

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/09/2018
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NAME OF PROVIDER OR SUPPLIER LEROY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 509 SOUTH BUCK ROAD, PO BOX 149 LE ROY, IL 61752
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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
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S 000	Initial Comments	S 000		
	Facility Reported Investigation to incident of 7/28/18/IL104883.			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>Section 300.610 a) Section 300.1210 b) Section 300.1210 c) Section 300.1210 d)6) Section 300.3240 a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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</p>	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	

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 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 and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to supervise R1 during toileting. This failure resulted in R1 sustaining a head laceration requiring staples. R1 also sustained two skin tears to R1's left shin and left arm. R1 was one of three residents reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>On 8/9/18, V1, Administrator, provided an facility reported incident investigation dated 7/28/18, for R1. This investigation documents R1 sustained a fall on 7/28/18 at 7:22 AM, which resulted in a</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>laceration to R1's scalp and skin tears to R1's left shin and arm.</p> <p>R1's Fall Risk Assessment dated 6/13/18, documents R1 is a moderate fall risk. R1's Minimum Data Set (MDS) dated 7/2/18, documents R1 as cognitively impaired, requires extensive assistance with two plus persons physical assist for transfers and toileting, and is only able to stabilize with staff assist moving on and off toilet.</p> <p>R1's Care Plan dated 6/13/18, documents R1 is a moderate risk for falls due to unsteady stance and gait. R1's Care Plan dated 7/18/18 - 8/9/18 documents diagnosis including: repeated falls, abnormal gait and mobility, also muscle wasting and atrophy. The facility undated Accidents & Incident Report documents R1's falls with injury: 6/18/18, 7/08/18, 7/10/18, 7/19/18, 7/25/18, 7/28/18.</p> <p>R1's Emergency After Visit Summary dated 7/28/18, documents R1 was seen for a fall with a scalp laceration, CT (Commuted Tomography of Head), and wound care with two staples placed in R1's scalp.</p> <p>On 8/9/18 at 11:45 AM, V9 Certified Nurse Assistant (CNA) stated V8(CNA) put R1 on the toilet in R1's bathroom and left R1 unattended to get toileting supplies. V9 stated R1 is not to be left in the bathroom alone, someone must be with R1 at all times.</p> <p>On 8/8/18 at 11:55 AM, V8, CNA, stated V8 assisted R1 onto the toilet and left R1 alone, unattended, to get a brief for R1. V8 stated V8 heard a boom and saw R1 on the floor when returning to R1's bathroom. V8 stated V8 should</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>not have left R1 alone on the toilet. V8 also stated R1 was not in V8's site when R1 fell. V8 stated V8 signed a paper stating V8 will not leave anyone alone on the toilet in the bathroom.</p> <p>On 8/9/18, at 2:42 PM, V2 Director of Nursing (DON), stated R1 sustained an injury, a laceration and two skin tears, from the fall on 7/28/18, and R1 was sent to the Emergency Room to get two staples in R1's head. V2 stated R1's Care Plan documents R1 needs a gait belt with assist and walker. V2 stated the CNA (V8) left R1 on the toilet unassisted and should not have left R1 unassisted.</p> <p>(B)</p>	S9999		
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