

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003321	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2023
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NAME OF PROVIDER OR SUPPLIER FREEBURG CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 746 URBANNA DRIVE FREEBURG, IL 62243
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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)	(X6) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	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>comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental 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.</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 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</p>	S9999		
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S9999	<p>Continued From page 2 and assistance to prevent accidents.</p> <p>These Requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement progressive fall interventions, in 1 (R87) of 9 residents in the sample of 42. This failure resulted in R87 falling and sustaining a femur fracture and head laceration and being sent out to local hospital.</p> <p>Findings include:</p> <p>R87's Face sheet documents, an admission date of 2/21/2023. Diagnosis include Dementia, Displaced Fracture of Lesser Trochanter of Left Femur, Subsequent Encounter For Closed Fracture With Routine Healing, Unsteadiness, Weakness.</p> <p>R87's Minimum Data Set, MDS, dated 5/27/2023 documents, R87 is severely cognitively impaired. MDS dated 5/30/2023 documents, R87 requires limited assist of 1 person for transfers and ambulation.</p> <p>R87's Care Plan dated 3/9/2023 documents, Physical mobility needs related to Right arm fracture and muscle weakness. Interventions include: Ambulation: R87 requires limited assistance by (1) staff to walk. Locomotion: R87 requires limited assistance by (1) staff for locomotion. The resident is weight-bearing, splint/sling to right upper extremity.</p> <p>R87's Fall assessment dated 5/24/2023</p>	S9999		

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S9999	Continued From page 3 documents, high risk for falls with a score of 90. Unsteady gait and history of falls. R87's fall investigation documents, on 6/6/2023 at 6:15 PM, R87 was in hallway near nurses' station in wheelchair. This nurse heard V16, Certified Nursing Assistant, CNA yell out "hey what are you doing" at that time this nurse heard a smack. This nurse got up from nurses' station and saw R87 laying on floor in hallway with head at employee breakroom door frame and legs extended outward towards hallway. R87 attempted to get up and was instructed to not move. Upon immediate assessment, this nurse had vitals obtained 132/82, 98.1, 20, 60, 98%, room air. R87 alert and oriented, noted profuse bleeding from crown of head, immediately applied pressure with cool cloths, noted decreased range of motion to left leg. R87 complained of pain to left hip. On palpation R87 unable to move leg at hip joint. R87 leg made comfortable to position. During time R87 states, "What did I do wrong, what happened" "My sons are going to be so mad." R87 given care and continued to be made comfortable. Encouraging R87 to stay awake and keep eyes open. Noted Oxygen sats started to fall in low 90's, and R87 was placed on 2L Oxygen per NC, (nasal cannula), and Oxygen sats brought back up to 98%. R87 was able to follow questions, continued to answer her name and birth date, today's date, answered questions appropriately. Emergency Medical Services, (EMS), arrived and R87 was transferred from floor to stretcher via 2 EMS and this Nurse. Power of Attorney, (POA), Director of Nursing, (DON), made aware of fall. R87's History & Physical dated 6/6/2023 documents, Nursing Home resident. Fell out of wheelchair. Hit head on the back and developed	S9999		

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S9999	<p>Continued From page 4</p> <p>a laceration. Brought to the Emergency Room. Work up for intracranial abnormality. Head laceration stapled. Acute comminuted moderately displaced left proximal femoral intertrochanteric fracture found. Ortho consulted. R87 complaining of leg pain. Otherwise, unable to provide history due to dementia.</p> <p>On 9/21/2023 at 3:00 PM, V1 stated, I know falls are a problem. For a while we had a lot of agency and agency staff don't know the residents as well. We are slowly reducing our number of agency and hiring our own staff again.</p> <p>On 9/21/2023 at 1:10 PM, V13, LPN, stated, I was working the evening R87 fell. She was out of her wheelchair, and I heard the CNA, say "(R87) what are you doing?" Then I heard the worst sound I have ever heard in my life. She hit her head and it was bleeding profusely. We started treating her head wound and talking to her. She complained of pain in her left hip. She had seemed off that day and we found out later, she had a Urinary Tract Infection, (UTI). Unsure if R87 had a history of falls.</p> <p>On 9/21/2023 at 2:25 PM, V16, CNA, stated, I was in the hallway helping another resident and R87 was propelling in the hallway. I saw her get up and I said, "What are you doing?" and she fell and hit her head on the railing. Everyone ran to help her and get towels for the blood. R87 was one to get up on her own.</p> <p>On 9/22/2023 at 8:10 AM, V17, Nurse Practitioner, (NP), stated, she would've expected progressive fall interventions to be in place, regarding a resident with a history of falls.</p> <p>Fall policy undated states "(Facility name), will</p>	S9999		

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S9999	Continued From page 5 make a good faith effort to fulfill regulatory and person-centered standards to reduce risk factors for falling. The process of reducing fall risks includes the creation of an individualized care plan. For purpose of this policy and protocol, "fall" is defined as an unintentional change of plane from a higher to a lower position that is not the result of an external force." (A)	S9999		