

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001721	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/07/2022
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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN BUEHLER MEMORIAL HM.	STREET ADDRESS, CITY, STATE, ZIP CODE 3415 NORTH SHERIDAN ROAD PEORIA, IL 61604
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Z 000	COMMENTS  Complaint Investigation 2225237/IL148687	Z 000		
Z9999	FINDINGS  Statement of Licensure Violations:  300.690a) 300.690b) 300.690c) 300.1210b)5) 300.1210c) 300.1210d)3) 300.1210d)6)  Section 300.690 Incidents and Accidents  a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.  b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.  c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695,	Z9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1</p> <p>notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.1210 General Requirements for Nursing and Personal care</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. Restorative measures shall include, at a minimum, the following procedures:</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>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</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to report and document a change in resident condition/incident, failed to safely transfer and failed to notify the State Office within 24 hours after injuries - rib and arm fractures of unknown origin were found for one resident R1 of three residents reviewed for injury of unknown origin.</p> <p>Findings include:</p> <p>Facility Policy/Physician Notification For Change In A Resident's Condition dated 12/14/2010 documents: A Change in condition may include, but is not limited to the following:</p> <p>4. New onset of pain/increase in existing pain symptoms</p> <p>Facility Policy/Quality Assurance/Quality Improvement for Falls; Nursing Center Policies on documenting falls/incident reports/accident</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>investigations (undated) documents: A fall is defined as any time a resident is found on the floor and it was not the resident's intention to be on the floor. All "falls" that occur in the nursing center are investigated by the nurse on duty. Facility Policy/Safe Resident Transfers (undated) documents: Any assisted transfer requires the use of a gait belt.</p> <p>Current Physician's Order Sheet indicates R1 was admitted to the facility on 11/14/18, was 99 years old in January 2022, has current diagnoses of Dementia and - as of 7/3/22 -diagnosis of left humerus neck fracture and left 9th and 10th rib fractures.</p> <p>Progress Note dated 7/2/22 at 1pm indicates pain management provided for R1 due to complaints of back pain. Progress Note dated 7/3/22 at 8am indicates "No complaints of discomfort, up for breakfast." Progress Note dated 7/3/22 at 130pm indicates R1 with "Complaints of left side pain, V7, Family took to ED (Emergency Department)." Progress Note dated 7/3/22 at 5:50pm indicates R1 returned from hospital ED with diagnoses of two broken ribs and broken left arm (humerus). Progress Note dated 7/4/22 at 4am indicates R1 asleep all shift "Terrible pain" gave Tylenol." Progress Note dated 7/5/22 at 6am indicates R1 sleeping all shift; upon get up R1 crying and guarding ribs.</p> <p>Hospital ED Radiology Report dated 7/3/22 at indicates R1 diagnosed with left humerus neck fracture and fractures of left 9th and 10th ribs.</p> <p>No documentation or assessments of R1, R1's</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>pain or possible cause of fractures found on 7/3/22.</p> <p>On 7/6/22 at 11:55am R1 was seen sitting in a wheelchair. R1 appeared alert but frequently closing her eyes and unable to answer questions appropriately. R1 stated "No - I don't hurt. Just pain. I love pain. I love you."</p> <p>Physician's Note dated 7/1/22 indicates R1 has progressive memory impairments consistent with Alzheimer's Dementia and is oriented to person only. Note indicates R1 is known to have Osteoarthritis with gait disturbance and ambulates with the use of a walker.</p> <p>On 7/4/22 at 9am V7, Family stated that on 7/3/22 she was visiting R1 about 1:30pm and R1 was dressed in bed. V7 stated that she was trying to help R1 sit up and when she grabbed R1's arm, R1 yelled out in pain. V7 stated that she then tried to put her arm around R1's waist and R1 again yelled out in pain. V7 stated that she went to the nurse who stated she could take R1 to the hospital.</p> <p>On 7/6/22 at 2:30pm V5, CNA (Certified Nurse Assistant) stated that (on 7/2/22) R1 was on the floor in her room with a pillow and a blanket - when V5 started her shift. V5 stated that she asked a "nightshift CNA" why R1 was on the floor and was told that R1 sleeps on the floor at night sometimes and that it was "not unusual." V5 stated that the nightshift CNA had told the night nurse that R1 was on the floor but V5 stated that she did not report R1 being on the floor to V3 - R1's assigned dayshift nurse. V5 stated the nightshift CNA told V5 to just "go ahead and get (R1) up." V5 stated that R1 was in pain when she tried to get R1 up, so she changed R1's</p>	Z9999		
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Z9999	<p>Continued From page 5</p> <p>incontinent pad on the floor. V5 stated that she wasn't quite sure how she was going to get R1's "top part" changed because of R1 being in pain. V5 stated she managed to get R1 sat upright "on the floor" and changed her top. V5 stated that she then "picked up R1 off the floor by herself and demonstrated how she picked R1 up - holding her arms out like in a "cradling position." V5 stated she picked R1 up off the floor by herself and set R1 on the walker seat. V5 stated that she usually asks for help - especially if someone is on the floor - but R1 was so little she just picked her up without help. V5 stated that she was concerned R1 was hurt "because of (R1) complaining of pain - which is unusual" and that's why she changed her on the floor.</p> <p>On 7/6/22 at 2:15pm V4, CNA stated that she took over care for R1 after breakfast on 7/3/22 and told the nurse (V3) there was something wrong with R1 "When I was getting (R1) up for lunch she couldn't open her eyes." V4 stated that after checking on R1, V3 agreed there was something wrong. V4 stated they took R1 to the bathroom, got a wheelchair and took R1 to lunch. V4 stated that after lunch, R1 was assisted back to bed and complained of back pain.</p> <p>On 7/6/22 at 2:00pm V3, LPN (Licensed Practical Nurse) stated she was R1's assigned nurse on 7/2/22 and 7/3/22.</p> <p>V3 stated R1 complained of back pain on 7/2/22 and was given Tylenol (analgesic). V3 stated that R1 was walking with her walker on both 7/2 and 7/3 and on 7/3/22 did not complain of pain. V3 stated that there were no reports of R1 falling and she was aware R1 lays on the floor during the night "at times." V3 stated V5 did not report R1 complaints of pain or V3 picking R1 up off the floor by herself.</p>	Z9999		
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Z9999	<p>Continued From page 6</p> <p>On 7/6/22 at 2:45pm V2, DON stated that V5 should have notified V3, LPN on 7/2/22 when R1 was on the floor and complaining of pain. V2 stated it is unsafe for staff to pick a resident up off the floor by themselves and risked further injury. V2 acknowledged V5 used poor judgment in not reporting to the nurse and transferring R1 in an unsafe manner. V2 also stated that she did not report R1's injuries to the State Agency (within 24 hours) because she was still investigating and didn't know how R1 was injured.</p> <p>State Incident Report Form RE: R1 incident of 7/3/22 time stamped 7/6/22 at 4:09pm sent by facsimile.</p> <p>(A)</p>	Z9999		
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