Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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 FRI of 2/1/2022\IL143598	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b)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 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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	Continued From page 1	S9999		

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.

These Requirements were not met as evidenced by:

Based on observation, interview and record review the facility failed to thoroughly investigate two falls, including one fall with a head injury for one resident (R2) of three residents reviewed for falls. This failure resulted in R2 receiving a subdural hematoma and a laceration requiring sutures.

Findings include:

Current Physician Order Sheet indicates R2 was admitted to the facility 10/18/21 with diagnoses that include Cerebral Infarct, Diabetes Mellitus and Chronic kidney disease with Urinary Suprapubic Catheter.

Comprehensive Assessment dated 1/25/22 indicates R2 is cognitively intact and transfers with limited assist of one staff;

Fall Risk Review dated 12/31/21 and 2/1/22 indicates R2 is high risk for falls.

On 2/16/21 at 10:10am R2 was sitting in a motorized recliner chair. At that time R2 stated that (on 2/1/22) he was asleep in his recliner chair and woke up as the recliner chair was raising up and before he could get it to stop, it threw him forward out of the chair hitting his head on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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	Continued From page 2	S9999		

window ledge and falling on the floor. R2 stated that he went to the hospital and was told he has a "small brain bleed" as well as a laceration. R2 stated his leg was pressing against the recliner chair remote control while he was sleeping and he couldn't turn it off before he fell. R2 stated that he usually falls out of motorized scooter, not the chair.

Nurse Note dated 2/1/22 at 4:16pm indicates R2 was combative with staff while trying to get resident off the toilet and into his wheelchair. Note indicates (R2) "basically slid down the wall onto the floor receiving an abrasion to the top of his head and on right lateral elbow.
Nurse Note dated 2/1/22 at 9:19pm indicates R2 was found on the floor of his room with a large gash located on the front right side of his head and "due to the size of the lump and amount of bleeding (R2) was sent to the ED (Emergency Department) for eval and treatment."
Nurse Note dated 2/2/22 at 2:45am indicates R2 returned from ED with diagnosis of subdural hematoma, Urinary Tract Infection; sutures intact to right frontal lobe.

No fall investigation was completed for R2's fall in the bathroom.
Fall investigation (for fall requiring hospital treatment) did not identify root cause analysis of fall, did not give a description of the fall occurrence, did not identify interventions to prevent future falls in this manner and did not include interviews from staff, R2, or R2's roommate who was in the room at the time of the fall.
Fall Incident conclusion only addresses R2's return from the hospital, subsequent wounds from fall and to remind R2 to use the call light.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006761	A. BUILDING: ______ B. WING ______	C 02/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE CREEK NURSING & REHAB	4343 KENNEDY DRIVE EAST MOLINE, IL 61244

(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	Continued From page 3 On 2/17/22 at 9:20am V2, DON (Director of Nursing) stated that she did the investigation of R2's fall. V2 stated they didn't identify R2 "sliding" to the floor in the bathroom while having behaviors toward staff as a "fall" so no investigation was done. V2 stated that when she interviewed R2 about the fall that required hospital treatment, R2 was really upset and didn't say anything about the recliner chair. V2 acknowledged that she didn't really know how R2's fall occurred even after reading her own incident investigation. V2 acknowledged the documentation should be better and the investigation should be more thorough. Attempts to interview V8, LPN (Licensed Practical Nurse) who was R2's assigned nurse on 2/1/22 were unsuccessful. Facility Policy/Incidents, Accidents, Falls (undated) documents: The nurse responsible for the oversight and care of the resident will complete an incident/accident report. When possible, a descriptive statement(s) will be obtained from the resident and/or any witnesses. All falls will have a site investigation by appropriate staff in an effort to define the "root cause" of the fall. This will help provide information to enable staff to roll out interventions to prevent another similar occurrence. Note: Each fall needs a new intervention rolled out. Some occurrences will require a more extensive investigation process. These include but are not limited to: Falls with significant injury Disruptive/Combative Behavior resulting in harm (B)	S9999		