

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220
---	---

(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 Complaint Investigation 2244499/IL147787 2244557/IL147854	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220
--	---

(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>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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, record review, the facility failed to provide appropriate interventions with adequate assistance to prevent falls for one of six residents (R2) reviewed for falls in the sample of 8. This failure resulted in R2's fall sustaining a laceration requiring 2 sutures and requiring hospitalization.</p> <p>Findings Include:</p> <p>R2's Face sheet printed 6/15/22 documents diagnoses to include Acute Respiratory Failure, Abnormal Gait, Shortness of Breath, Trans</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220
--	---

(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>Ischemic Attack, Unsteadiness, Muscle Weakness.</p> <p>R2's care plan-initiated date 4/4/2019 documents R2 is at risk for falls related to deconditioning, incontinence, psychoactive drug use, vision/hearing problems. Transfers-extensive staff x2, R2 requires two staff participation with transfers. R2's Care Plan also documents R2 is at risk for complications related to anticoagulant therapy initiated 12/31/20.</p> <p>R2's Minimum Data Set, (MDS) dated 5/17/2022 documents R2 has moderate cognitive impairment, requires extensive assist with ADLs (activities of daily living), and Substantial/maximum assist with sitting to standing.</p> <p>R2's MDS dated 10/19/2021 documents "Roll left and right: The ability to roll from lying on back to left and right side and return to lying on back on the bed. R2 requires substantial maximum assistance. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. R2 requires substantial maximum assistance. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. R2 requires substantial maximum assistance.</p> <p>R2's fall risk assessment dated 6/8/22 at 11:28AM, documents R2's score of 30.0, high risk for falls.</p> <p>R2's progress note dated 5/6/2022 5:20 AM, documents R2 sent out related to witnessed fall. Aide stated that she went in the resident's room to check to see if she was wet and needed to be changed. Aide stated that the R2 was in her</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220
--	---

(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>recliner and that she put her shoes on so she could stand her up and pull her briefs and pad from underneath her and after putting clean pad under R2, R2 sat back down and was at the edge of the recliner and slid down out of the recliner chair. R2 has 2 large skin tears to right lower leg and right elbow. R2 had a lot of bleeding. Pressure applied to areas. This writer called another nurse to come up and help with R2. Ambulance arrived around 5:20 AM. POA (Power of Attorney) already notified.</p> <p>R2's progress notes dated 5/6/2022 at 1:15 PM, document Skin/Wound Note Text: R2 returned from hospital with 2 sutures to left calf area, skin tear with steri strips to other part of skin tear measures 15x 9x 0.1 cm this nurse cleanse and rewrapped site. Also skin tear to right elbow steri strips intact measures 6.5 x 4.6x0.1 cm. tx orders until healed.</p> <p>R2's progress notes dated 6/8/2022 at 7:49AM, documents R2 sustained a witnessed fall. According to facility fall log, V10 (Certified Nurse Aide/CNA), stated that R2 rolled over in bed too far during peri care and fell out of the bed. V10 said it happened so fast she couldn't keep R2 from falling over side of bed.</p> <p>R2's progress notes dated 6/8/2022 at 7:49AM, document CNA reported that R2 rolled out of bed when she was changing her adult brief and providing peri care. R2 had laceration and swelling to head, LLE (left arm and left lower extremity). CNA reported this around 6:50AM, EMS (Emergency Medical Services) called and R2 sent to hospital.</p> <p>R2's progress notes dated 6/13/2022 10:36PM, document R2 returned from hospital. According</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220
--	---

(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>to R2's progress notes R2 has bruising to most of body. Laceration to right forehead, skin tear to left upper arm. Laceration to right forearm, laceration to right shin, laceration to left shin, hematoma to bilateral knees, skin tear to toe on left foot.</p> <p>On 6/10/2022 at 11:00 AM, V8 (Certified Nursing Assistant/CNA) stated, "I was here the morning when R2 rolled out of bed. When I came in her room, R2 was on her right side on the right side of the floor. V10 was with R2 when she rolled out of bed."</p> <p>According to fall reports dated 5/6/2022 and 6/8/2022, one person was assisting in care for R2.</p> <p>On 6/14/2022 at 8:30 AM, R2 stated, "I am ok. I fell twice. I don't know who was here. I don't want to get anyone in trouble, but I do know it was only one girl both times I fell. When I fell out of bed, I think I was pushed. I can't roll in these beds, so I had to have been pushed to have gotten out of the bed."</p> <p>On 6/14/2022 at 9:30AM, V9 (Certified Nursing Assistant/CNA) stated, "V10 was working with R2 when R2 rolled out of bed. V10 is one of the best staff we have. She's been here a long time. When I came into the room, R2 was on floor on her right side on right side of the bed. We usually can use 1 CNA for peri care on R2. R2 can help a little bit."</p> <p>On 6/14/2022 at 9:35AM, V8 stated, "We just started using 2 people to turn R2 since this last fall. R2 always needs changed in the bed not the chair."</p> <p>On 6/14/2022 at 9:40AM, V8 and V9 (CNAs)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/16/2022
NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220		
(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 5</p> <p>provided peri care to R2. R2 has bruised right knee, bandage on right shin and gauze wrap on left leg. R2 groaned upon rolling side to side. R2 able to use grab bar on bilateral sides. V8 and V9 assisted R2 to roll far onto side for peri care, with R2 holding grab bar.</p> <p>On 6/14/2022 at 12:45PM, V9 stated, "We don't always have enough help to get 2 people to change someone. On days we need another person. What happened to R2 was an accident."</p> <p>On 6/14/2022 at 8:33AM, V2 (Director of Nursing/DON) stated, "R2 is able to assist with peri care and transfers. She can pivot a little from wheelchair to bed or vice versa. She can help to hold herself when she needs to roll. Even though the care plan says she needs 2 assist, one person can do it."</p> <p>On 6/14/2022 at 12:15PM, when asked how many assist is R2, and V2 stated "She needs 2 people. The CNAs use 2 people to assist R2."</p> <p>Facility Fall Policy dated 2/2021, documents, 1. At the time of admission/readmission the Fall Risk Data Collection and Fall Risk Questionnaire will be completed.</p> <p>2. Thereafter the Fall Risk Data Collection should be completed, with MDS schedule including quarterlies, annuals and significant change/correction assessments.</p> <p>3. Residents found to be at high risk or falls are placed on S.A.F.E. (Safety Assessment, Fall prevention and Education) program and specific interventions are implemented o meet individual needs.</p> <p>4. Resident representative will be notified of placement of the resident on the S.A.F.E. program and interventions the facility is implementing related to the resident's high risk or</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220
--	---

(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 6 falls. As updates occur the resident representative will continue to be notified. (B)	S9999		