not met as evidenced by:					
	failed to have fall mat a prior fall for one (R' reviewed for falls in a	nd record review, the facility tinterventions in place from 1) of three residents sample of three. This failure ng a subdural hematoma,					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000293 B. WING 02/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE **ACCOLADE HEALTHCARE OF PEORIA PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 and a forehead laceration with three sutures. Findings include: Facility "Policy: Falls," dated July 2021. documents "Falls are a major cause of injury. Older adults are at risk for falls. The purpose of this guideline is to describe strategies that can identify individuals at risk for falls and develop interventions that are individualized to each resident. Reassessing fall risk and fall prevention programs will ensure a proactive approach to reducing falls. Fall prevention program includes residents identified as at risk for falls have interventions added to the plan of care." R1's medical record, dated 1/21/22, documents R1 needs extensive assistance of two persons for activities of daily living. Facility "Daily Hall Assignments," dated 1/25/22, documents V4 and V6 both Certified Nurse Aides/CNAs were working second shift on R1's R1's medical record documents R1 was admitted to the facility on 7/1/21 and had falls on 1/25/2022, 1/16/2022, 7/13/2021, and 7/2/2021. R1's current care plan documents "(R1) is at risk for falling related to a history of falls secondary to deconditioning and weakness with a history of Cerebral Vascular Accident/CVA." R1's medical record documents a fall on 1/15/22 with an intervention for "floor mats." R1's medical record, dated 1/25/2022 at 11:11pm by V5 Registered Nurse/RN, documents "Writer

called to resident's room by Certified Nurse

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6000293 B. WING 02/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE ACCOLADE HEALTHCARE OF PEORIA **PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 Aid/CNA because "Resident is on the floor and bleeding." Resident was found lying on his left side and bleeding profusely from an open wound on the left side of his forehead. A neurological evaluation was performed, and resident seemed confused because he could not tell what happened. He was cleaned up and assisted to bed. Advanced Medical Transport/AMT was called, and resident was sent out for further evaluation because despite attempts to stop the bleeding, it won't stop." R1's medical record documents R1 was discharged from the facility on 1/25/22 and re-admitted on 2/8/22. R1's local hospital Emergency Room/ER notes, dated 1/25/22 at 10:21pm by V13 Medical Doctor/MD, documents "(R1) had a ground level fall with a head laceration while on Plavix. The primary encounter diagnosis was Traumatic Intracranial Hemorrhage (HCC). A diagnosis of Forehead laceration was also pertinent to this visit. Admitted to the Neuro ICU." R1's Advanced Medical Transport/AMT notes, dated 1/25/22 at 10:22pm, documents "(R1) remembered falling from the bed and fell onto the floor." R1's local hospital Emergency Room/ER notes. dated 1/25/22 at 11:26pm by V14 MD, documents "(R1) has a primary medical history of Atrial Fibrillation taking Xarelto and Plavix, and a history of CVA (Cerebrovascular Accident) and Dementia who presents to the Emergency Department/ED via Emergency Medical Service/EMS for concerns of fall, and head laceration (left forehead). According to EMS, they were called from nursing home staff that the patient had an

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000293 B. WING 02/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE ACCOLADE HEALTHCARE OF PEORIA **PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 4 S9999 S9999 unwitnessed fall and was found lying on the ground in a pool of blood with a laceration over his forehead. Patient will not elaborate on details of the fall." R1's local hospital laceration repair notes, dated 1/25/22 at 11:33pm by V15 MD, documents "(R1's) forehead Laceration length: 5 centimeters/cm; and Number of sutures: 3." R1's local hospital notes, dated 1/26/22 at 1:49am by V15 neurosurgeon MD, documents "I have personally reviewed (R1's) imaging which shows a tentorial SDH (Subdural Hematoma) without brain compression. (R1's) Left forehead laceration- Approximately 5 cm laceration over left forehead with small Hematoma underneath." On 2/8/22 at 11:02am and 2/9/22 at 11:19am, V6 Certified Nurse Aid/CNA stated "I was working when (R1) fell on 1/25/22. When we went to do rounds, he was on the floor, (V4 CNA) and I found him, his bed was in the middle of the room, he was transferred from the 400 unit onto the dementia unit that day, he did not have his fall mats, he fell on the floor, and he could not tell us what happened." On 2/8/22 at 11:40am, V12 R1's family stated "(R1) was trying to get up out of bed and fell, he told me he was getting out of bed, and he knows he can't do it. He has had a couple of falls before doing stuff he knows he can't do, and I have been wondering if he is being looked after enough. I just don't understand why he keeps falling." On 2/8/22 at 1:40pm, V4 CNA stated "I was working when (R1) fell on 1/25/22. When we came to do rounds, he was on the floor, no floor

mats, he said he fell, he was bleeding from his

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