

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/16/2020
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NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
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S 000	Initial Comments Statement of Licensure Violations Facility Reported Incident of 1/8/2020 - IL119246	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as	S9999	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

02/07/20

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S9999	<p>Continued From page 1</p> <p>applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</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 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>Section 300.1210 General Requirements for Nursing and Personal Care</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</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review, interview and observation, the facility failed to develop/implement fall prevention interventions and supervise a resident (R1) that was known to have a history of falls and at risk for additional falls. This failure resulted in R1 falling and sustaining multiple fractures and lacerations with hospitalization. R1 is one of three residents reviewed for supervision and falls in the sample of seven.</p> <p>Findings include:</p> <p>R1's cumulative Diagnosis Sheet (current) includes the following diagnoses: Displaced Simple Supracondylar Fracture of the Right Humerus, Unspecified Ischium Fracture, Wedge Compression Fracture of Lumbar Vertebrae One, Multiple Left Rib Fractures, Alzheimer's, Hearing Loss and History of Falling.</p> <p>The Minimum Data Set (MDS) dated 11/30/19 documents R1 with an admit date of 11/25/19, This same MDS documents R1 being severely cognitively impaired, needing extensive assist of two or more staff in transferring. R1 is not able to stabilize self, needing staff assistance when moving from surface to surface or from a sitting position to standing.</p> <p>R1's Fall Risk Evaluation dated 11/25/19 documents R1 having one to two falls within the past three months, chair bound, requiring restraints and assist with elimination, balance</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>problems while standing or walking. The assessment documents R1 at risk for falls.</p> <p>Physical Therapy Notes dated 12/20/19 document that R1 was less than 25 percent of the time able to transfer safely per self.</p> <p>R1's Nursing Notes dated 1/8/20 document that R1 was observed on the floor lying on R1's right side of a stationary chair. Certified Nursing Assistant (V13) reported that V13 was walking down hall and saw resident get up from R1's chair to self transfer to wheelchair, took one step and fell. Bleeding was noted to right forehead and right ear. R1 complained of pain to bilateral lower extremities and hips. The physician was notified and an order to send R1 to the Emergency Room was received.</p> <p>R1's Emergency Room Reports dated 1/8/20 document the following:</p> <p>Chief Complaint: dated 1/8/20</p> <p>"(R1) is a 92 year old who presented to the ED (Emergency Department) after a ground level fall at (facility). (R1) is a poor historian and all information was obtained from previous charting and (facility) staff. Per the (facility staff) (R1) was reported to have an unwitnessed fall. (R1) did have a ground level fall. This presumably happened when (R1) tried to transfer herself from (R1's) chair independently. (R1) came to ED and complained about bilateral hip pain and with increase pain when attempting to move her legs. This was not a witnessed fall and therefore it is unclear if (R1) lost consciousness. (R1) was found to have a small laceration on the right forehead and skin tear on the right shoulder and laceration of the right ear. Repairs to lacerations</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>were made in the ED. (R1) admitted to the Medical Floor."</p> <p>Hospital Radiographs dated 1/8/20 and reviewed by V14, Radiologist document the following:</p> <p>"Exam: X-ray elbow minimum 3 Views right</p> <p>Indications: Unwitnessed fall with right shoulder, elbow and leg pain. History of Osteoporosis.</p> <p>Impression:</p> <p>1. Acute Supracondylar Simple Fracture of Right Distal Humerus.</p> <p>Exam: X-ray Hip 2 views Bilateral with AP (anterior/posterior) Pelvis</p> <p>Indications: Unwitnessed fall with right shoulder, elbow, and leg pain. History of Osteoporosis.</p> <p>Impression:</p> <p>1. Fractures of the right pubic bone extending into the superior pubic ramus as well as likely the inferior pubic ramus., both of which appear acute. Associated sacral fractures cannot be excluded. Consider pelvic CT (Computerized Topography). 2. Degenerative changes of the lower lumbar spine, bilateral hips, and symphysis pubis."</p> <p>R1's Computerized Topography (CT) Reports dated 1/8/20 and reviewed by V14, Radiologist document the following:</p> <p>"Exam: CT Abdomen Pelvis with out contrast:</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Indications: Unwitnessed fall today with pain in right shoulder, elbow, and right leg. Unable to raise right arm. Assess for abdominal/pelvic trauma.