

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000996	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/11/2023
NAME OF PROVIDER OR SUPPLIER BLOOMINGTON REHABILITATION & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701		
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S 000	Initial Comments Complaint Investigation 2369996/IL167299	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b)5) 300.1210 c) 300.1210 d)6) 300.1220 b)3) 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	S9999	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	Continued From page 1 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	S9999		

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S9999	Continued From page 2 These requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide safe handling during cares to prevent a fall, failed to develop an at risk care plan with fall prevention interventions, and failed to update the care plan with post fall interventions for residents at risk for falls for three of three residents (R1, R2 and R3) reviewed for falls on the sample list of four. As a result of these failures, R1 did not have adequate hands on support during cares, resulting in R1 falling and sustaining a right sided non-displaced acetabular fracture. Findings Include: 1. R1's MDS (Minimum Data Set), dated 9/15/23, documents R1 requires extensive assistance of one staff for transfers, is non-ambulatory, and has limited ROM (Range of Motion) to bilateral lower extremities. R1's Care Plan, dated 7/21/20 and updated on 9/27/23, documents R1 has an alteration in transfer ability. R1 is unable to transfer independently, is non-ambulatory, and has a history of falls related to Diagnoses of chronic lumbar pain, osteoporosis and history of total hip arthroplasty and history of left greater trochanter fracture. This Care Plan documents fall prevention interventions which include to assist with transfer as necessary with staff assist of one, and use of a gait belt with every hands on transfer. R1's Quality Care Reporting Form, dated 11/9/23 documents at 7:00 pm, R1 had a witnessed fall	S9999		

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S9999	<p>Continued From page 3</p> <p>and complained of pain to the right hip and headache, so R1 was sent to the hospital. A witness statement included with the Quality Care Reporting Form by V5, CNA (Certified Nursing Assistant), documents V5 was changing R1 for bed, and R1 was standing with walker and fell sideways. V5 documents V5 tried to grab R1 by R1's gown, but it slipped out of V5's hands, and R1 fell on R1's side. R1 did not hit R1's head, just hit the whole side of R1's body.</p> <p>R1's Hospital History and Physical, dated 11/10/23 by V15, ER Physician, documents R1 was brought to the ER (Emergency Room) from the nursing home after being found on the ground following a fall. R1 had multiple imagining studies completed and x-ray showed a right non-displaced acetabular fracture.</p> <p>R1's CT (Computerized Tomography) Scan of the Pelvis, dated 11/9/23, documents R1 has a "comminuted mildly displaced fractures of the right acetabulum with associated medial hematoma."</p> <p>On 12/6/23 at 10:30 am, V4, MDS/Care Plan Coordinator, confirmed prior to R1's fall on 11/9/23; R1 required extensive assist of one staff for transfers due to R1's unsteadiness and knees hurting.</p> <p>On 12/7/23 at 4:07 pm, V5, CNA, confirmed V5 was assisting R1 when R1 fell. V5 stated V5 was standing R1, like all the staff did; in front of R1's recliner, to get R1 washed up, put into pajamas and get R1's brief changed. V5 explained, after standing R1, using a gait belt, V5 let loose of R1 and the gait belt, and walked around to the other side of R1 to secure that side of the brief, and when V5 did that, R1 "started falling sideways".</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>V5 stated V5 "tried to grab for (R1) up by R1's shoulders but R1's gown slipped through my (V5) hands and (R1) ended up falling."</p> <p>On 12/7/23 at 10:52 am, V16, PTA (Physical Therapy Assistant), stated gait belts should always be used for residents who require assist with transfers and ambulation and who are at risk for falling. "No point in time is it okay for staff to let loose of that gait belt until the resident is safely in a sitting position."</p> <p>The facility's undated Transfer Belts/Gait Belt Policy documents, to promote safety in transferring and ambulating residents, a gait belt will be utilized by nursing or therapy staff unless the use of the gait belt has been deemed inappropriate. The use of gait belts is essential to reduce the risk of accident and injury to both resident and employees. Gait belts are placed around the resident's waist over clothing. Grasp the secured gait belt to provide stability and balance during the transfer. Once the resident has been moved and safely repositioned, the gait belt is removed.</p> <p>2. R3's MDS (Minimum Data Set), dated 9/13/23, documents R3 is alert and oriented, and is totally dependent on two staff for bed mobility and transfers.</p> <p>R3's Fall Risk Assessment, dated 11/10/23, documents R3 is at high risk for falls.</p> <p>R3's undated Facesheet documents diagnoses of Morbid Obesity and Cerebral Palsy.</p> <p>R3's AIMS for Wellness, dated 11/11/23, documents R3's legs fell off edge of the bed causing R3 to slide off the bed.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 12/7/23 at 8:40 am, R3 explained R3 fell out of bed about a month ago while attempting to move R3's self in bed. R3 stated R3 was not aware R3 was so close to the edge of the bed.</p> <p>R3's Care Plan does not contain an at risk for falls care plan or any fall prevention interventions. There is a handwritten note on R3's impaired physical mobility care plan dated 4/5/22 that documents "resident slid out of bed, no injury", but does not document any post fall interventions.</p> <p>On 12/7/23 at 1:15 pm, V4, MDS/Care Plan Coordinator, confirmed R3 does not have a fall or at risk for falls care plan that includes fall prevention interventions, due to not having time to do it.</p> <p>3. R2's MDS (Minimum Data Set), dated 10/17/23, documents R2 uses a walker and is independent with transfers and ambulation.</p> <p>R2's Fall Risk Assessments, dated 7/5/23 and 10/10/23, document R2 is at high risk for falls.</p> <p>R2's Quality Care Reporting Form, dated 11/10/23, documents at 1:55 pm, R2 had a fall in R2's room.</p> <p>R2's Care Plan, dated 7/22/23 and updated on 11/10/23, does not document R2 is a fall risk, nor is there any fall prevention interventions care planned. On 11/10/23, the Care Plan was updated, and a handwritten note written R2 had a fall on 11/10/23, but there is no post fall interventions care planned.</p> <p>On 12/6/23 at 3:46 pm, V4, MDS/Care Plan Coordinator, confirmed R2 did not have a fall risk</p>	S9999		

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S9999	Continued From page 6 care plan in place, which included fall prevention interventions, and V4 has not updated the care plan with any post fall interventions. (A)	S9999		