

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001838</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLAYBERG, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 EAST MONROE STREET CUBA, IL 61427</b>
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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
S 000	Initial Comments  Annual Licensure and Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.1210 b) 300.1210 d)6) 300.3240 a)  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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 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.  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.  These regulations are not met as evidenced by:	S9999	Attachment A Statement of Licensure Violations	

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>Based on observation, interview, and record review, the facility failed to use a gait belt and provide supervision while transferring a dependent resident for one of two residents (R11) reviewed for falls in the sample of 22. This failure resulted in R11 sustaining a left arm fracture and requiring emergency medical attention.</p> <p>Findings include:</p> <p>The facility's Assisting a Resident to Walk to the Bathroom policy, dated 10/2010, documents "Purpose: The purpose of this procedure is to provide the resident an opportunity to urinate or defecate and to prevent resident falls." This policy also documents "Procedure: Walk on the resident's weak side. Provide support as necessary. Walk next to the resident with one arm supporting the resident's bent arm and the other arm around the resident's back at waist level. If necessary for support, use a gait belt for safety."</p> <p>On 10/05/20 at 10:27 am, R11 was sleeping in bed with a cast and bandage wrap covering her left arm.</p> <p>R11's current Care Plan documents R11 has active diagnoses of Muscle Weakness, Difficulty in walking and Unspecified Dementia without Behavioral Disturbance. This same Care Plan documents a focus area, initiated on 1/31/2019, documenting, "I have a history of falls related to unsteady gait, weakness, fractures".</p> <p>R11's Morse Fall Scale Quarterly Assessment, dated 5/2/20, documents that R11 has impaired gait, cannot walk unassisted, and is at a</p>	S9999		

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S9999	<p>Continued From page 2 moderate risk for falling.</p> <p>R11's Minimum Data Set assessment (MDS), dated 8/10/20, documents in Section G, Functional Status, that R11 requires extensive assistance of one person assist for transfers and toilet use.</p> <p>R11's Fall investigation, dated 9/27/20, documents R11 had a fall in the bathroom and was transported to a local hospital with injury to her left arm.</p> <p>R11's nursing progress notes, dated 9/27/2020, documents, "10:10 AM Transfer to Hospital Summary Late Entry: (V3, Registered Nurse) called emergency room for update and was told (R11) was being admitted for a fracture to her left arm."</p> <p>On 10/8/20 at 9:39 am, V8 (Certified Nursing Assistance) stated, "On the morning of 9/27/20 I had (R11) in the bathroom; I got (R11) dressed and stood her up. I was picking up laundry and stuff in the bathroom and I turned around and (R11) had fallen. I originally had a gait belt on (R11), but I removed it when I was doing her bathing and it never got put back on her. I feel like maybe she lost her balance. I was retrained on gait belt use. (R11) was supposed to be a one person assist for transfers with a gait belt."</p> <p>(B)</p>	S9999		