

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2024
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NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864
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S 000	Initial Comments Facility Reported Incidents of 12/16/2023/IL169254	S 000		
S9999	Final Observations Statement of Licensure Violationss: 300.610a) 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. 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
02/20/24

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S9999	<p>Continued From page 1</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 were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents who are transferred with a patient whole body lift machine are transferred safely and in accordance with the facility's lift machine policy for 1 of 3 (R1) residents reviewed for accidents in a sample of 9. This failure resulted in R1 falling while being transferred with the patient lift machine and sustaining moderate to large volume left scalp hematoma, acute minimally displaced fracture of C7 vertebral body, acute mildly displaced fracture of T1 vertebral body, and non-displaced fracture of the right posterior first rib.</p> <p>Findings include:</p> <p>R1's EHR (Electronic Health Record) documents an admission to this facility on 12/8/2021 with diagnoses of Chronic Respiratory Failure, Peripheral Vascular Disease, Atherosclerotic Heart Disease, Chronic Venous Hypertension, Lymphedema, Morbid Obesity, Type 2 Diabetes Mellitus with Diabetic Polyneuropathy and Hearing Loss among others. R1's MDS (Minimum Data Set) dated 12/4/2023 under section GG</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(Functional Abilities and Goals) documented R1 is dependent on staff for showers, shower transfers, dressing lower body, personal hygiene, toilet transferring and toilet hygiene, and chair/bed-to-chair transfers. This same MDS under section C (Cognitive Patterns) documented R1's mental function was assessed with the BIMS (Brief Interview for Mental Status) in which R1 scored 14 out of 15 total. A BIMS score of 14 out of 15 indicates R1 is cognitively intact.</p> <p>On 1/31/2024 at 9:30am, V1 (Administrator) said on 12/16/2023 at 1:00pm, she was notified of R1 falling from the mechanical lift machine while being transferred from her wheelchair to her bed and was sent to the emergency room to be evaluated for injuries. V1 said she and V2 (Director of Nursing) immediately came to the facility and began investigating R1's fall. V1 said while at the emergency room, R1 was diagnosed with scalp hematoma, neck sprain and bruised left shoulder/chest and sent back to the nursing home. V1 said while investigating, she determined V5 (Certified Nursing Assistant/CNA) had transferred R1 with the whole body mechanical lift by herself and not in accordance with the facility's policy. V1 said two staff must be present when transferring a resident with the mechanical lift. V1 said on 12/16/2023, she and V2 retrained all nursing staff and inspected all lift slings and lift machines. V1 said after V5 was retrained and disciplined for her actions. V1 said a few days later, R1 continued to have pain and was sent back to the emergency room for further evaluation where it was determined R1 had fractured a rib and two vertebrae.</p> <p>On 1/30/2024 at 3:30pm, V5 (Certified Nursing Assistant/CNA) said she and V6 (CNA) were the assigned CNA's working on the 200 hall on</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>12/16/2023. V5 said right after the residents finished their noon meal, she began assisting residents to the toilet while V6 went on her 30 minute lunch break. V5 said she noticed R1 was really wet and wanted to get out of her wheelchair and lay down. V5 said R1 does not stand and is transferred using a whole body mechanical lift machine. V5 said it's the facility's policy for two staff to be present when using the lift machine to transfer patients. V5 said she decided to go against policy and transfer R1 with the mechanical lift without a second staff member present. V5 said they were not short of staff that day and she could have asked for another staff to come assist her, but she didn't. V5 said she hooked all four of the corner lift straps to the lift machine and lifted R1 up into the air about shoulder level. V5 said suddenly one of the lift straps slipped off and R1 flipped out of the lift sling and fell to the floor. R1 said she yelled for help and the nurses came to help R1. V5 said she was re-trained on whole body mechanical lift machine policy and procedure and given discipline.</p> <p>On 1/30/2024 at 12:15pm, R1 said she can't walk or stand and must be transferred with a whole body mechanical lift machine to move her body from one place to another. R1 said the staff place a mechanical lift sling underneath her body and hook the four corner straps of the sling to the lift machine. The staff uses the mechanical lift machine to raise and lower her into and out of her bed or into and out of her wheelchair. R1 said on 12/16/2023 after she ate lunch, she was wet, needed changed and wanted to lay down in her bed for a rest period. R1 said V5 (Certified Nursing Assistant/CNA) took her to her room to provide her care and put her to bed. R1 said V5 hooked R1's mechanical lift sling to the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>mechanical lift machine and began to lift R1 out of her wheelchair. R1 said next thing she knew, one of the corner straps of the mechanical lift sling came off causing her to flip over and fall out of the lift sling. R1 said she hit her head on the floor when she fell and had pain all over her body. R1 said she was sent to the emergency room and was diagnosed with a big knot on her head and a sprained neck, but that was wrong. R1 said a few days after her fall, she still had severe pain and was sent back to the emergency room and was diagnosed with a two fractured vertebrae and a broken rib. R1 said she spent a few days in the local hospital and now must wear a neck brace and back brace for them to heal.</p> <p>Hospital admission records dated 12/20/2023 document R1 was admitted due to injuries sustained from a fall from a patient lift machine on 12/16/2023 while a the nursing home. These same records document on 12/20/2023, R1 was given CT (Computed Tomography) Scans of the head, neck and spine. The results of the CT Scans documented R1's injuries from her fall as: moderate to large volume left scalp hematoma, acute minimally displaced fracture of C7 vertebral body, acute mildly displaced fracture of T1 vertebral body and non-displaced fracture of the right posterior first rib.</p> <p>R1's fall event and fall investigation report dated 12/16/2023 under the section titled "Conclusion" with root cause documented: Mechanical lift was in use with resident in mid-air with 1 strap not attached to arm of (mechanical lift). All CNA staff educated on policy of the facility of hoyer lift usage. This same report under section titled "Additional Information" documented: Upon investigation, resident was put in mechanical lift by one CNA and then was in mid transfer from</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>wheelchair to bed when hoyer sling was not hooked properly and caused resident to fall out of (lift sling). Hematoma noted to back of head. Sent to ER (Emergency Room) for further evaluation and treatment. Head and Spine CT clear and returned to facility. Staff in-serviced on mechanical lift policy. All hoyer pads checked for no frayed or ripped areas. IDT (Interdisciplinary Team) met and reviewed investigation, continue current interventions. On 12/19/2023, resident returned to (local emergency room) for altered mental status. Radiology impressions report acute fracture of right rib, C7, and T1. IDT met and reviewed current interventions, continue current and CNA's checked off on mechanical lift transfers.</p> <p>A facility policy titled "Mechanical Lift" with a revision date of September 8, 2023 documented in part: The mechanical lift may be used to lift and move a resident with limited ability during transfer while providing safety for residents and nursing personnel, The mechanical lift must be able to accommodate the weight of the resident and two staff members are required when transferring a resident with a mechanical lift.</p> <p>On 2/6/2024 at 11:00am, V18 (Maintenance Director) verified he had performed inspections on both of the facility's mechanical lift machines on 12/18/2023 and again on 1/17/2024. V18 said the next check will be performed on 2/16/2024.</p> <p>On 2/6/2024 at 11:30pm, V19 (Laundry Aide) said the laundry staff inspect each mechanical lift sling every week and document the finding of the inspection.</p> <p>On 1/31/24, V1 (Administrator) provided their QAPI (Quality Assurance Performance</p>	S9999		
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S9999	Continued From page 6 Improvement) Ad Hoc Form outlining the actions taken by the facility prior to the survey date to correct the noncompliance. (A)	S9999		
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