

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005946	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2023
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NAME OF PROVIDER OR SUPPLIER MCLEAN COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH MAIN NORMAL, IL 61761
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S 000	Initial Comments	S 000		
S9999	<p>Investigation of Facility Reported Incident of 11-15-2022/IL153961</p> <p>Final Observations</p> <p>Statement of Licensure Violation: 300.610a) 300.1210a) 300.1210b)5) 300.1210d)6) 300.1220b)3)</p> <p>Section 300.610 Resident Care 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 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>and psychosocial needs that are identified in the resident's comprehensive assessment, which 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. 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>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>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These Regulations are not met as evidenced by:</p> <p>Failures at this level required more than one deficient practice statement.</p> <p>A. Based on observation, interview and record review, the facility failed to complete a safe transfer from the wheelchair to the recliner by ensuring proper foot placement during the transfer for one of three residents (R1) reviewed for falls on the sample list of three. This failure resulted in R1's foot getting caught on an unidentified object during the transfer and sustaining a spiral fracture of the left tibia.</p> <p>B. Based on observation, interview and record review, the facility failed to complete a fall investigation/root cause analysis, implement new</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>post fall interventions, and complete fall risk assessments per facility policy for two of three residents (R2, R3) reviewed for falls on the sample list of three.</p> <p>Findings Include:</p> <p>a.) On 1/3/23 at 10:52 am, R1 was sitting up in R1's wheelchair across from nurses' station with a cast to the left foot/lower leg. R1 stated R1 had an accident about six weeks ago when two unidentified staff, one male and one female, transferred R1 from the wheelchair to the recliner. R1 explained, "we must have turned the wrong way though because my shoe got caught up on the recliner, my other foot or something, twisting it and I immediately had pain in my left heel."</p> <p>R1's MDS (Minimum Data Set) dated 10/6/22 documents R1 is alert and oriented.</p> <p>R1's Progress Notes dated 11/16/22 by V6 LPN (Licensed Practical Nurse) documents R1 is complaining of severe pain to the left ankle and foot and states it hurts when leg is moved or lifted. R1 states "(R1's) foot was twisted when transferred yesterday." R1 has been crying and yells out in pain. Swelling and tenderness noted. V11 Physician notified and x-ray requested.</p> <p>R1's left ankle x-ray dated 11/16/22 documents "an oblique lucency is partially visible involving the distal third of the tibia. This may represent a nondisplaced oblique fracture." A dedicated tibia and fibular study may be helpful.</p> <p>R1's left tibia and fibula x-ray dated 11/17/22 documents "a spiral fracture of the distal third of the tibia is identified. Minimal displacement noted. A distal fibular fracture cannot be excluded."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1's Progress Notes dated 11/23/22 document R1 was seen by V10 Orthopedic Physician and returned to the facility with a cast to the left lower extremity due to a distal third tibia fracture with orders to be non-weight bearing and to elevate for swelling.</p> <p>On 1/3/22 at 2:18 pm, V9 Restorative CNA (Certified Nursing Assistant) stated prior to R1's fracture, R1 required a partial weight bearing mechanical lift and when assessing R1's transfer status, "(R1) needed help getting I think (R1's) left leg up on the platform and placed correctly". V9 stated, "if (R1's) feet were on the {lift} platform correctly, they couldn't have gotten caught on anything. Staff must not have made sure (R1's) feet were not planted correctly on the platform." V9 stated since R1's fracture and non-weight bearing status to the left lower extremity, R1 now uses a full weight bearing mechanical lift for transfers.</p> <p>On 1/4/23 at 9:20 am, V14 (V10's Nurse) stated R1 is being seen by V10 for a non-displaced spiral fracture of the left tibia shaft. When first seen on 11/23/22, R1 presented with ankle pain and swelling. R1 reported to V10 that the injury was caused by R1's foot twisting during a transfer with a lift on 11/15/22, when R1's foot got caught on something. This type of injury is seen with a twisting injury, so it aligns with R1's story. Staff should have been more careful and aware of R1's foot placement. This definitely could have been prevented.