

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2018
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NAME OF PROVIDER OR SUPPLIER AVANTI WELLNESS & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6840 WEST TOUHY AVENUE NILES, IL 60714
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S 000	Initial Comments Complaint Investigation 1896279/IL106037 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.1210b) 300.1210d)6) 300.3240a) 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.	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 11/02/18
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S9999	<p>Continued From page 1</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to apply foot rests to a wheelchair for 1 of 3 residents (R2) reviewed for falls. This failure resulted in R2 falling forward, hitting her head, requiring emergent transfer to local hospital and was found to have small acute subdural hematoma.</p> <p>Findings include:</p> <p>On 10-3-18 at 12:30PM, V2 (Director of Nursing/DON) stated R2's initial and subsequent fall assessments note R2 is a high fall risk. V2 stated that foot rests prevent injury to lower extremity and support lower extremity.</p> <p>On 10-5-18 at 11:50 AM, V3 (Nursing Supervisor) stated on 7-25-18, R2 requested to have a pillow on her back which could have made her lean forward in the wheelchair. R2 put her feet down causing her to fall out of the chair. Foot rests could prevent feet from touching the ground. If staff is pushing a resident in a wheelchair, they should use foot rests for safety to prevent feet from touching the ground.</p> <p>On 10-3-18 at 1:25 PM, V7 (Certified Nurse Aide/ CNA) stated he assisted R2 to her wheelchair for her breakfast meal around 8:00 AM, V7 was pushing R2 in her wheelchair to the dining room without the foot rests. He stated R2 was able to lift her legs up but suddenly leaned forward, put her feet down, and fell forward. V7 admitted that he did not apply foot rests to the wheelchair. V7 also stated R2 is a fall risk from her bed and has floor mattress.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 10-3-18 at 1:44 PM, V8 (Registered Nurse/ RN) stated she did not witness R2' s fall. V7 reported the fall to V8. V8 arrived and R2 was on the floor with V7 present. There was a laceration to R2' s head. V8 came less than 30 seconds after the fall. R2 was alert, talking, and able to move her extremities without pain. V8 treated R2' s laceration and applied gauze. R2 told V8 that she fell from the wheelchair. Nurse treated the laceration, notified the Nurse Practitioner, and sent to local Emergency Department (as ordered). V8 stated that she applies resident foot rests when pushing a resident in their wheelchair.</p> <p>On 10-5-18 at 10:24 AM, V9 (Minimum Data Set/MDS Coordinator) stated G0400 on MDS dated 7-1-18 notes R2 is having limited range of motion/ limitations to both lower extremities.</p> <p>On 10-3-18 at 2:29 PM, V10 (Physical Therapist) stated foot rests are for safety. If a resident is self-propelling, they do not need foot rests. If V10 is pushing a resident in their wheelchair, V10 would use the foot rests. Therapists always use foot rests when transferring R2 or any resident to the therapy area. R2 is a high fall risk due to shuffling gait and anxiousness.</p> <p>On 10-3-18 at 2:08 PM, V12 (Restorative Nurse) stated R2 is able to self-propel her wheelchair via pedaling and using her arms. If R2 is self-propelling, she would not need her leg rests. If she is being pushed in her wheelchair, R2 should have foot rests on her wheelchair. No one can predict when their feet will come down. R2 has limitations to both lower extremities. R2 has a history of falls. This indicates lower extremity weakness.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R2' s Fall incidents (6-18-18 and 7-28-18), nursing notes, SBAR forms, physical therapy notes, and Fall care plans (updated) were reviewed. Fall Prevention Program revision date 4-16-13 was reviewed. Initial and subsequent fall assessments (12-26-15 and 6-1-18) note R2 is a high fall risk.</p> <p>R2' s Hospital Medical Record dated 7-25-18 at 1:50 PM documents R2 has a history of injury. Hospital record documents R2 stated she was being pushed in her wheelchair when her foot was caught and she fell forward hitting the front of her head on the wall corner. Hospital Medical Record dated 7-25-18 at 2:23 PM documents Impression: small acute subdural hematoma adjacent to lateral convexity surface of the left cerebral hemisphere ...</p> <p>R2's MDS dated 7-1-18 notes question C0500 BIMS score 9:15. Question G0110 B1 notes R2's self-transfer status as requiring extensive assistance. G0300 notes R2's balance is not steady and requires assistance. G0400 notes R2's lower extremities have impairment on both sides. R2's Physical Therapy and Plan of Treatment dated 6-1-18 to 6-30-18 notes R2 with diagnoses not limited to: unsteadiness on feet, reduced mobility, and difficulty walking. Evaluation notes R2 has decreased postural alignment and reduced functional activity tolerance indicating the need for PT to facilitate with all functional mobility, increase functional activity tolerance and increase lower extremity range of motion and strength. Precautions: Fall risk. R2's Face Sheet notes diagnoses not limited to: general anxiety disorder, abnormality of gait and mobility, unspecified fracture of lower end of right femur, difficulty in walking, and other reduced mobility. In Service Record dated</p>	S9999			

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S9999	Continued From page 4 7-25-18 and 9-4-18 notes Outline: Staff to make sure leg rests are on when patient/ resident is unable to propel self with their legs and while patient/ resident is being push while on wheelchair. Manual Wheelchair Policy dated 2006 documents leg rests are add-on extensions that support the lower extremities. (B)	S9999		
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