PRINTED: 12/28/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG IL6006498 11/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH AND REHAB **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY S 000 Initial Comments S 000 Complaint Investigation #2359185/IL166283 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies 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 Attachment A

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

TITLE

Statement of Licensure Violations

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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S9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999					
	to assure that the residuas free of accident had nursing personnel sha	dents' environment remains						

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	and assistance to pre-	vent accidents.				
	These Requirements	were not met evidenced by:				
	Based on interview, o					
		ed to utilize a gait belt to ent for 1 of 3 residents (R1)				
	reviewed for transfers failure resulted in R1 (	in the sample of 3. This				
	hematoma causing ac	cute anemia that resulted in				
	a blood transfusion ar	nd a six-night hospital stay.				
	Findings include:					
	Hemiplegia and Hemi Infarction affecting rigi following Cerebral Infa				5	
	section C documents Mental Status) as 6 in severely impaired, sec chair/bed to chair tran (substantial/maximal a	assistance) - helper does				
		ort. Helper lifts, holds trunk more than half the effort,				
	toilet transfer is docun	nented as 3				
	than half the effort, he	stance) - helper does less lper lifts, holds or supports vides less than half the				
	· ·	03/11/23 documents: R1 as evidenced by: needs				

Illinois Department of Public Health

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6006498 11/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET NATURE TRAIL HEALTH AND REHAB **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 S9999 Continued From page 3 (extensive) assistance with ADL's (activities of daily living) related to impaired mobility and cognition, weakness, hemiplegia and CVA (cerebral vascular accident) with an initiated date of 03/01/23 and documents R1 is a 1 assist transfer. R1's PT (Physical Therapy) discharge summary documents: Transfers chair/bed to chair transfer = partial/moderate assistance, dated 10/11/23 by V4 (PT). On 11/06/23 at 10:00 AM, R1 stated, she has a large bruise and it hurts bad. She stated she did not have a fall. R1 indicated it happened during a transfer. R1 started breathing very guickly with short shallow breaths when asked about her bruise. R1 moved the neck of her blouse to show the bruise and then started rubbing it. R1's bruise was dark purple under her right armpit area. The bruise was approximately 10 inches long by approximately 5 inches wide. On 11/08/23 at 2:30 PM, R1 was lying in bed whining while rubbing the bruised area under her arm. When asked if it hurts, she shook her head yes. On 11/08/23 at 9:55 AM, V9 (Family) stated, she saw V3 (Assistant Director of Nursing/ADON) and V7 (Certified Nurse Aide/CNA) transfer R1 inappropriately, the evening of 10/27/23. V9 stated she saw them transfer R1 under her arm. She stated, she heard R1 yell out when they transferred her to her bed. V3 and V7 put her into

Illinois Department of Public Health

bed and put her feet up, due to her blood pressure was low. V9 stated, they did not use a gait belt to transfer R1 at that time and she has seen them (staff in general) transfer R1 several times without a gait belt. V9 stated she has had to

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
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	remind them several that stated R1 has a large her side. She also stated her bruise that was a give her more blood that stated R1 was in the last she thought her should she believes it turned X-rays. V9 stated, R1 the injury and rubs it at the injury and rubs it at the last she considered R1 from that the bathroom and put 10/27/23 just after 3:0 doing something differ transferred R1 from that then to her bed. V7 stated V3 was and held her under he pants. V7 stated wher arm and transferred histated she didn't grab she did. V7 stated, she harder than she thinks knows she was on the not comfortable with be no one at the facility hinstructions on how to you are not supposed unless you have a gai	bruise under her arm along breast on her paralyzed R1 also has a knot under blood clot and they had to han usual at the hospital. V9 hospital six nights. V9 stated der looked dislocated but out to be a knot after the still has a lot of pain with all the time.  M, V7 (Certified Nurse et and V6 (CNA) took R1 to her on the toilet on 0 PM. Then V6 got busy rent so she and V3 (ADON) her toilet back to her chair, ated they did not use a gait as on R1's paralyzed side er arm and the back of her no V3 grabbed her under her er, R1 yelled out in pain. V3 her under her armpit but her feels V3 grabbed her she did. V7 stated, she her left side because she was being on her paralyzed side, and given her specific transfer R1 but she knows to mess with the weak side the belt. V7 stated she has see a gait belt with R1 except	39999				
	On 11/06/23 at 1:15 P Aide/CNA) stated on 2 the toilet and told V7 ( something else and th	M, V6 (Certified Nurse 10/27/23 she did put R1 on CNA) that she had to go do at R1 was on the toilet. V6 transfer, she can assist you					

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Illinois Department of Public Health

way.

On 11/08/23 at 11:30 AM, V5 (Physical Therapy Manager) stated, the standard transfer with residents is with a gait belt. In her opinion R1 should be transferred with a gait belt due to her right-side paralysis, it would just be safer that

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Illinois Department of Public Health

more urgent situation.

typically R1 can pretty much stand on her own, but she does have problems with her balance and leaning to the right. V2 stated, the safest way to transfer R1 would be with a gait belt but it was a

V10's MD (Medical Doctor) note dated 11/02/23 at 13:39 (1:39 PM) documents: R1 was recently hospitalized for the following diagnoses: UTI (Urinary tract infection) chest wall hematoma. R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	pain with workup shows shoulder or ribs. CT s the axilla and anterior pectoralis muscle tear having pain in the area note it is hard to gaugalways has pain. She chest as area of pain a touching her.  R1's hospital notes do of 10/27/23 and a disc an admitting diagnosis R1's hospital "History 10/28/23 documents: 'injury after lift assistant	ong with acute shoulder ving no fractures of howed a large hematoma of chest most likely due to Injury uncertain. R1 is still a of swelling and nurses e her pain because she (R1) points to the right and withdrawals prior to me cument an admission date sharge date of 11/02/23 with sof Anemia.  and Physical" dated 'Chief Complaint: Right arm it nursing home. Bruising in scomfort." R1's weight was					
	documents: Clinical ind (Emergency Medical Shad an episode in white unsure of how but right (R1) has bruise under stroke and is normally (family) at bedside and pulls on this arm and of she thinks it is an injurt Limited movement with R1's Hospital's Prelimi shoulder 3 views right PM documents: there is displacement of the dis respect to the adjacent	Service) pt (patient) (R1) ch the nursing home is t arm became bruised. Pt right arm. HX (history) of contracted on this side. V9 d stated the nursing home loesn't use a gait belt and y from being pulled on. n contracted right arm.  nary Report section - X-ray shoulder 10/27/23 at 8:10 is a slight superior					

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Illinois Department of Public Health

prior to admission, 2) Acute Cystitis, 3) HTN (Hypertension), 4) Troponin elevation 2/2 demand

presented with acute blood loss anemia, d/t (due to) subpectoral hematoma. The patient's Eliquis was held and she was given blood transfusion as

ischemia. Hospital Course: Patient (R1)

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Illinois Department of Public Health

dated 10/30/23.

10/30/23 I was asked by V7 (CNA) to transfer R1 to the toilet. R1 helped with the transfer using the left arm and I held on to her pants to secure her and transferred her to the toilet. Signed by V6

The facility document titled, "Witness Statement"

PRINTED: 12/28/2023

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Sheet) documents: Monitor hematoma to R (right)

R1's Order Summary Report (Physician Order

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