Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001838	A. BUILDING: ______ B. WING ______	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYBERG, THE	625 EAST MONROE STREET CUBA, IL 61427

(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 Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 c) 300.1210 d)6) 300.1220 b)3) Section 300.1210 General Requirements for Nursing and Personal Care 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. Section 300.1220 Supervision of Nursing Services	S9999	Attachment A Statement of Licensure Violations	

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

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b) The DON shall supervise and oversee the nursing services of the facility, including:

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.

These requirements are not met as evidenced by:

Based on interview, observation, and record review, the facility failed to ensure fall prevention interventions were in place and new fall prevention interventions were implemented following a fall for one of one resident (R31) reviewed for falls in the sample of 26. As a result, on 09/13/22, R31 was witnessed ambulating barefoot, and subsequently slipping and falling. R31 was transported to a local hospital for evaluation where she was diagnosed with sustaining a left clavicle fracture and a fracture of the left distal radius during the fall.

Findings include:

R31's current Fall Risk Assessment (dated 02/16/23) documents a score of 70, indicating R31 is at high risk for falling.

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R31's current Fall Prevention Care Plan documents the following: "I have a history of falls related to poor safety awareness, impaired gait." This same care plan documents the following interventions: "Ensure that I am in the eyesight while awake (date initiated 05/04/22); Ensure that I am wearing shoes or non-skid socks when ambulating and at HS (bedtime) (date initiated 10/11/19); Please keep the door to my room open so that staff can check on me (date initiated 05/06/22); Staff to ensure area at bedside free of clutter (date initiated 04/29/20)."

On 02/27/23 at 12:10 PM, R31 was utilizing her walker near the front entry to the building. R31 was confused and approached this surveyor asking about the bathroom near the front entrance. An (elopement deterrent bracelet) was in place on R31's left ankle, and the facility's (elopement deterrent) alarm system was sounding while R31 was in close proximity to the front door. V3 (Licensed Practical Nurse) approached R31 at this time, and redirected her away from the door, and R31 began wandering down the facility's 200 hall.

R31's Fall Investigation (dated 09/13/22) documents the following: "CNA (Certified Nursing Assistant) called this nurse to resident's room at 5:40 AM. Resident was lying on the floor with walker in front of her. Assessed resident and observed skin tear. Cleaned area with wound cleaner and two steri-strips applied. Just below elbow, a puffy area that looks like fatty tissue, resident denies pain there. Resident is complaining of pain to left clavicle, she can only raise her arm part way up. Called (V11, R31's Physician) and received order to have portable x-ray done stat (immediately). Called (local x-ray company) and ordered x-ray. Resident was

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barefoot, staff needs to be sure she has on slipper socks at all times when in bed."

R31's Follow-up Reportable (dated 09/16/22) documents the following: "On 09/13/22 (R31) was in her room, the CNA (Certified Nursing Assistant) was in the room assisting roommate and observed resident fall, resident had book and dropped and appeared to try and pick it up and slipped on the book. CNA got nurse and nurse to room to assess resident. Assessment revealed skin tear left elbow and pain to left shoulder area and left lower arm area. Physician notified and resident sent to emergency room due to pain in shoulder area. In emergency room X-rays obtained left hip, pelvis, left elbow, left shoulder and left clavicle and a CT (computed tomography) of the clavicle related to not seen well on x-ray. CT showed left clavicle fracture. Resident returned to facility with sling. On 09/14/22 resident observed with darker bruising and warm to touch area to left wrist area. Physician notified and nurse requested x-ray of wrist area related to not being done in emergency room, Physician wanted resident sent back to emergency room for x-ray. X-ray showed a fracture of distal radius. Resident again returned with splint in place and follow up with orthopedic physician."

R31's Progress Note (dated 09/13/22) documents the following: "It was reported to this nurse this morning that (R31) had fallen early this morning and had increase difficulty raising her Lt (left) arm, this nurse and ADON (Assistant Director of Nursing) was assisting resident to restroom at this time and noticed that resident was c/o (complaining of) increase pain and having increase difficulty walking to restroom, upon assessment it was noted that resident had bump

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S9999	Continued From page 4 to Lt (left) shoulder with increase edema and bluish/purple discoloration to collar and neck on the Lt (left) side, resident sent to (local emergency department) for evaluation per nursing judgement to rule out possible fx (fracture), report called to (local emergency department) and HCPOA (Health Care Power of Attorney), and DON (Director of Nursing) notified of transport. (Local emergency department) called at this time to get update on resident, ER (emergency room) reported that resident had left clavicle fx (fracture) and was going to be discharged back to facility, HCPOA and DON notified of fx. Received call at this time from (local emergency department) with report on resident, she has left clavicle fx and UTI (urinary tract infection), start Keflex 500mg TID (three times per day) x 3 days awaiting culture, resident is to wear sling and apply ice off and on, and PT/OT (physical therapy/occupational therapy) to evaluate and treat, orders read back and verified." R31's Progress Note Text (dated 09/14/22): "Resident recently had fall which resulted in fracture to left clavicle. Bruising noted to left shoulder down to breast on left side. Resident also noted to have bruising down left arm. Some swelling and warmth noted to left hand/wrist. This nurse placed call to physician on call. Message left on voicemail regarding resident's hand. No x-ray of hand or wrist done in ER (emergency room) on 09/13/22. This nurse requested order for x-ray. Resident has sling in place all of this shift. Will continue to monitor resident for any changes." R31's Progress Note (dated 09/14/22) document the following: "Data: Resident had recent fall and was taken to the (local emergency department)	S9999		

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S9999	Continued From page 5 yesterday and was diagnosed with a left fractured clavicle. No x-ray was obtained of her left wrist and hand at that time. Today it was noted that her left wrist and hand were red, swollen, and warm to the touch. Action: Doctor was notified, and new order was received to send resident to either Emergency Department or Convenient Care. Due to the time the order was received at 5:00 PM, resident was taken by transport to (local emergency department) to be evaluated. Response: X-Ray to left wrist was completed and resident has a left distal radius fracture. Her arm was placed in a velcro brace. Order to follow-up was received." R31's (Local Hospital) medical records (dated 09/13/22) document the following: "Radiology Report. CT (Computed tomography) Cervical Spine. Impression: Displaced left clavicular head fracture with overlying soft tissue hematoma/contusion." R31's (Local Hospital) medical records (dated 09/14/22) document the following: "Exam: X-ray left Wrist 4 Views. Impression: Nondisplaced fracture of the left wrist." R31's Progress Note (dated 09/16/22) documents the following: IDT (interdisciplinary team) reviewed incident and agree with intervention: slipper socks on while in bed. Staff re-educated about necessity for floor mats, frequent checks, and ensuring a safe environment for resident." On 03/02/23 at 11:20 AM, V7 (Care Plan Coordinator) stated, "(R31) should not have been barefoot at the time of her fall. She already had the intervention in place for non-skid socks when ambulating and at bedtime. She should have had non-skid socks on. I am not sure why the IDT	S9999		

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S9999	Continued From page 6 note agreed with the new intervention of slipper socks, as it was already in place at the time of (R31's) fall. V7 then confirmed that in addition to no new fall intervention implemented after R31's 09/13/22 fall, R31's care plan was never updated with R31's 09/13/22 fall or any new interventions following the fall." (A)	S9999		