

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000012 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/15/2022 |
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| NAME OF PROVIDER OR SUPPLIER ARCADIA CARE CLIFTON | STREET ADDRESS, CITY, STATE, ZIP CODE 1190 E 2900 NORTH ROAD CLIFTON, IL 60927 |
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| (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 |
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| S 000 | Initial Comments Facility Reported Incident of February 28, 2022/IL144321 Annual Licensure and Certification Survey | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 a) 300.1210 b)4)5) 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 | S9999 | Attachment A Statement of Licensure Violations | |

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| 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>allow the resident to attain or maintain the highest 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. (Section 3-202.2a of the Act)</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>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide adequate supervision to prevent one resident (R50) slipping from an assistive device, landing on the floor, and receiving several lacerations to R50's skull. R50 is one of four residents reviewed for accidents in a sample of 51. This failure resulted in R50 being sent to the emergency room and receiving 5 staples to repair the head lacerations.</p> <p>Findings include:</p> <p>R50's Physician's Order Sheet (POS) for March 2022 documents the following diagnoses for R50: Difficulty in walking, Lack of Coordination, Unsteadiness on Feet, Type 2 Diabetes Mellitus with Diabetic Neuropathy, and Morbid (SEVERE) Obesity.</p> <p>R50's Nurses Notes dated 1/28/22 documents R50 weighed 233 pounds.</p> <p>R50's Minimum Data Set (MDS) for a Significant Change, a resident assessment and care screening tool, dated 2/25/22 documents R50 required extensive assistance (weight bearing assistance) with two staff members physical assistance to accomplish surface to surface transfers on no less than 3 occasions in the 7-day assessment period. This same MDS documents R50 required extensive assistance with two staff members physical assist for toilet use on no less</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>than 3 occasions in the 7-day assessment period. This MDS also documents R50's balance during transitions for moving on and off the toilet and moving from seated to standing position documents R50 is not steady, only able to stabilize with staff assistance.</p> <p>On 3/11/22 at 3:14 pm, V20 (Minimum Data Set Coordinator) stated, "If a resident has 3 or more occasions of needing a certain level of assistance in the 7-day assessment period, we code the MDS for that highest level. (R50) had (more than 3) occasions of needing 2-person assist for transfers during the 7-day assessment period."</p> <p>The facility's report titled "Incident Report, Witnessed Fall" dated 2/28/22 at 5:00 PM documents under "Incident Description," (R50) in common shower/bathroom. (R50) lying on back right in front of toilet with left arm folded across chest and right arm lying against right side. Legs straight out. Active bleeding from back of head. Skin tear to left posterior arm. (R50) unable to give description of incident."</p> <p>R50's Nursing Note dated 2/28/22 at 5PM documents, "At 4:40 pm, Aide reported resident was being toileted in shower room and hit (R50's) head upon falling. Resident was awake but not responding to staff initially when first approached. VS (vital signs) Taken, (blood pressure) 137/80, T (temperature) 98.1, POX (blood oxygen saturation) 94 % (percent) on 5L O2 (oxygen), RR (respiratory rate) 18, HR (heart rate) 74. Laceration to the back of head, with moderate amount of blood noted. Pressure applied to back of head to stop bleeding while maintaining resident still. + ROM (range of motion intact) in all extremities noted. Son notified and requested resident be taken to hospital to be evaluated.</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>Resident sent to ER and awaiting further info at this time."</p> <p>On 3/10/22 at 2:14 PM, V16 (Certified Nursing Assistant/CNA) stated, "I took (R50) to the bathroom, and I used the sit to stand mechanical lift. I was the only staff member working with (R50) at that time. We only use one person to take (R50) to the bathroom. (R50) completed her toileting and (R50) stood up and I was wiping her buttocks and (R50) slid out of the sling (stabilizing belt to be applied, adjusted, and tightened by staff) and fell to the floor." V16 further stated, "I was never told (R50) was a two person assist, I always took (R50) to the bathroom by myself."</p> <p>R50's Care Plan, with the revision date of 2/21/2021, documents (R50's) "ADL (activities of daily living) self-care performance deficit related to Heart disease, Impaired balance. Toilet Use: (R50) requires (limited assistance) by 1 staff for toileting."</p> <p>On 3/10/22 at 2:30 PM V2 (Director of Nurses/DON) confirmed (R50's) care plan was not updated and should reflect the correct information as the MDS did on 2/25/22.</p> <p>R50's Hospital report dated 2/28/22 documents (R50) was seen in the emergency department for a Scalp Laceration and Accidental Fall. Scalp lacerations required 5 staples to the head, do not get wet and have primary physician remove staples in 10 -14 days.</p> <p>The facility's "Fall Prevention Program" with revision date 11/21/17 documents: "Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs</p> | S9999 | | |

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| S9999 | Continued From page 5 of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary." "B" | S9999 | | |