

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2019
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NAME OF PROVIDER OR SUPPLIER MEADOWS MENNONITE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET CHENOA, IL 61726
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S9999	Final Observations Statement Of Licensure Violation: 1 of 1 Violation 300.610a) 300.1210b)5) 300.1210d)6) 300.3240a) 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	S9999		
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Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/18/19
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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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>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.</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. (A, B) (Section 2-107 of the Act)</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to safely transfer a resident (R1) by full body mechanical lift per plan of care and facility policy. R1 is one of four residents reviewed for mechanical lift transfers in the sample of four. This failure resulted in R1 falling to the floor and sustaining an acute fracture of the left superior pubic ramus.</p> <p>Findings include:</p> <p>R1's 5/20/19 fall investigation dated 5/22/19, documents R1 sustained a fall during staff assisted transfer from R1's bed to R1's wheelchair. V4 Certified Nursing Assistant (CNA) incident statement dated 5/20/19 documents, V4 CNA was transferring R1 in to R1's chair. The statement documents R1's "butt was already touching the cushion when the bottom left strap of the sling came off the hook so she fell on her left side." V5 Registered Nurse (RN) incident statement dated 5/20/19 documents V5 RN was at the nurses station at time of incident. The statement documents V5 RN "heard resident calling out for help from her [R1] room. Found resident on the floor on her left side. CNA [V4] reported she [R1] fell while transferring using mechanical lift." V8 CNA incident statement dated 5/20/19 documents V8 "was in residents room when the fall happened I was toileting and [V4] came in and said she needed help. Went over there and she [R1] was on the floor."</p> <p>R1's Profile Face Sheet dated 5/29/19 documents diagnoses including: Muscle Weakness, Repeated Falls, Dependent Other Enabling</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Machines and Devices, Need Assistance with Personal Care and Morbid Obesity.</p> <p>R1's Care Plan with initiated date of 3/13/19 documents, "Category:5 ADL (activities of daily living) Functional/Rehab Potential, (P) Transfers: 3/13/19-I am to transfer with a mechanical lift. (G) My goal is to complete all transfers safely, daily with staff of 2 in the next three months." R1's Minimum Data Set (MDS) dated 4/26/19, Section G Functional Status documents transfer status of total dependence with two plus persons physical assist.</p> <p>R1's Interdisciplinary Notes document that R1 sustained a fall on 5/20/19. The notes document that R1 was found on R1's left side on the floor in R1's bedroom. The notes document "CNA reported she was transferring resident using mechanical lift. Resident's buttocks slid off the chair and fell on the floor when the left strap of the sling came off the hook." The notes document R1 was complaining of "severe pain on her left shoulder and left hip." The notes document R1 was sent to hospital for evaluation and treatment.</p> <p>On 5/29/19 at 12:04pm, V4 CNA stated, V4 was transferring R1 from R1's bed to R1's wheelchair at the time of the incident. V4 CNA stated R1 requires a mechanical lift transfer and R1 requested to be transferred prior to day shift arriving. V4 stated other two CNA's were busy and unable to help. V4 stated being unable to find the nurse to help. V4 stated V4 had hooked R1's sling to the mechanical lift, transferred R1 and R1's bottom was touching the wheelchair cushion, pushed R1 back into the wheelchair and V4 heard a loud noise. V4 stated left bottom of sling came off and R1 slid onto the left side of the wheelchair onto the floor. V4 stated the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>mechanical lift sling did not break and that the mechanical lift sling came off the hook. V4 stated mechanical lift transfers are to be two person transfers.</p> <p>On 5/29/19 at 12:27pm, V5 RN stated the following: V5 RN was at the nurses station and heard a resident calling out, R1 was the resident calling out. V5 observed R1 lying on R1's left side between the chair and mechanical lift next to R1's bed. V5 stated V4 CNA told V5 that R1's mechanical lift sling came off on the left side during R1's transfer. V5 stated mechanical lift transfers are to be done with two people. V5 stated R1 was in pain and would not allow V5 to assess R1, then R1 was sent to an outside hospital for evaluation and treatment.</p> <p>On 5/29/19 at 12:40pm, V8 CNA stated V8 was in another residents room and V4 CNA came and asked V8 for help. V8 stated R1 was laying on R1's bedroom floor, one side of mechanical lift sling was unhooked, and the sling was not broken. V8 stated mechanical lift transfers require two people.</p> <p>R1's Adult Hospital Admission History and Physical dated 5/20/19 and signed by V10 Medical Doctor (MD) documents: PLAN: Admit as inpatient, Fracture of the left superior pubic ramus, Mechanical fall/drop at nursing home.</p> <p>R1's Computerized Axial Tomography (CT) chest, abdomen and pelvis without contrast dated 5/20/19 and signed by V11 MD documents: Findings: Acute fracture of the left inferior pubic ramus with mild displacement. Nondisplaced fracture of the left superior ramus is seen in the parasymphyseal region. Impression: 3. Acute left pelvic ring fracture.</p>	S9999		
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	<p>The facility's Lifting Machine, Using a Mechanical Policy with a revision dated of July 2017 documents: General Guidelines 1. At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift.</p> <p>On 5/29/19 at 12:12pm, V2 Director of Nursing (DON) stated, facility policy and manufacturer guidelines are to be followed when using a mechanical lift. V2 DON stated, two people are to be present during transfers.</p> <p style="text-align: right;">(B)</p>			