</p> <p>Findings: There is a minimally displaced fracture of the left posteriolateral rib #10. Additional minimally displaced fractures of the left posterior rib #11 in two sites, one more laterally and one at the costovertebral junction. Additional minimal displaced fracture of T12 (12th Thoracic vertebrae of spine) on the left at the costovertebral junction. These fractures all appear acute. Interdevelopment of an acute anterior compression fracture of L1 (1st Lumbar vertebrae of spine) with approximately 40 percent loss of vertebral body height, with mild retropulsion of fracture fragments at this level and resultant mild spinal canal stenosis. As seen on comparison pelvic radiographs of the same date (1/8/20), there is a mildly displaced fracture of the right pubic bone extending into the superior pubic ramus. Additional nondisplaced fracture of the inferior pubic ramus. A vertically oriented insufficiency fracture of the right hemisacrum is apparent, with mild comminution of fracture fragments anteriorly adjacent to the SI (Sacroiliac) joint. Multilevel degenerative changes of the thoracolumbar spine, particularly affecting the lower lumbar facet joints. Mild degenerative changes of the bilateral hips, slightly greater on the left. Mild osteitis pubis. Mild degenerative changes of the bilateral SI joints.</p> <p>Impression:</p> <ol style="list-style-type: none"> 1. Right hemipelvic and hemisacrum fractures. 2. Acute fractures of the left posterior ribs #10 through 12 with compound fracture of left 	S9999		
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S9999	<p>Continued From page 6</p> <p>posterior rib #11.</p> <p>3. Acute compression fracture of the L1 vertebral body with mild retropulsion of fracture fragments and spinal canal stenosis."</p> <p>Hospital Discharge Orders dated 1/13/20 document R1 with a right arm cast, sutures to lacerations and weightbearing as tolerated.</p> <p>Nursing Notes dated 1/13/20 document R1 returning from the hospital via facility transport and was assisted by two staff into the building.</p> <p>On 1/16/20 at 12:30 pm, V9 Registered Nurse/Care Plan Coordinator and Minimum Data Set Coordinator confirmed the facility was aware that R1 had been self-transferring multiple times in the facility and R1 was at risk for falls. V9 confirmed there were no fall preventions in place on R1's Care Plan on 1/8/20. V9 stated R1 was documented as a two person assist on assessment for transfers. V9 also confirmed that R1 was left unsupervised on 1/8/20 in the facility solarium on the west side of the building.</p> <p>On 1/16/20 at 12:45 pm, V10 Therapy Director stated V10 had been the primary therapist working with R1 and stated "(R1) was not consistently safe to transfer independently."</p> <p>On 1/16/20 at 1:00 pm, R1 was sitting up in bed. R1's head was lowered and appeared to be sleeping. R1's right arm was in a sling with a cast applied. R1's right side of forehead, orbital region, extending to the nose, cheek and right ear had purple bruising. R1 was not able to be interviewed.</p> <p>On 1/16/20 at 1:08 pm V11, Licensed Practical Nurse/Primary Care for R1 stated R1 has never</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>been safe to transfer herself.</p> <p>On 1/16/20 at 1:15 pm V2 Director of Nursing confirmed that R1 had been left unsupervised in the solarium. V2 stated "probably after attending an activity." V2 confirmed that R1 had been seen previous to the fall self-transferring several times. V2 also confirmed that R1 should not have been left unsupervised knowing her fall history, fall risk and staff observations of self-transfer.</p> <p>The facility policy titled "Fall Prevention" dated 8/19 documents the following:</p> <p>To provide guidelines on preventing resident falls or injury.</p> <p>"Review hospital records for fall related information. Interview family or resident for history of prior falls, frequency of falls. Common cause of falls. Complete the fall assessment initially on admission, then quarterly. A score of 14 or above indicates resident at risk for falls.</p> <p>Initiate risk reducing interventions. Verify and obtain orders as needed. Develop admission care plan.</p> <p>Complete Minimum Data Set. Complete Resident Assessment Protocol.</p> <p>Identify problem or need. State measurable goal. Specify target date. List interventions. Provide resident, family education as appropriate.</p> <p>Provide ongoing risk reducing interventions. Initiate physician orders as needed. Identify and implement related care link interventions. Provide ongoing evaluation of resident response to interventions.</p>	S9999		

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S9999	Continued From page 8 Shift to shift report. 24 hour report. Interdisciplinary Meeting. Quality Improvement Process. Review and discuss potential root cause of fall. Complete follow-up event documentation as clinically indicated. New or changes in current interventions will be discussed by the interdisciplinary team and the care plan will be updated accordingly." (A)	S9999		
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