

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011464	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/21/2022
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NAME OF PROVIDER OR SUPPLIER SNYDER VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST PARTRIDGE METAMORA, IL 61548
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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
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.690 b)c) 300.690 c) 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. 300.690 Incidents and Accidents 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, notify the Regional Office by phone only. For the	S9999		
			Attachment A Statement of Licensure Violations	

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>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>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the State Agency of a fall with significant injury for one of two residents (R18) reviewed for hospitalization in the sample of 27.</p> <p>Findings include:</p> <p>The facility's Fall Risk Prevention and Monitoring Policy, no date available, documents, "The DON (Director of Nursing)/Interdisciplinary team will formulate the investigation and summary and report to the State Agency for all incidents with major injury."</p> <p>R79's Safety Event Fall report, dated 3/7/22, documents, "(R79) fell out of wheel chair at approximately 8:00pm. (R79) had a laceration on forehead with a hematoma. (R79) sent to local hospital."</p> <p>R79's Emergency Room Provider notes, dated 3/7/22, documents, "Tonight, (R79) accidentally slipped out of her wheelchair and fell forward bumping her forehead against the ground. She appears to have sustained a laceration to her</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>forehead." The notes also document the following results of R79's CT (Computerized Tomography) scan: "Subarachnoid hemorrhage within the medial portion of the left frontal lobe."</p> <p>R79's Emergency Room After Visit Summary, dated 3/7/22, documents, "Reason for visit: Fall, Head Injury. Diagnoses: Subarachnoid hematoma, laceration of forehead, traumatic hematoma of forehead."</p> <p>R79's Medical record has no documentation of the facility notifying the State Agency of R79's fall with a major injury on 3/7/22.</p> <p>On 4/20/22 at 3:24 PM, V2 (Director of Nursing) stated, "We did not notify the State Agency of (R79's) fall on 3/7/22."</p> <p>(C)</p>	S9999		