

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
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NAME OF PROVIDER OR SUPPLIER MARIGOLD REHABILITATION HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE GALESBURG, IL 61401
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S 000	Initial Comments First Probationary Licensure Survey.	S 000		
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S9999	Final Observations Statement of Licensure Violations:	S9999		
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Section 300.682 Nonemergency Use of Physical Restraints

a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:

3) consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective;

c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess a resident by therapy prior to initiating a physical restraint, and to have a specified period of time for the use of a physical restraint for two of two residents (R104, R105) reviewed for restraints in the sample of nine.

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

03/13/20

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S9999	<p>Continued From page 1</p> <p>Findings include:</p> <p>The facility's Physical Restraint/Enabler Policy, dated 7/24/18, documents, "Policy: To allow residents to be free of physical restraints which are not required to treat the resident's medical symptoms or as a therapeutic intervention. Physical restraints shall not be used for the purpose of discipline or convenience." The policy also documents, "Physical restraint is any manual method or physical or mechanical device, equipment, or material attached or adjacent to the resident's body, which the individual cannot remove easily and which restricts freedom of movement or normal access to his or her body."</p> <p>1. R105's AIM (Assess Intercommunicate Manage) for Wellness, dated 7/8/19, documents that R105 had a fall when he was noted lying on the floor next to his high back reclining wheel chair.</p> <p>On 3/4/20 at 2:50 p.m., V3 (Assistant Director of Nursing) provided an undated unnamed document that listed R105's falls from 6/6/19 to current with the root cause of each fall and the intervention implemented with each fall. According to the unnamed document, on 7/8/19, R105 had a fall and the new intervention put in place to prevent further falls was to apply a lap tray restraint. V3 confirmed that R105's fall intervention for his 7/8/19 fall was adding the lap tray restraint to his high back reclining wheel chair.</p> <p>R105's Physician's orders, dated 3/20, documents a restraint order for a lap tray on R105's high back reclining wheel chair.</p> <p>R105's Physical Restraint/Enabler Consent,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>dated 7/8/19, has no documentation of a specified period of time for the use of the physical restraint.</p> <p>R105's MDS (Minimum Data Set), dated 2/2/20, documents that R105 uses the physical restraint daily of a chair that prevents rising.</p> <p>R105's Fall care plan, dated 2/2/20, documents a fall intervention that was added on 7/8/19 for a high back reclining wheel chair with a lap tray physical restraint.</p> <p>R105's current medical record has no documentation of an assessment completed by a therapist prior to initiating R105's physical restraint.</p> <p>On 3/2/20 at 10:25 a.m., R105 was alert sitting up in his high back reclining wheel chair with a lap tray physical restraint in place that was hooked behind R105's high back reclining wheel chair. R105 was pulling at the lap tray but unable to remove it. R105 stated, "I'm mad I can't walk with this thing on my wheel chair." R105 was restless constantly fidgeting and moving around in his high back reclining wheel chair.</p> <p>On 3/2/20 at 10:30 a.m. V7 (Certified Nursing Assistant) stated that R105 has a lap tray restraint for safety reasons because R105 will try to get out of his high back reclining wheel chair if the lap tray isn't on. V7 also stated that R105 is not able to remove the lap tray because it is attached behind the wheel chair where he can not reach it.</p> <p>On 3/2/20 at 11:45 a.m., R105 was alert and calm sitting straight up with good posture in his high back reclining wheel chair with no lap tray in</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>place at the dining room table. R105 was able to maintain sitting in an upright position throughout lunch while he was feeding himself.</p> <p>On 3/3/20 at 10:20 a.m., V2 (Director of Nursing) stated, "R105 was hospice when we started his lap tray restraint. Hospice will not pay for therapy services. So we did not get a therapy evaluation prior to initiating the lap tray restraint."</p> <p>On 3/5/20 at 10:00 a.m., V2 verified that R105's consent did not have a specified time period for the use of R105's physical restraint.</p> <p>2. On 3/3/20 at 9:38 a.m., R104 was sitting in her high back wheelchair in her room with a lap tray attached to the wheelchair. R104 was very confused and could not follow directions.</p> <p>R104's current MDS (Minimum Data Set) Assessment dated 1/13/20 documents R104 is severely cognitively impaired with diagnosis of Alzheimer's. This same MDS documents R104 has a physical restraint of a chair that prevents rising and is used daily.</p> <p>R104's POS (Physician Order Sheet) dated 3/20 documents an order dated 2/12/20 for (High back wheelchair) tray to maintain upright posture and positioning, release for 15 minutes every two hours and as needed with care, during mealtimes, and when attending/during one-on-one activity and as needed.</p> <p>R104's Physical Restraint/Enabler Consent dated 2/12/20 documents, the reason for R104's restraint is to maintain upright position and the type of restraint as (high back wheelchair) with tray. This same consent does not include a</p>	S9999		
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S9999 Continued From page 4

specified period of time for the use of the restraint (lap tray).

On 3/5/20 at 10:00 a.m., V2 (DON/Director of Nursing) verified R104's Restraint Consent did not include a specified period of time for the use of the restraint.

