

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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 and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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
S9999	<p>Continued From page 1</p> <p>comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/02/2023
NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301		
(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	
S9999	<p>Continued From page 2</p> <p>and assistance to prevent accidents.</p> <p>These Requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to remove a resident's wheelchair pedals during a sit to stand transfer from the wheelchair to the recliner for one of four resident (R52) reviewed for accidents in the sample of 33. This failure resulted in R52 hitting her left outer calf on the wheelchair pedal during the transfer, resulting in R52 sustaining a seven cm (centimeter) long full thickness, painful, gaping laceration of the left, lower leg requiring R52 to be transferred to the emergency room to received internal and external sutures of the laceration.</p> <p>Finding include:</p> <p>The facility's Using a Mechanical Lifting Machine policy dated July 2017, states "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device." This same policy states "4. Prepare the environment: a. Clean an unobstructed path for the lift machine; b. Ensure there is enough room to pivot."</p> <p>R52's Minimum Data Set Assessment dated 8/24/23, documents R52 is cognitively intact with a Brief Interview for Mental Status of fifteen out of fifteen.</p> <p>R52's Plan of Care dated 8/31/23, states "My (R52) transfer status is to stand lift with two staff assist." R52's Plan of Care also documents R52 is on anticoagulant therapy and staff are to "use caution to avoid bumping or scraping (R52's)</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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
S9999	<p>Continued From page 3</p> <p>skin."</p> <p>On 10/30/23 at 11:40 a.m., R52 had a 4 inch by 4 inch bandage on her left outer calf. R52 stated she had a laceration on her left outer calf that had 15 stitches on the outside and two on the inside. R52 stated this laceration resulted from staff not removing the foot pedal from her wheelchair before transferring her with the sit to stand mechanical lift. R52 stated when the injury occurred there were large puddles of blood and R52 sent to the local emergency room. R52 stated "It hurt like crazy."</p> <p>R52's Accident Report dated 10/24/23 at 4:15 p.m., documents "Outcome-Deep Laceration." R52's nurse was called into R52's room by two Certified Nurse Aides (V8 and V9) due to a laceration on R52's left lower extremity caused by the wheelchair pedals during a transfer. R52's nurse noted a moderate amount of bleeding coming from R52's laceration to lower left leg. Pressure was applied to laceration and area cleansed the best possible to assess the wound. R52 was sent to the local Emergency Department for evaluation and treatment. This same report documents "Contributing Factors: Wheelchair pedals were not removed from wheelchair prior to (sit to stand mechanical lift transfer). Corrective Actions Taken: Education was provided to both (V8 and V9) Certified Nurse Aides involved regarding the importance of removing the wheelchair pedal prior to transfers."</p> <p>V8's Statement dated 10/24/23, states (V9/Certified Nurse Aide) and I were transferring (R52) with sit to stand lift from wheelchair to recliner when her left leg caught on her wheelchair foot pedal. We noticed bleeding and I went to get the nurse."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2023	
NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301		
(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
S9999	<p>Continued From page 4</p> <p>The local Hospital Emergency Department Note dated 10/24/23 at 6:38 p.m., states "(R52) presents with a 7 centimeter long full thickness, stellate gaping laceration of the left, lower leg. The area was draped and prepped per norm. Closure was achieved with two 3.0 running (2 running stitches, approximately 15 total tosses) Ethilon sutures in the skin.</p> <p>On 11/1/23 at 1:30 p.m., V7 (Infection Preventionist) removed the bandage from R52's laceration/wound on the left outer calf area. Under the outer bandage was another type of dressing that was sticking to R52's sutures. V7 was able to count multiple stitches but did not want to pull on the bandage that was stuck to the sutures. V7 stated the facility's Nurse Practitioner is scheduled to remove R52's sutures early next week. V7 stated R52's laceration was caused when R52's wheelchair pedals were not removed prior to a sit to stand mechanical transfer when the pedal caught her leg. R52 stated the staff were educated the staff should always remove the pedals.</p> <p>On 11/1/23 at 2:00 p.m., V1 (Administrator) stated R52's laceration to her lower left leg was caused by the staff (V8 and V9) not removing the wheelchair pedals prior to transferring R52 from her wheelchair to the recliner. V1 stated V8 and V9 were educated to always remove wheelchair pedals prior to transferring residents to prevent injuries.</p> <p>(B)</p>	S9999		