

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIR HAVENS SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521</b>
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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  Facility Reported Incident of December 27, 2023 IL168627	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)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 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.	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>01/31/24</b>
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S9999	<p>Continued From page 1</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 and assistance to prevent accidents.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to recognize/remove an accident hazard to prevent a fall for one of three residents (R3) reviewed for falls in a sample list of six residents. This failure resulted in R3 falling and sustaining a nasal fracture and hematoma.</p> <p>Findings include:</p> <p>R3's Care Plan, updated 1/4/24, includes the following diagnoses: Dementia with Psychotic Disturbance, Muscle Weakness, and Alzheimer's Disease.</p> <p>R3's Care Plan includes an identified problem: "(R2) is high, risk for falls related to Confusion, Gait/balance problems, Incontinence, Unaware of safety needs, history of fall with fracture, vitamin D deficiency, Dementia with Behaviors. Staff educated to encourage (R3) to sit up in wheelchair when observed reaching to pick up objects off the floor."</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R3's Minimum Data Set (MDS), dated 12/23/23, documents R3 is severely cognitively impaired, wanders, uses wheelchair for mobility, and is incontinent of bowel and bladder.</p> <p>R3's Incident Summary, dated 12/27/23 at 2:20PM, documents, "(R3) was self propelling in wheelchair through the hallways and was seen going through the trash. Staff redirected (R3) to the dining room, where there was a big bag of trash outside therapy's door. (R3) attempted to reach for the trash and fell out of wheelchair forward. (Physician) ordered (R3) to the Emergency Room for evaluation and treatment. Findings were closed nasal fracture. Power of Attorney notified. (R3) returned to the facility with cold packs as tolerated and pain medications."</p> <p>R3's Emergency Room note by V11, Medical Doctor (MD), dated 12/27/23 at 3:26PM, documents, "90 year old female presents to the emergency department after a fall. Patient was sitting in a wheelchair when she fell over hitting her head." Under Physical Examination V11 documented "Head Large Hematoma to Forehead."</p> <p>R3's Computerized Axial Tomography (CAT) scan, dated 12/27/23 at 4:14PM, documented, "A nasal bone fracture is present with mild depression."</p> <p>On 1/17/24 at 1:00PM, V5, Certified Occupational Therapy Assistant/Therapy Director, stated, "I would say placing the trash outside our door in the dining room was a safety hazard we would have been able to control. We were aware (R3) will pick up and rummage through things she finds on the floor. That is how she fell. She</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>leaned forward in her wheelchair to pick through the trash bag and fell forward. (R3) broke her nose when she hit her face on the floor."</p> <p>On 1/17/24 at 1:30PM, V9, Assistant Director of Nursing (ADON), stated, "I did the investigation for (R3's) fall. (V9, Certified Nurse's Aide/CNA) observed (R3) in the hall going through the trash shortly before the fall in the dining room. (V9) redirected (R3) to the dining room. Therapy placed a large bag of trash outside their door in the dining room. (R3) started digging through the trash, and when she leaned forward she fell forward out of her wheelchair and hit face first on the floor. We could immediately see (R3's) nose was deformed. We sent (R3) to the Emergency Room and she came back with a broken nose. We know (R3) leans forward and picks at things she sees. It is on her care plan."</p> <p>The facility's policy Falls and Fall Risk Management (not dated) states, "Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risk and causes to try to prevent the resident from falling and try to minimize complications from falling."</p> <p>(B)</p>	S9999		
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