

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2020
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NAME OF PROVIDER OR SUPPLIER CORNERSTONE REHAB & HC	STREET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614
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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 Complaint 2021503/IL120491	S 000		
S9999	Final Observations Statement of Licensure Violations: 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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	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 03/16/20
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S9999	<p>Continued From page 1</p> <p>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:</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. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to safely utilize a mechanical lift during transfer for one of three</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>residents (R1) reviewed for resident injury. This failure resulted in R1 sustaining left and right leg distal femoral fractures (thigh bones).</p> <p>Findings include:</p> <p>On 2/25/20 at 11:40 a.m., R1 was lying in her bed with her sister (V5) at bedside. R1 had a large golf ball size hematoma on the left eyebrow area and the left eye area was heavily bruised. A small amount of bruising was noted on R1's right inner eyelid area. R1's left and right legs were both in splints. V5 stated R1 is experiencing "excruciating pain" during any type of movements. V5 stated R1 "screams" when she is moved.</p> <p>R1's Nurses Notes dated 2/22/20 at 9:55 p.m., V4 (Registered Nurse) documented "While I was in (R1's) room preparing (R1's) medications and (R1's) feeding, (V3/Certified Nurse Aide) was getting the (full mechanical lift) ready for (R1) to be transferred from her (wheelchair) to her bed. As (V3) started using the lift, one (sling loop) became unsecured and (R1) fell hitting both knees on the floor and her head hit the floor as well. Left forehead bruising beginning with swelling noted. Bilateral knees are reddened and swollen, no open areas noted."</p> <p>A Statement written by V3 (Certified Nurse Aide) dated 2/22/2020, states " I (V3) was attempting to put (R1) in bed. Me and (V4/Registered Nurse) were in (R1's) room as I was attempting to raise up the (full mechanical lift). I thought I had clipped all four ends (loops on sling) but I didn't and (V4) was mixing up (R1's) feeding and medications with her back turned to us and I tried to catch her but was unsuccessful in doing so. It happened so quick. (R1) hit her head on the dresser after she went down on her knees."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 2/25/20 at 3:20 p.m., V3 stated "I was transferring (R1) from her wheelchair to her bed for the night. (V4) was in the room but did not assist with the transfer because she was getting (R1's) tube feeding and medications ready. (V4) did not observe (R1) fall from the (mechanical lift) as her back was to (R1) and I. Technically (V4) should have been actively assisting me with (R1's) transfer but she was busy doing her thing. I was taught by the facility to always have two staff assist with a (full mechanical lift) transfer."</p> <p>On 2/26/20 at 11:23 a.m., V4 (Registered Nurse) stated she was getting R1's medications and tube feeding prepared when V3 was transferring R1 with the mechanical lift and R1 fell and sustained major injuries. V4 stated she was not assisting V3 with R1's transfer.</p> <p>R1's Left knee X-Ray report dated 2/22/20, documents "Impression: Distal Femoral fracture."</p> <p>R1's Right knee X-Ray report dated 2/22/20, documents "Impression: Distal Femoral medial cortical fracture."</p> <p>On 2/26/20 at 1:05 p.m., V2 (Director of Nursing) stated there should always be two staff when transferring a resident with a mechanical lift. V2 stated, "Just having two people in the room is not good enough. They are both to be participating in the transfer and ensuring the residents safety."</p> <p>(A)</p>	S9999		
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