

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2024
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NAME OF PROVIDER OR SUPPLIER SHELBYVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565
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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 Investigation of Facility Reported Incident of 09-13-2024/IL178257	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 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. 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 Regulations are not met as evidenced by: Based on interview and record review, the facility failed to safely transport R1 after a shower to	S9999		

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

TITLE

(X6) DATE
10/16/24

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S9999	<p>Continued From page 1</p> <p>prevent a traumatic fall. This failure resulted in R1 falling from a shower chair to the floor causing multiple back and neck fractures requiring emergency medical evaluation and treatment at two hospitals. R1 is one of three residents reviewed for accidents in the sample of three.</p> <p>Findings include:</p> <p>R1's medical diagnosis list (9/25/2024) documents R1's diagnoses include Spastic Paraplegia (inherited neurological disorder causing muscle weakness and difficulty or inability to walk), Abnormal Posture, Difficulty in Walking, and Muscle Wasting and Atrophy.</p> <p>R1's quarterly assessment (7/24/2024) documents R1 has upper and lower extremity impairment limiting range of motion, is completely dependent on staff for all activities of daily living and utilizes a wheelchair for locomotion. The same record documents R1 is dependent on staff assistance for mobility while using a wheelchair.</p> <p>The facility incident report (9/13/2024) documents on 9/13/2024 at 8:50AM, facility staff were moving R1 on a shower chair from a shower stall when a wheel on the chair became caught on the shower curb and R1 fell from the chair to the ground and expressed pain.</p> <p>The facility incident investigation (9/13/2024) documents R1 complained of neck, chest, abdomen, and knee pain after falling to the ground on 9/13/2024.</p> <p>R1's progress notes (9/13/2024) documents R1 stayed in bed during lunch and only ate "about six bites" due to experiencing chest and abdomen pain. The same record documents R1 was sent</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>to the local hospital emergency department for evaluation.</p> <p>The hospital emergency department report (9/13/2024) documents R1 presented to the department due to a fall and head, neck, chest, and lower back pain. The same report documents R1 reported experiencing pain "everywhere" and was diagnosed with neck and back fractures requiring transfer to a regional trauma center for further evaluation.</p> <p>The trauma center report (9/13/2024) documents R1 was diagnosed with six back and neck fractures (thoracic vertebrae #11/#12, lumbar vertebrae #1/#2/#3, and cervical vertebrae #3) and received intravenous morphine (narcotic pain medication used to treat severe pain) while at the regional trauma center. The same reports documents R1 remained an inpatient at the trauma center from 9/13/2024-9/18/2024 when R1 transferred back to the nursing home facility with an order for analgesic pain medication and a rigid cervical immobilizer (a type of rigid neck brace used to limit movement after surgery or serious injury) to be worn at all times.</p> <p>On 9/27/2024 at 10:40AM, V4 (Certified Nurse Aide) reported giving a shower to R1 on 9/13/2024 and when V4 began pulling R1's shower chair forward out of the shower stall, a wheel on the chair got caught on the shower curb and R1 began falling forward. V4 reported then pushing back on R1 and the shower chair and both R1 and V4 fell to the ground followed by R1 stating "ow" that R1 was hurting. V4 reported R1 continued to express pain when staff transferred R1 from the floor to a chair. V4 reported R1 does not lean forward in the shower chair and does not have any behaviors during cares including</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>bathing.</p> <p>R1's medication administration record (September 1-26, 2024) documents R1 had been prescribed acetaminophen (pain analgesic medication), 325 milligram tablets, two tablets by mouth as needed every six hours for pain starting on 12/11/2023. The same record documents R1 had received only a single dose of acetaminophen on 9/8/2024 during the month of September prior to the fall but had taken acetaminophen nearly every day (9/19/2024-one dose, 9/20/2024-three doses, 9/21/2024-two doses, 9/22/2024-one dose, 9/24/2024-two doses, 9/25/2024-two doses, 9/26/2024-two doses) for pain since readmitting to the facility on 9/18/2024 from the hospital.</p> <p>(A)</p>	S9999		