

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016992	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
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NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL MCHENRY	STREET ADDRESS, CITY, STATE, ZIP CODE 550 RIDGEVIEW DRIVE MCHENRY, IL 60050
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S 000	Initial Comments	S 000		
	Investigation of Facility Reported Incident of 08-05-2023/IL162888			
S9999	Final Observations	S9999		
	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			
			Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure R1 was showered in a safe manner for 1 of 5 residents (R1) reviewed for falls in the sample of 10. This failure resulted in R1 falling in the shower and sustaining fractures to the left arm.</p> <p>The findings include:</p> <p>On 8/14/23 at 8:58 AM, R1 was laying in bed with her left arm in a splint and a sling and her left foot with a dressing and foam cushioned boot on. R1 stated "I fell in the shower. I was standing in the shower and the staff was drying me off. I was holding on to the rail, but I slipped on a towel or something trying to turn so the staff could dry me. I had no balance or support when turning. I fell on my right side with my left arm hanging onto the rail. When I took my arm down it really hurt. The ambulance came and took me to the hospital. I</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>fractured it in three places. I was really hanging on."</p> <p>On 8/14/23 at 9:02 AM, V4 Licensed Practical Nurse said V5 Certified Nursing Assistant (CNA) was giving R1 a shower and yelled out into the hall for help. V4 said R1 had fallen on her right side in the shower. V4 said upon assessment R1's vitals were within normal limits and R1 was alert and oriented but complaining of pain to her left arm/wrist. V4 said R1 fell on her right side, and she could tell R1 had hit her head because R1's head was leaning on the wall with her neck bent up. V4 said R1 fractured her arm in three places. V4 said R1 told her she slipped and went down. V4 said she thought the staff used a shower chair for R1, but they didn't at that time. V4 said since the fall, they now use the shower chair.</p> <p>On 8/14/23 at 10:06 AM, V5 CNA said she gave R1 a shower using the bench that was in the shower. V5 said she put a bath blanket down and had R1 stand up and hold the rails. V5 said when she let go of R1, R1 slid down. V5 said she tried to grab R1 but R1 was naked and there was nothing to grab onto. V5 said R1 had wounds on her left foot but was not aware of any weight bearing restrictions with the left foot.</p> <p>On 8/14/23 at 10:32 AM, V7 CNA said she transferred R1 to the shower bench using a gait belt. V7 said while R1 was sitting on the bench in the shower, she removed R1's clothes and wrapped R1's left foot in a plastic bag to protect the dressings from getting wet during the shower. V7 said V5 did R1's shower. V7 said when she came into the room, R1 was laying on the shower floor on her right side with her head on the right side of the shower facing the wall and her feet</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER: **IGNITE MEDICAL MCHENRY**
STREET ADDRESS, CITY, STATE, ZIP CODE: **550 RIDGEVIEW DRIVE MCHENRY, IL 60050**

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S9999	<p>Continued From page 3</p> <p>under the shower bench on the left side of the shower. V7 said R1's feet were on a towel, and it looked like the towel had slid with her. V7 said this should have never happened and they should have been more diligent making sure everything was dry. V7 said she was not aware of any change in R1's weight bearing status to the left foot.</p> <p>On 8/14/23 at 10:24 AM, V6 Nurse Practitioner said R1 fell during a shower and complained of left wrist pain. V6 said R1 was sent to the hospital. V6 said R1 sustained fractures in her forearm and had a splint placed.</p> <p>On 8/14/23 at 10:45 AM, V8 Physical Therapy Director said prior to R1's fall, R1 was not ambulating but was able to stand and pivot to transfer but needed to limit weight bearing on her left foot due to her wound. V8 said during standing, R1 couldn't bear full weight on the left foot, only partial pressure. V8 said staff should have been using a shower chair not having R1 stand during a shower. V8 said R1 is able to stand and pivot to transfer from a wheelchair to a shower chair and back.</p> <p>R1's Progress Note dated 8/5/23 shows "At 9:40 AM writer was called to guest room by CNA. Guest was standing in the shower stall being dried off, and having pants pulled up following a shower when she stated I slipped, and I just went down. Writer entered to find guest laying on her right side on the floor of the shower. Guest states she did hit her head on the way down, but no pain." Guest could move all extremities per usual, and could wiggle fingers on both hands, but was complaining of left arm/wrist pain.</p> <p>R1's After Visit Summary from the hospital dated</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>8/5/23 shows R1 was seen for a fall and has diagnosis of "forearm fracture (both bones) without reduction and fracture of the distal radius."</p> <p>R1's Progress Note dated 8/5/23 at 5:17 PM, shows "Guest returned to facility with diagnosis of non-displaced fractures to radius and ulna. Left arm splinted and placed in a sling. Guest to follow up with Orthopedic."</p> <p>R1's Physical Therapy Notes dated 8/4/23 shows "Precautions: Weight Bearing on the left lower extremity only for transfers."</p> <p>R1's Physician Orders dated 8/1/23 shows "Limit bearing weight to left feet when transferring."</p> <p>R1's Physician Note dated 8/3/23 shows "R1 was admitted to the facility after transfer from the hospital. On 7/28/23 patient went to the cardiologist appointment and was sent directly to the emergency room for concerns of her chronic left foot wound. Noted to have Staphylococcus Aureus infection of left foot wound infection with associated cellulitis of the leg. She was started on intravenous antibiotics. Cardiology deemed patient not candidate for revascularization and might require a below-knee amputation if things do not heal. Podiatry recommended aggressive offloading of her feet and likely without improvement in her blood flow things will worsen. Pertinent Medical history: type 2 diabetes, food ulcer left, peripheral vascular disease, osteomyelitis left ankle and foot, history of right and left toe amputation."</p> <p>R1's Fall Risk Evaluation dated 8/2/23 shows R1 is at High Risk for falls due to generalized weakness and limited/poor mobility.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R1's Minimum Data Set dated 8/3/23 shows R1 is cognitively intact and requires one-person physical assistance for bathing and transferring, and is not steady during transitions and walking, only able to stabilize with staff assistance.</p> <p>R1's Care Plan shows R1 has an activities of daily living self-care performance deficit and limited physical mobility requiring a wheelchair for ambulation and one staff for stand/pivot transfers. The same Care Plan shows R1 is at risk for falls related to deconditioning, gait/balance problems, poor safety awareness and history of repeated falls.</p> <p>The facility's Fall Prevention Policy dated 11/2018 shows "The facility is committed to reducing the number of falls as to maximize each resident's physical, mental and psychosocial wellbeing. While preventing all falls is not possible, it is the facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible."</p> <p>(A)</p>	S9999		