

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009823</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/04/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARCOLA HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>422 EAST FOURTH STREET ARCOLA, IL 61910</b>
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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 Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6</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>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.</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> Statement of Licensure Violations</p>	

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>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 and record review the facility failed to use a gait belt during a resident's transfer and ambulation to prevent a fall for one (R40) of three residents reviewed for falls in the sample list of 44. The fall resulted in R40 sustaining a skin tear in the right arm.</p> <p>Findings include:</p> <p>The facility's Fall Prevention policy with a revised date of 11/10/18 documents, "Policy: To provide for resident safety and to minimize injuries related to falls; decreases falls and still honor each resident's wishes/desires for maximum independence and mobility." "Fall Prevention Interventions:" "11. Transfer with proper number of assist and gait belt."</p> <p>R40's Fall Risk Assessment dated 5/21/23 documents R40 is at risk for falls. The next Fall Risk Assessment was not completed until 9/27/23 which documents R40 is not at risk for falls even though R40 had falls on 9/6/23 and 9/27/23.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 10/2/23 at 11:00 AM, R40 was in R40's room in R40's wheelchair watching television. R40 stated that R40 fell in R40's room and hurt R40's back when R40 fell.</p> <p>R40's Nurse Progress notes dated 9/6/23 at 2:30 PM documents R40 fell in R40's room. This note documents R40 was in R40's wheelchair and stood up to try to hang up a sweater in the closet and R40's knees gave out and R40 fell. R40 sustained a skin tear to the right arm. The intervention developed for this fall was to educate R40 to ask for assistance.</p> <p>R40's Nurse Progress notes dated 9/27/23 at 5:42 AM documents at 4:30 AM, R40 lost R40's balance walking to the bathroom. This note documents V14 Certified Nursing Assistant (CNA) was with R40 but could not catch R40 because the privacy curtain got in the way. This note documents R40 complained of back pain, ambulance called and R40 transported to the hospital.</p> <p>R40's Minimum Data Set (MDS) dated 7/16/23 documents R40 requires extensive assistance of two staff for transfers and is not steady walking and moving from a seated to standing position. R40's Care Plan with a revision dated of 6/21/23 documents R40 had an actual fall with interventions to educate to ask for assistance dated 8/28/23 and to sit on the side of the bed until dizziness subsides dated 9/27/23.</p> <p>On 10/4/23 at 11:05 AM, V2 Director of Nursing stated that R40 should be walked with a gait belt and assistance of at least one staff member. V2 stated V2 does not know if R40 had a gait belt on during the fall on 9/27/23.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 10/4/23 at 1:51 PM, V14 CNA stated that V14 did not have a gait belt on R40 when R40 fell. V14 stated that R40 had gotten R40's self out of bed and had started walking to the bathroom when V14 came in R40's room. V14 stated V14 went to help R40 but did not put a gait belt on R40 and R40 lost R40's balance and V14 could not catch R40. V14 stated that R40 complained of back pain and the nurse assessed R40 and sent R40 to the Emergency Room.</p> <p>On 10/4/23 at 1:59 PM, V13 R40's Physician confirmed there was a fracture of the T12 vertebrae but it could not be determined if it was a new fracture or an old fracture. V13 stated that since R40 was not in excruciating pain and is back to R40's baseline it was most likely an old fracture that was irritated by the fall.</p> <p>(B)</p>	S9999		