</p> <p>On 1/4/23 at 10:38 am, V4 CNA (Certified Nursing Assistant) stated V4 was assigned to R1 on 11/15/22, the day R1 claims R1's foot was twisted during the transfer. V4 stated V4 has</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>provided cares to R1 for years and has never had a problem with R1. V4 stated R1 did not complain of any foot, ankle or leg pain at the time of transfer and that V4 isn't aware of R1's foot getting caught on anything. V4 explained that R1 "doesn't bear weight good" on the mechanical lift so V4 is "always having to fix (R1's) feet because they are never on the {partial weight bearing mechanical lift} correct" explaining R1's "feet will stick out over the edge, dangling, or get a little twisted."</p> <p>b.1) The facility Fall Prevention Policy and Procedure dated 2/28/2019 documents after a fall occurs, the QA (Quality Assurance) Team will conduct a case-by-case review of all falls to ensure that medications are reviewed and prevention measures are recommended, provide assistance to the front-line staff in recommending prevention strategies for residents and assist in the development of fall prevention intervention strategies and help with the implementation. An incident investigation form will be completed as part of the QA process. The form will be used by Nursing Administration and QA team members to ensure that each incident is properly analyzed. The incident investigation will allow the QA team to identify and assess the causes of the incident and the subsequent responses and/or actions that should be taken. This will be part of the facilities ongoing QA process.</p> <p>R2's Fall Risk Assessment dated 10/27/22 documents R2 is at high risk for falls.</p> <p>R2's MDS (Minimum Data Set) dated 11/3/22 documents R2 has severe cognitive impairments and requires extensive assistance of one staff for bed mobility, transfers, and locomotion on the unit.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R2's Event Report dated 11/10/22 documents R2 sustained an unwitnessed fall and was observed scooting on the floor in the bathroom. The root cause of the fall is documented as "at risk for falls related to general weakness and history of repeated falls." Recommendations/Post Fall Interventions document: "continue current measures."</p> <p>R2's Nursing Progress Notes document the following: 1/3/23 - R2 fell at 5:20 am. The CNA (Certified Nursing Assistant) heard someone call for help which the CNA followed to reveal R2 on the floor. R2 continued to scoot around until the nurse came out of medication room. Upon assessment R2 is able to move all extremities with equal strength and ROM (Range of Motion). R2 complained of mild pain in leg or foot. R2 was assisted by the nurse and CNA into R2's wheelchair where R2 was then taken and toileted and dressed for the day.</p> <p>R2's Care Plan last updated on 1/3/23 documents R2 is at risk for falling due to impaired cognition, pain, easily fatigues, and general weakness with interventions of keep call light in reach, complete fall risk assessment quarterly, ensure appropriate footwear and that R2 is wearing glasses, encourage to stand slowly, increase toileting frequency, and observe frequently/place in supervised areas when out of bed as R2 allows. This care plan has an intervention dated 11/14/22, {after the 11/10/22 fall} to "continue current measures" but no new post fall interventions were implemented. This care plan also has a new intervention dated 1/3/22 {after the 1/3/22 fall} that documents "room move".</p> <p>On 1/3/23 from 9:30 am - 4 pm, and 1/4/22 from</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>8:30 am - 11:00 am, R2 was observed sitting either in a wheelchair or a recliner on hallway XXX.</p> <p>On 1/4/23 at 10:30 am, V2 DON (Director of Nursing) stated V1 Administrator has IDT (Interdisciplinary Team) Notes from where the IDT discusses resident falls that would have the root cause of the fall documented on due to the Event Report not having it documented for the 11/10/22 fall.</p> <p>On 1/4/23 at 10:48 am, V2 stated V1 did not have an IDT Note for R2's 11/10/22 fall showing that R2's fall was investigated. V2 also confirmed that no new interventions were implemented after R2's 11/10/22 fall. At this time, V2 stated the facility has already determined an intervention based on R2's fall on 1/3/22, and it's already been care planned. V2 explained R2 is to be moving from XXX hall into a different room on the YYY hall, "where we {facility} feel (R2) is more appropriate for but haven't done it yet" {more than 29 hours after the incident}.</p> <p>2) R3's ongoing Census Sheet documents R3 was admitted to the facility on 12/2/22.</p> <p>R3's Medical Record contained one Fall Risk Assessment completed on 12/23/22, after R3 fell and sustained a head laceration.</p> <p>On 1/4/22 at 2:21 pm, V2 DON (Director of Nursing) stated Fall Risk Assessments are to be completed upon admission, quarterly and annually. V2 checked R2's medical record and stated, V2 "unfortunately don't see where (R3) had a fall risk assessment completed upon admission."</p>	S9999		

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S9999	Continued From page 8 The facility Fall Prevention Policy and Procedure dated 2/28/2019 documents a staff nurse is responsible for completing a fall risk assessment on a resident upon admission to the facility, then further assessments will be completed upon changes in condition, quarterly and annually. (A)	S9999		