R104's Physical Restraint/Enabler Evaluation dated 2/12/20, documents R104 is unable to remove the tray from the high back wheelchair and also documents the tray is considered a restraint, and (R104) is unable to remove the tray and unable to touch/reach her feet. This same evaluation documents R104's tray is used for upright positioning and poor posture. R104 scored 40 (indicating R104 is not a candidate for reduction) on the evaluation.

R104's medical record does not include a therapy evaluation for R104 to maintain an upright position.

On 3/3/20 at 10:20 V2 (DON/Director of Nursing) stated, a therapy evaluation was not done prior to placing a lap tray to R104's high back wheelchair.

(C)

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

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S9999	Continued From page 5	S9999		
	<p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>1) The licensed nurse in charge of the restorative/rehabilitative nursing program shall have successfully completed a course or other training program that includes at least 60 hours of classroom/lab training in restorative/rehabilitative nursing as evidenced by a transcript, certificate, diploma, or other written documentation from an accredited school or recognized accrediting agency such as a State or National organization of nurses or a State licensing authority. Such training shall address each of the measures outlined in subsections (b)(2) through (5) of this Section. This person may be the Director of Nursing, Assistant Director of Nursing or another nurse designated by the Director of Nursing to be in charge of the restorative/rehabilitative nursing program.</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This requirement was not as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide Range of Motion (ROM)/Restorative programming to prevent contractures from developing for one of one resident (R102) reviewed for range of motion</p>			

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S9999	<p>Continued From page 6 in the sample of 9.</p> <p>Findings include:</p> <p>The facility's Range of Motion Protocol, dated 9/2008, documents, "It is the policy of the facility to provide Range of Motion exercises for residents who through assessment demonstrate the need for exercise to prevent functional decline in range of motion." The protocol also documents, "The interdisciplinary team will identify those residents in need and consider the resident's age, diagnosis, prognosis, current joint condition, functional ability and any mobility restrictions. Parts of the body on which range of motion exercises can be performed include all body joints or only those affected by disease process and may include the fingers, wrist, forearm, elbow, shoulder, toes, foot, ankle, knee, hip and trunk. Range of motion exercises will be conducted as scheduled by nursing staff based on need determined by assessment of risks."</p> <p>On 3/3/20 at 1:45 p.m., R102 was lying in bed. R102 had range of motion limitations to her bilateral feet that were turned inward, her bilateral knees that were unable to straighten, and her bilateral hands/fingers. V4 (Certified Nursing Assistant) stated that R102 was not on a range of motion/restorative program.</p> <p>R102's OT (Occupational Therapy) Discharge Summary, dated 4/8/19, documents that R102 has full ROM.</p> <p>R102's Range of Motion Assessment, dated 11/20/19, documents that R102 is at moderate risk for developing range of motion deficits and the treatment options may include, but are not limited to basic ROM, positioning, turning,</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>ambulating, as indicated by individual resident needs. The assessment also documents that R102 has full functional ROM in all of her joints.</p> <p>R102's MDS (Minimum Data Set), dated 11/21/19, documents in Section G, Functional Status, that R102 requires one to two person physical assist for all of her ADLs (Activities of Daily Living), and that she does not have any functional limitations in her bilateral upper and lower extremities. R102's MDS also documents in Section O, Special Treatments, Procedures, and Programs, that R102 is not receiving any restorative programs.</p> <p>R102's Range of Motion Assessment, dated 2/20/20, documents that R102's ROM of her bilateral upper and lower extremities have declined to only 50-80% of functional ROM in her joints.</p> <p>R102's MDS (Minimum Data Set), dated 2/21/20, documents in Section G, Functional Status, that R102 requires one to two person physical assist for all of her ADLs (Activities of Daily Living), and that she does not have any functional limitations in her bilateral upper and lower extremities. R102's MDS also documents in Section O, Special Treatments, Procedures, and Programs, that R102 is not receiving any restorative programs.</p> <p>R102's Care plan, dated 2/21/20, documents, "(R102) Self care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADLs (Activities of Daily Living).</p> <p>R102's current medical record as of 3/2/20 has no documentation of R102 receiving range of</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>motion/restorative programs.</p> <p>On 3/3/20 at 10:20 a.m., V2 (Director of Nursing) confirmed that R102 was not on a Range of Motion/Restorative program.</p> <p>On 3/5/20 at 10:10 a.m., V6 (Care plan coordinator) stated that R102 has moderate ROM limitations in her bilateral upper and lower extremities. R102 was lying in bed. V6 attempted ROM to R102's bilateral upper and lower extremities and R102 was limited on her abilities to fully use all of her joints, including her shoulders, hands, and legs. V6 stated that if a resident scores moderate or high risk for developing ROM limitations/contractures on their Quarterly ROM Assessment, a ROM/Restorative program should be initiated. V6 also stated that R102 did not have a program initiated even though she was at moderate risk on her assessment, dated 11/20/19, and she has now declined to have ROM limitations.</p> <p>(B)</p>	S9999		
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