

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015473	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2022
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NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT QUINCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET QUINCY, IL 62301
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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	S 000		
S1505	<p>Investigation to Facility Reported Incident of 12/1/22 - IL154213</p> <p>Section 340.1505 Medical, Nursing and Restorative Services</p> <p>This Regulation is not met as evidenced by: Statement of Licensure Violations:</p> <p>340.1300a) 340.1505b)5) 340.1505c) 340.1505g)</p> <p>Section 340.1300 Facility Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. 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 the facility's advising physician or the medical advisory committee, as evidenced by a dated signature.</p> <p>Section 340.1505 Medical, Nursing and Restorative Services</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive care plan. Adequate and properly supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.</p>	S1505	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Attachment A
Statement of Licensure Violations
TITLE

(X6) DATE

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S1505	<p>Continued From page 1</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities 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 care plan.</p> <p>g) All necessary precautions shall be taken to assure that the resident's 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 interview and record review, the facility failed to follow care planned interventions to safely transfer a resident who requires mechanical assistance with transfer and ensure that staff were knowledgeable of a resident's care plan and fall safety interventions for one of three residents (R1) reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>The facility's Fall Management Program policy, dated 11/2017, documents "6. If a resident is determined to be a fall risk, implement person centered fall precautions. Communicate person centered fall precautions with resident, interdisciplinary team, and significant other if applicable."</p> <p>The facility's Care Plan policy, dated 4/2020,</p>	S1505		

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S1505	<p>Continued From page 2</p> <p>documents "d. Interventions/Discipline (Position) - Specific, individualized steps or approaches to assist the resident in achieving the stated goal(s). The approaches serve as written instructions to each discipline(s) or staff position to provide resident care and enhance continuity of care. Interventions specific to resident care by direct care staff/ (Nursing assistants) will be reflected on the (Chart)." This policy also documents "7. The baseline/final comprehensive plan of care will be available to all staff caring for the resident's needs electronically through the EHR (electronic health record)."</p> <p>The facility's mechanical (sit to stand) lift policy dated 8/2018, documents "Always operate the lift with at least 2 or more staff." This policy also documents "Fasten the straps (if fitted) by pushing the buckle together; ensure the straps are loose and not twisted when they are fastened. Adjust the strap until firm but comfortable by pulling the outer strap through the buckle. The strap will assist in supporting the resident in the sling during the lifting procedure. The (sit to stand lift) is equipped with an optional leg fixation strap. An assessment must be made for each individual resident being raised by the (sit to stand lift) as to whether the resident requires the lower leg straps when using the standing sling. Do not attempt to release the strap while the resident is supported by the sling. If the lift is equipped with a buckle strap it must be used."</p> <p>R1's Current Care Plan, dated 12/20/22, documents "The resident has an ADL (Activities of Daily Living) self-care performance deficit related to Osteoarthritis, recent Cerebral Vascular Accident, chronic pain, lower extremity weakness, impaired balance, dystaxic gait, and post Guillain-Barre Syndrome. Acute right femur/knee</p>	S1505		
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S1505	<p>Continued From page 3</p> <p>fractures. Transfer: Total assist. Full Mechanical Lift with two staff at all times. Date initiated: 06/12/2017." This same care plan also documents "The resident is at risk for falls related to bilateral lower extremity weakness, chronic lower back pain, impaired balance, psychotropic drug use, opioid use, and history of falls. Interventions: Ensure that the resident is wearing appropriate footwear when ambulating or mobilizing in wheelchair. Nonskid shoes/socks. Call light and other needed items within reach. Staff to utilize leg belt when transferring on lift. Date revised: 11/12/21."</p> <p>R1's Incident form narrative, dated 12/2/22 and signed by V2 (Director of Nursing), documents R1 suffered a fall while being transferred on 12/1/22. This form documents R1 was sent out to the hospital where "X-rays of the right leg showed an acute impaction fracture of the distal right femoral metaphysis and resident was admitted to the hospital for further evaluation and orthopedist consultation."</p> <p>On 12/19/22 at 10:30 AM, V2 stated "When the fall occurred, another aide (V5, Certified Nursing Assistant, CNA) that was working asked the CNA (V3) to get (R1) up because (R1) was being "mean" to her that day. Because (R1) had been mean towards (V5), she didn't go in and assist with the transfer. (V3) did the (sit to stand) transfer by himself. (R1) had those yellow foam boots on and not appropriate footwear. The leg strap on the lift was not secured like it should be. When his left leg slipped, all of his weight transferred to his right leg and the fracture was a compound impact fracture caused by the weight on the bones." V2 stated R1 had surgery on his right knee on 12/16/22 and is still in the hospital at this time.</p>	S1505		

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S1505	<p>Continued From page 4</p> <p>On 12/19/22 at 12:49 PM, V4 (Licensed Practical Nurse) confirmed working the morning that R1 fell while being transferred. V4 stated "I was in with another resident, and I heard someone hollering. I seen (sic) it was in (R1's) room. His buttocks was on the floor and his legs were out to the side. The back strap of the mechanical lift was in place but the bottom strap on his legs was not. The CNA (V3) said one leg slid out and the resident went unresponsive for a second. When I got in there (R1) was alert and both legs out to the side, scissored. Right leg and knee range of motion caused (R1) pain and we didn't do any further movement. With the (mechanical) lift (R1) should have had two staff assisting him. Gripper socks should be on but not his foam boots, those should be off for transfers, and the mechanical lift leg strap should've been strapped."</p> <p>On 12/20/22 at 12:57 PM, V3 (Certified Nursing Assistant, CNA) confirmed being the CNA who transferred R1 at the time of his fall. V3 stated "I don't normally get (R1) up in the mornings. (R1) is not my normal patient. I didn't know he had a decline. I do know we should always have two people assist with lift transfers. We just don't have the staff. I was not familiar with (R1's) care plan specifics. We are so short staffed; I have never been able to read a care plan. There's no time for that. I didn't feel familiar with R1 and was made to get him up that morning because (V5, CNA) pushed me into it when she didn't want to."</p> <p>(A)</p>	S1505			