

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016711</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/19/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONCORDIA VILLAGE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4101 WEST ILES AVENUE SPRINGFIELD, IL 62711</b>
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATION:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6 300.3240a)</p> <p>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.</p> <p>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</p>	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	TITLE	(X6) DATE <b>02/02/16</b>
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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. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to safely transfer 1 of 3 residents (R1) reviewed for falls in the sample of 10. This failure resulted in R1 sustaining a left femur fracture.</p> <p>Findings include:</p> <p>The Incident Details report for R1, dated 12/19/15, documents that E3, Licensed Practical Nurse (LPN), was called to R1's room due to a fall. The report also documents, under Details of the Incident, "Upon entry to room, (E3) noted that (R1) and care companion were sitting on the floor between the bed and the wall with(R1's) back to</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the bed." The report also documents, under Details of Corrective Measures Taken by Facility, "Staff re-educated on proper transfers for this resident." The report also documents on 12/22/15: "Two sets of films were ordered, first were inconclusive, second showed that there was a fracture to the femur."</p> <p>On 1/14/16 at 1:35 PM, E3 stated that she worked the afternoon of 12/19/15 when E5, Certified Nurses Aide (CNA), did a single person transfer with R1 resulting with both E5 and R1 being on the floor. E3 further stated R1 used to be a two person transfer, but the past two months it was changed to a mechanical lift with 2 people. E3 stated the mechanical lift was not on the CNA's Care Cards that CNAs review to know what kind of care is needed for each resident. E3 stated a preliminary x-ray was done with results of a possible left femur fracture and a second x-ray confirmed it.</p> <p>Multiple attempts to contact E5 for interview were unsuccessful.</p> <p>On 1/19/16 at 11:45 AM, E2, Director of Nurses (DON), stated that R1 was not transferred with a mechanical lift as per physician's order and the CNA Care Card wasn't updated with that information.</p> <p>R1's Physician Order Sheet (POS), dated 10/28/15, documents the order to pad both thighs with towels during mechanical transfer 3 times per day.</p> <p>R1's Minimum Data Set (MDS), dated 12/02/15, documents R1 requires extensive assistance of two for transfers.</p>	S9999		

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S9999	Continued From page 3  The facility's Using Mechanical Lift policy and procedure, date approved 04/01/2008, documents, in part, "Use of a mechanical lift will be determined by the resident's individualized plan for care. Transfer of dependent resident using a mechanical lift will be done by two (2) caregivers."  (B)	S9999		