STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009922	A. BUILDING: _____ B. WING _____	C 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE	2025 EAST LINCOLN STREET BLOOMINGTON, IL 61701

(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 2462253/IL171082	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 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	S9999		

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S9999	Continued From page 1	S9999		

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 observation, interview, and record review the facility failed to utilize the safest assistive devices for one resident (R1) of three residents reviewed for falls in a sample list of three residents. This failure resulted in (R1) slipping from a sit to stand lift and sustaining a dislocated shoulder requiring closed reduction.

Findings Include:

1. R1's Care Plan updated 3/5/24 includes the following diagnoses: Fall, Chronic kidney Disease Type III, Congestive Heart Failure, Muscle Weakness, Difficulty Walking, Unsteadiness on Feet, Abnormal Gait, Lack of Coordination, and Abnormal Postures. This Care Plan documents R1 is "High Risk for Falls."

R1's Minimum Data Set (MDS) dated 2/27/24

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S9999	Continued From page 2	S9999		

documents R1 is moderately cognitively impaired, has functional limitations to all four extremities, uses a manual wheelchair and is totally dependent to roll wheelchair 150 Feet. This MDS also documents R1 is dependent for Sit to Stand, Toilet Transfer, and Toilet hygiene.

R1's Care Profile Audit Report printed 3/26/24 documents: On 2/21/24 at 11:26AM Sit-to-Stand (lift). On 2/21/24 at 2:43PM (Sling type mechanical lift). On 2/27/24 at 7:36AM (Sling type mechanical lift).

R1's Physical Therapy Note dated 3/10/24 by V12, Physical Therapy Assistant (PTA) documents "Precautions/Contraindications: Fall risk, Lower extremity Edema, Low Activity tolerance, (sling type Mechanical Lift) transfer, Left Lower Extremity Numbness, Limited bilateral shoulder flexion, Bilateral Hand and Wrist Edema, and Left Quadriceps Weakness.

R1's Incident Note dated 03/11/2024 at 12:39PM by V6, Registered Nurse (RN) documents "(R1) assisted to toilet with Sit to stand lift, two CNAs used sit to stand trial to clean (R1) when (R1) slid out of sling and was lowered by CNA to floor. Range of Motion Within Normal Limits, (R1) complains of pain in Right upper arm. (R1) assisted by three staff and (sling type mechanical lift) to bed. (R1) complains of increasing pain in Right shoulder and inability to move. Grip equal and pulses even bilaterally. Power of Attorney present and requesting (R1) to be seen. Ambulance called and R1 sent to Emergency Room at approximately 11:45AM."

R1's Emergency Room report from 3/11/24 at 4:11PM documents "reports to Emergency Department status post fall with obvious right

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S9999	Continued From page 3	S9999		

shoulder deformity."

R1's X-ray dated 3/11/24 at 1:45PM documents "Comparison to 2/12/24 (Chest X-Ray) Impression: Right Glenohumeral Shoulder Dislocation." Further notes by Emergency Room staff document R1 required closed reduction for shoulder dislocation.

On 3/26/24 at 2:00PM V6, RN stated "I was (R1's) nurse the day (R1) slid out of the sit-to-stand. I hadn't worked that hall for a while and I thought (R1) was using a sit to stand so I told the CNAs they could use the sit-to-stand to clean (R1) after a bowel movement. (V8 and V9) Certified Nurse's Aides (CNAs) transferred (R1) from the chair to the toilet using a (sling type mechanical lift). (R1) had a bowel movement and so they could clean (R1), the CNA's used a sit to stand lift. They reported to me that when they stood (R1), (R1) was weak and began to slip so they eased (R1) to the floor. (R1) was in between the toilet and the door on the floor when I got to the room. (R1) was moaning a little and said her right shoulder hurt. We got the (sling type mechanical lift) and put (R1) in bed. I didn't see any redness or swelling. I put ice on the shoulder and elevated (R1's) right arm on a pillow. R1's power of attorney was here and requested we send (R1) to the hospital. I notified (V3, Assistant Director of Nursing) and we sent (R1) to the hospital."

On 3/26/24 at 2:30PM V8, Certified Nurse's Aide (CNA) stated "I was with (R1) when (R1) fell (3/11/24). We moved (R1) to the toilet with a (sling type mechanical lift). We thought we could clean (R1) easier with the (sit to stand lift) so we stood (R1) up from the toilet with the sit-to-stand lift. (R1) was too weak and slipped out of the sit

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S9999	Continued From page 4	S9999		

to stand sling. (V9) Certified Nurse's Aide and I assisted (R1) to the floor. Once we had (R1) on the floor (R1) was moaning in pain and I thought (R1's) shoulder looked a little crooked. (V6) came in and the three of us got (R1) in the (Sling type mechanical lift) and took (R1) back to bed so (V6) could look at (R1). (R1's) family member was here and asked (R1) be sent to the hospital and that is what we did."

On 3/26/24 at 3:00PM V4, Occupational Therapist, Director of Therapy verified the Physical Therapy noted 3/10/24 documents (R1) required a (sling type mechanical lift) for transfer.

On 3/26/24 at 4:00PM V10, Nurse Practitioner, stated "I wasn't there so I couldn't say for certain the fall from the lift caused (R1's) shoulder dislocation, but (R1) was a larger person and slipping out of a lift, would have put pressure on (R1's) shoulders."

(B)