

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/22/2019
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NAME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL 61611
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S 000	<p>Initial Comments</p> <p>Complaint Investigation #1926044/IL114936.</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)3)6) 300.1220b)2)3) 300.3240a)</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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

09/13/19

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S9999	<p>Continued From page 1</p> <p>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.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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.</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 were not met evidenced by:</p> <p>Based on interview, and record review, the facility failed to conduct and accurately complete a resident fall risk assessment; document a fall investigation and determine the root cause; ensure a resident's bed was maintained in the lowest position; implement new fall prevention interventions; and develop, review and modify a fall prevention care plan to alert staff of a resident's fall risk for three of three residents (R1, R2 and R3) reviewed for falls in the sample of three. These failures resulted in R1 falling twice at the facility and sustaining a head laceration after each fall, thus requiring R1 to be transported to a local hospital for evaluation and treatment of R1's lacerations.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Findings include:</p> <p>The facility's Fall Reduction Program policy (revised 04/19) documents the following: "It is the policy of this facility to have a fall reduction program that promotes the safety of residents in the facility. The program's intent is to assist clinical staff in determining the needs of each resident though the use of standard assessments, the identification of each resident's individual risks, and the implementation of appropriate interventions, supervision, and/or assistive devices deemed appropriate." This policy documents, "A Fall Risk Assessment will be performed by a licensed nurse at the time of admission; staff will obtain additional information from resident, family, or legal representative when possible. The assessment tool will incorporate current clinical practice guidelines." This policy also documents the following: "Attempts shall be made to implement new or modified interventions as needed to enhance safety and consistent with root cause analysis; new interventions to be communicated to the facility staff through revision of resident care plan and profile to maintain continuity of care. This policy documents, "Examples of Standard Fall/Safety Precautions that may be applicable: Monitoring bed height for appropriate level."</p> <p>1. On 08/19/19 at 10:11 AM, V4 (R1's family member) stated that during R1's last week in the facility, R1 fell twice, both times requiring transport to a local hospital. V4 stated that R1 fell on 08/05/19 and was sent to the emergency department to have staples placed to repair a laceration to his head. V4 then stated that R1 fell</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>again at the facility on 08/08/19, was transported to the emergency department and had sutures placed to repair a laceration above his eye and was then admitted to the hospital with a diagnosis of cellulitis. V4 stated, "They (facility staff) just weren't doing anything to prevent (R1) from falling. They weren't putting any precautions in place. I asked about this several times."</p> <p>R1's Standard Assessments documents completion of a fall risk assessment was overdue and was supposed to be completed on 07/18/19 and 08/06/19. R1's medical record has no documentation of a fall risk assessment conducted during his stay at the facility.</p> <p>On 08/20/19 at 02:40 PM, V3 (Director of Nursing) stated that a fall risk assessment was never completed on R1 since R1's original admission to the facility on 07/18/18, and stated, "A fall assessment should have been done after each admit."</p> <p>R1's Progress Note (dated 08/05/19 and timed 09:36 PM) documents the following: "Called to room by nurse. (R1) on floor next to bed, which is in high position. (R1) stated he fell and has head pain. Upon assessment, head has mild swelling around a laceration, which is bleeding. (R1) on Eliquis."</p> <p>R1's local hospital Emergency Department records (dated 08/05/19 - 08/06/19) document R1 was evaluated at a local hospital after falling and sustaining a one-centimeter head laceration, received two staples to close the wound, and was then discharged back to the facility.