

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/09/2024
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NAME OF PROVIDER OR SUPPLIER BEECHER MANOR NRSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 DIXIE HIGHWAY BEECHER, IL 60401
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S 000	Initial Comments Facility Reported Incident of 04/02/2024 IL171768 Complaint Investigation 2473545/IL172805	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	S9999		

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

Electronically Signed

TITLE

(X6) DATE

05/30/24

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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</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>This requirement was not met as evidence by:</p> <p>Based on observation, interview and record review the facility failed to provide safe bed mobility assistance for one (R1) of three resident reviewed for resident injury and siderail use in a sample of seven. These failures resulted R1 incurring a right femur fracture, a nasal fracture and a laceration requiring sutures.</p> <p>Findings include:</p> <p>The 5/7/2024 Admission Record shows R1 with diagnoses to include morbid obesity, Hemiplegia and Hemiparesis following brain bleed affecting the left non-dominant side, and contractures.</p> <p>On 5/7/2024 at 10:20 AM R1 laid in bed with an air mattress and one quarter siderail at the top of each side of the bed. R1 had an immobilizer brace to her right lower leg, and contractures to</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>her feet and hands. R1 stated her leg and nose were broke when she was being provided personal care with one staff person instead of the two staff she requires. R1 stated she uses the siderail to assist staff with positioning which was not loose but when she was rolled onto her left side all her weight was placed onto the rail and it broke off causing her to fall to the floor. R1 stated she has had little use of her extremities on her left side, and limited ability to move her right leg, right hand and right arm.</p> <p>On 5/8/2024 at 1:22 PM V4 (Nursing Assistant) stated she was alone providing care to R1 and when V4 turned R1 onto her left side, with R1 assisting and grabbing the siderail with her right hand and arm, the siderail broke and R1 fell to the floor. V4 confirmed R1 was a 2 person assist but was not aware at the time of this incident.</p> <p>The Facility Event Report dated 4/2/2024 at 4:15 AM documents R1 was turned on her side while being changed, the siderail broke and she fell from the bed onto the floor landing on her face. R1 incurred a laceration to the bridge of her nose and complaining of pain and was transferred to the hospital for evaluation. R1 returned from the hospital with diagnoses to include a nasal fracture and laceration with 4 sutures and a right lower leg immobilizer for a right femur fracture.</p> <p>On 5/7/2024 at 12:18 PM V2 (Director of Nurses) stated R1's care card used by the direct care staff to determine resident care needs showed R1 as one person assist for bed mobility. V2 stated as she investigated this incident, she discovered R1's care card should show R1 as a two person assist for bed mobility per her assessments and plan of care. V2 stated R1 denied the siderail being loose during the incident and the facility</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>was unable to prove the siderail failed or was not secured properly during this incident.</p> <p>On 5/7/2024 at 12:55 PM V5 (Nursing Assistant) stated she is familiar with R1, and R1 is a two person staff assist to roll from side to side in bed. V5 stated R1 can assist using the siderails but R1 is not steady when she is laying on her side and one staff is needed on each side so she does not tip over and fall out of the bed.</p> <p>On 5/7/2024 at 1:10 PM V6 (Nursing Assistant) stated R1 always requires two staff to provide bed mobility because she is a larger person and needs assistance to turn. V6 stated when rolling R1 from side to side one staff person is placed on each side of the bed to keep her from toppling over and falling out of the bed.</p> <p>The Care Plan dated 3/17/2009 documents R1 with decreased mobility and transfers related to left sided Hemiparesis and obesity requiring the extensive assistance of two staff members for bed mobility.</p> <p>R1's Minimum Data Set dated 2/2/2024 documents R1 as cognitively intact and dependent on staff to roll right and left.</p> <p>R1's Weight on 03/11/2024 is documented at 203.0 pounds.</p> <p>The hospital After Visit Summary dated 4/2/2024 documents a Cat Scan of the facial bones showing a nasal fracture, a nasal laceration was repaired with sutures, and an X-Ray of the right knee showed a fracture of the distal right femur.</p> <p>On 5/8/2024 at 4:20 PM V9 (Nurse Practitioner) stated confirmed staff should follow the residents</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>plan of care to ensure the safe provision of care. V9 stated, "I agree if staff had followed her care plan and utilized the correct number of staff while performing her care during this incident she likely would not have fallen." V9 confirmed R1 incurred a fracture to her nose, laceration to her nose requiring sutures, and a fracture to her right lower leg during this incident.</p> <p>The manufacturers safety ring (siderail) instructions show the device can be used for residents weighing up to 1000 pounds. These instructions also document, "... although the device is rated for such use, it may break if excessive force is exerted on the device." (A)</p>	S9999		