

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2024
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NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554
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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 Complaint Investigation: 23210390/IL167738	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.690b) 300.690c) 300.1210b) 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. 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
01/16/24

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S9999	<p>Continued From page 1</p> <p>the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</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> <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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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, record review and interview the facility failed to prevent a resident fall with injury: and failed to report to the State Agency, as required, a fall with significant injury and emergency room visit for one of four residents (R3) reviewed for falls in a sample of four. This failure resulted in R3 sustaining a large hematoma to right forehead and R3 having pain.</p> <p>On 1/2/2023 at 9:30 am, R3 was observed sitting in the main dining room in a reclining chair. R3 had a noticeable hematoma to right forehead with a yellowish color around the hematoma and down R3's right lateral face. R3 stated, "I fell forward out of the wheelchair, the wheelchair wheel broke, and I landed on my face. It was painful then. Now it feels better."</p> <p>R3's Nurses Notes, dated 12/20/2023, documents, "(R3) was noted on the floor in her room. (R3's) face was down to right side of bed with head towards door and feet to window. (R3) was rolled over onto back and noted a large bump to right forehead. (R3) was sent to the local hospital for evaluation."</p> <p>On 1/3/2024 at 10:45AM V4/LPN (Licensed Practical Nurses) stated, "When I entered R3's room the wheel was broken off R3's wheelchair and on the floor. R3 was laying on the floor face</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>down."</p> <p>R3's Quality Care Reporting Form, dated 12/20/2023 at 3PM, documents, "(R3) sent to local hospital for an evaluation after alleged fall. (R3) complained of pain to right forehead. (R3) sustained injury to right forehead.</p> <p>R3's Investigation Report for Falls, dated 12/20/2023, documents the following: "(R3) was reaching forward and fell face down, beside bed facing toward the doorway of the room. (R3's) wheelchair was used and device was not in good working repair. Left wheel to wheelchair was broke."</p> <p>R3's Emergency Notes, dated 12/20/2023, documents, "Fall from wheelchair and Injury of Head large. Hematoma in the right frontal scalp."</p> <p>R3's Hospitalist History and Physical, dated 12/20/2023, documents the following: "Chief Complaint: Fall (R3) present to the emergency room from the long-term care facility following an unwitnessed fall from (R3's) wheelchair. (R3) presents with a large hematoma to her right forehead."</p> <p>R3's CT Brain scan, dated 12/20/2023, documents, "(R3) has a large hematoma to right frontal scalp."</p> <p>On 1/2/2024 at 2:14PM V1/Administrator stated, "(R3) fell out of the wheelchair. (R3) did get a bump to her forehead. (R3) was sent out because (R3) fell."</p> <p>On 1/2/2024 at 2:40PM V1/Administrator stated, "I did not report this incident to the State Agency. I was told that if a resident does not require</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>staples, sutures, stitches, or glue that I do not need to send a report to the Agency. (R3) did not require any kind of treatment besides a band-aide to her toe."</p> <p>On 1/3/2024 at 1:34PM V2/Director of Nurses stated, "I do believe that (R3) sustained an injury that warranted a trip to the emergency room, to get evaluated. The wheelchair that (R3) was using is out in the garage. Someone tried to solder the wheelchair wheel back on."</p> <p>On 1/3/2024 at 2:50PM V2/DON (Director of Nurses) stated," I feel that (R3) had a significant fall and injury from the wheelchair. (R3) landed on her face and sustained a large hematoma." (A)</p>	S9999		