

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2024
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NAME OF PROVIDER OR SUPPLIER ARCADIA CARE CLIFTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 E 2900 NORTH ROAD CLIFTON, IL 60927
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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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210d)6) 300.2420j) 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 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.	S9999		

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

TITLE

(X6) DATE
06/14/24

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S9999	<p>Continued From page 1</p> <p>Section 300.2420 Equipment and Supplies j) There shall be a sufficient quantity of resident care equipment of satisfactory design and in good condition to carry out established resident care procedures. This shall include at a minimum the following: wheelchairs with brakes, walkers, metal bedside rails, bedpans, urinals, emesis basins, wash basins, footstools, metal commodes, over the lap tables, foot cradles, footboards, under the mattress bed boards, trapeze frames, transfer boards, parallel bars and reciprocal pulleys.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain and monitor adaptive devices to ensure proper functioning to prevent a fall for one of one resident (R53) reviewed for falls on the sample of 36. This failure resulted in R53's unsecured toilet seat riser sliding off the toilet when R53 was sitting and/or transferring onto the toilet, causing R53 to fall. R53 sustained a fractured finger and laceration requiring three sutures.</p> <p>Findings Include:</p> <p>R53's Fall Risk Assessment dated 2/16/24 documents R53 is at risk for falls.</p> <p>R53's MDS (Minimum Data Set) dated 3/1/24 documents R53 has severe cognitive impairments.</p> <p>R53's Progress Notes document the following:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>2/18/24 - CNA (Certified Nursing Assistant) heard R53 yelling. When CNA entered the room, R53 was sitting on the bathroom floor with dislodged toilet riser wedged between R53's torso and the toilet. R53 was bleeding from a laceration on the 5th finger. A hematoma was also noted on R53's left side of the forehead. R53 sent to the hospital.</p> <p>2/18/24 - Hospital RN (Registered Nurse) called with report and states R53's pinky finger did show a fracture and the laceration required three sutures and glue for closure.</p> <p>2/18/24 - returned to the facility with a splint to the left 5th finger and sutures.</p> <p>2/22/24 - Laceration to the distal left 5th finger measuring 2.0 cm (centimeters) by 0.2 cm by 0.1 cm. Sutures intact.</p> <p>R53's Fall Investigation included a Falls Statement and Checklist dated 2/18/26 at by V12 (CNA) that documents it "appears (R53) attempted to sit down and riser fell along with (R53)."</p> <p>R53's Hospital ED (Emergency Department) Provider Note dated 2/18/24 documents R53 presented to the ED for evaluation after a fall. R53 is alert and oriented x 1 and does not follow commands. R53 has a partial avulsion to the skin and fat distal tuft of the left 5th finger {laceration} with exposure of muscle. Final Diagnoses: "fall, initial encounter & open fracture of tuft of distal phalanx of finger".</p> <p>R53's X-ray dated 2/18/24 documents a displaced distal tuft fracture of the 5th digit with displacement measuring 2 mm (millimeters).</p> <p>On 5/21/24 at 9:07 AM, V2 (Director of Nursing) stated R53 self-transferred to the toilet which had a riser on it. The riser must not have been</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>secured because R53 and riser both ended up on the floor. The riser was one that generally screwed onto the toilet. Our intervention was to remove those types of risers because that is how R53 got so banged up, due to being pinned between toilet and wall, and was trapped from the riser.</p> <p>On 5/21/24 at 9:24 AM, V11 (Maintenance Director) stated V11 never did checks on the facilities toilet seat risers to ensure they were secure. V11 explained R53's toilet seat riser was one with a front screw to secure it to the toilet itself and "I (V11) just don't think it was screwed in all the way" which allowed it to move and caused R53 to fall.</p> <p>The facility's Fall Prevention Program dated May 2022 documents the program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Malfunctioning equipment will be immediately reported to maintenance for repair or removed from service.</p> <p>"B"</p>	S9999		