

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011340	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2023
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NAME OF PROVIDER OR SUPPLIER AVISTON COUNTRYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 450 WEST 1ST STREET AVISTON, IL 62216
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S 000	Initial Comments Complaint Investigation: 2342806/IL158354	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 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 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	S9999	<p>Attachment A 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	Continued From page 1 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. These Requirements Were Not Met as evidenced by: Based on record review and interview, the facility failed to ensure a 2-person assist when providing bathing and bed mobility and preventing fall for one of 4 residents (R2) reviewed for accidents and supervision. This failure resulted in R2's fall and was transferred to a local hospital after sustaining multiple skin tears to left upper arm, left lower leg and right neck, ecchymosis on the right neck, left hand and forearm. Findings include: R2's Minimum Data Set, (MDS), dated 2/2/23 documents R2's cognitive skills for daily decision	S9999		

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S9999	Continued From page 2 making is moderately impaired. R2 requires extensive assistance 2-person assist in bed mobility, transferring and bathing. No fall history documented. R2's Physician Order Sheet, (POS), dated 3/6/23-3/17/23 documents pertinent diagnoses as Age-related cognitive decline, Unsteadiness on feet, Difficulty in walking, not elsewhere classified and History of falling. R2's Care Plan dated 10/27/22 documents, R2 is at risk for falls related to glaucoma. Personal history of falls, Diabetes Mellitus, and weakness. 3/17/2023-witnessed fall out of bed with injury Interventions: 3/17/2023 documents R2 was sent to ER for evaluation; Observe for safety; Invite/escort to activities of choice as tolerated as desired; Rest periods as needed; Cues/redirect as needed, use proper assistive device wheelchair/walker as needed; Proper footwear as indicated; Clutter free environment; Call light within reach while in room and remind resident to call for assistance as needed. R2's Fall Risk Assessment dated 1/30/23, documents R2 is High Risk for Falls. R2's Fall Investigation dated 3/17/23 documents, while CNA was attempting to change resident, she reached over to grab the (Brand) incontinence underwear, and the resident, continued to roll out of the bed. The resident hit her head on the dresser next to bed. R2's face, arm, and leg have skin tears. Bruising and pain noted. R2's medical records, dated 3/17/23, documents that R2 presented to a local hospital after a fall from bed unwitnessed at nursing home. Patient	S9999		

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S9999	<p>Continued From page 3</p> <p>found on floor by staff wedged between bed and wall, Unknown if there was a loss of consciousness, (LOC). Has multiple skin tears: Left upper arm, left lower leg and right neck, has ecchymosis right neck, left hand and forearm. Patient is poor historian and oriented x 1. Brought to ER by EMS who provided history. All vital signs within normal limits except blood pressure which was 199/111 at 7:10 AM, at 8:00 BP was 157/65. Physical exam revealed- Mucous: Extremity Left Upper Extremity, (LUKE), with flexion deformity elbow, Contracture left fingers, multiple areas of chamois left elbow/forearm/hand with soft tissue swelling, (sts), neurovascular intact. No pelvic tenderness to palpitation, (ttp), or instability. Hips partially flexed and knees flexed. Unable to fully extend. No leg length discrepancy noted. NF intact lower extremities. Large skin tear distal upper arm and partially avulsed, (torn flap of skin). Left lower extremity, (LLE), with anterior skin tear with partially avulsed skin. 5 x 5 cm skin tear with avulsed skin right lateral neck with surrounding ecchymosis, no hematoma appreciated.</p> <p>Neurological: Oriented x1, repeated "What are you doing to me?" Speech is clear and fluent. Does not initiate conversation. Does not answer questions. Able to move extremities although has limit contractions.</p> <p>Psychiatric: Patient is uncomfortable and aggravated with any questions or examinations. She was upset while cleaning wounds and changing positions.</p> <p>3/17/23 X-ray, (XR), elbow Left, (LT), Exam XR hand LT, XR elbow LT, XR humerus LT Min, XR forearm LT, CT Head without Contrast and XR Chest documents some arthritic, ground glass</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>opacity in the right upper lobe, and degenerative disease but there were no fractures or intracranial hemorrhage, midline shift or mass present. There was fecal impaction.</p> <p>Summary: Discussed findings with POA, her daughter. She declines cervical collar and spine surgery follow-up for her mother. She states that her mother would not tolerate it and it would make her uncomfortable. She instead wants comfort care and would contact hospice. R2 was returned to nursing home.</p> <p>V18 (Certified Nursing Assistant/CNA), stated she was reaching for a diaper when R2 fell out of bed. It was just a fluke, because R2 normally does not move without assistance or physical guidance. R2 is a 2-person assist, but to change her in bed can be accomplished by 1 person.</p> <p>The Facility policy "Fall Management" dated July 2017 documents it is the facility's policy to assess and manage resident falls through prevention, investigation, and implementation and evaluation of interventions.</p> <p>(B)</p>	S9999		