</p> <p>R1's medical record has no documentation of a fall investigation conducted, a root cause of the</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>fall determined, or any fall prevention intervention implemented regarding R1's 08/05/19 fall.</p> <p>On 08/20/19 at 02:25 PM, V2 (Director of Nursing) stated that the facility does not have documentation of a fall investigation completed for R1's 08/05/19 fall, and therefore could not provide one. V2 also stated that she did not know the root cause of R1's fall because it was not determined, and R1's bed should have been maintained in the lowest position.</p> <p>R1's Progress Note (dated 08/08/19 and timed 01:30 PM) documents the following: "(R1) was found in room on the floor alongside of bed from a fall with laceration to the left side of scalp. Sent out to (local hospital) for evaluation and treatment."</p> <p>R1's Occurrence Report (dated 08/08/19) documents R1 fell and sustained bruising to the right side of his scalp, and a 1.5-inch laceration to the left side of his scalp.</p> <p>R1's local hospital Emergency Department records (dated 08/08/19) documents the following: "(V5, Emergency Department Resident) is repairing (R1's) laceration."</p> <p>R1's current fall prevention care plan documents R1's care plan was not revised regarding R1's 08/05/19 fall until 08/09/19.</p> <p>On 08/20/19 at 02:25 PM, V2 (Director of Nursing) verified R1's care plan was not reviewed or revised with any fall prevention intervention until 08/09/19.</p> <p>2. R2's Face Sheet documents R2 was admitted to the facility on 08/02/19.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R2's Occurrence Report (dated 08/04/19) documents R2 fell at the facility and was sent to a local hospital for evaluation and returned later that same day on 08/04/19. This Occurrence Report does not document a root cause of R2's fall, or any new fall prevention intervention that was implemented.</p> <p>R2's Fall Risk Assessment (dated 08/02/19) is incomplete and does not document a fall risk score. This form is also blank and incomplete under the category titled "Medication Use- Does the resident take any of the following types of medication? Alcohol, Antidepressants, Antihistamines, Antipsychotics/Neuroleptics, Anxiolytics, Cathartics, Diuretics, Hypoglycemics, Narcotics, Sedatives/Hypnotics (benzodiazepines), other, none of the above present."</p> <p>R2's current Physician's Order Sheet documents the following medication orders: Alprazolam (benzodiazepine) 0.25 milligrams by mouth daily (date of order 08/02/19); Lasix (Diuretic) 40 milligrams by mouth twice daily (date of order 08/02/19); Celexa (Antidepressant) 20 milligrams (date order transcribed 08/02/19 to begin on 08/03/19); and Glimepiride (Hypoglycemic) 1 milligram by mouth daily (date order transcribed 08/02/19 to begin on 08/03/19).</p> <p>R2's Fall Prevention Care Plan documents a fall prevention care plan was not created for R2 until 08/13/19.</p> <p>On 08/20/19 at 02:45 PM, V2 (Director of Nursing) verified that R2's Fall Risk Assessment dated 08/02/19 is incomplete. V2 confirmed R2's fall prevention care plan was not implemented</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>until 08/13/19 and stated that if R2's fall risk assessment was accurately completed on 08/02/19, R2 should have been identified as a fall risk and a fall prevention care plan should have been initiated at that time. V2 also verified that a root cause of R2's fall on 08/04/19 was not determined, and therefore, a new fall prevention intervention was not implemented.</p> <p>3. R3's Face Sheet documents R3 was admitted to the facility on 06/14/19.</p> <p>R3's Standard Assessments documents completion of a fall risk assessment was overdue and was supposed to be completed on 06/14/19 and 07/25/19. R3's medical record has no documentation of a fall risk assessment conducted during his stay at the facility.</p> <p>R3's Occurrence Report (dated 07/10/19) documents R3 fell at the facility on 07/10/19.</p> <p>R3's current care plan documents a fall prevention care plan was not developed until 07/16/19.</p> <p>On 08/20/19 at 03:00 PM, V2 (Director of Nursing) verified that R3's a fall risk assessment was never completed on R3 since his time of admit on 06/14/19 and stated it should have been. V2 also confirmed that R3 did not have a fall prevention care plan implemented until 07/16/19, and therefore, his care plan was not reviewed after R3's fall on 07/10/19 and no new fall prevention intervention was implemented. V2 then stated, "We know there are some breaks in the system right now."</p>	S9999		
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S9999	Continued From page 8 (B) Violation Issued	S9999		
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