

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2019
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NAME OF PROVIDER OR SUPPLIER PRESENCE OUR LADY OF VICTORY	STREET ADDRESS, CITY, STATE, ZIP CODE 20 BRIARCLIFF LANE BOURBONNAIS, IL 60914
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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 FRI of 10/22/2019 /117228	S 000		
S9999	Final Observations Licensure Violations: 300.610a) 300.1210b) 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. 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 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.	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 11/22/19
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S9999	<p>Continued From page 1</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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to safely transport resident in wheelchair causing resident to fall forward to floor.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls in a sample of 3.</p> <p>This failure resulted in R1 incurring a laceration to the left eyebrow requiring four stitches.</p> <p>Findings include:</p> <p>R1's Resident Face Sheet dated 11/07/2019 documents diagnose to include Vascular Dementia, Major Depressive Disorder and Aphasia. R1's Minimal Data Set, dated 10/15/2019 documents moderately cognitively impaired and requiring staff assistance of one for locomotion from distant areas with a wheel chair.</p> <p>R1's Care Plan for Falls dated 05/26/2016</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>documents a fall risk related to confusion with diagnosis of Vascular Dementia and poor safety awareness and functional mobility requiring 1 staff assist for transfers and requiring a wheelchair for locomotion.</p> <p>R1's 10/22/2019 Post Fall Investigation Tool documents under 1.) What was the resident attempting to do at time of the fall? Answer-R1 attempt to help reposition self. 9.) What do you feel could prevent this resident from falling again. Answer- Watch resident more closely.</p> <p>The local hospital notes dated 10/22/2019 at 06:00 PM "Facial status post mechanical fall. Laceration to left supraorbital region: Left eyebrow sutured, gauze dressing applied."</p> <p>On 11/07/2019 at 09:28 AM, V2 Director of Nursing stated "I read the fall investigation and it just didn't make sense. I watched the video recording of the incident. I saw careless, sudden movement by the CNA (Certified Nursing Assistant) moving the wheel chair which caused the resident to jar forward and fall out of the wheel chair. This situation could have been prevented."</p> <p>On 11/08/2019 at 10:24 AM V4 (Medical Doctor for R1) confirmed R1's dementia makes her more vulnerable for falling from the wheel chair and that R1 incurred the laceration and stitches as a result of this fall. V4 confirmed that R1's fall may have been prevented if staff had been more careful during the transport. V4, Medical Doctor expects staff to implement care planned interventions.</p> <p>The facility policy Falls dated December 2017 documents direct care associates shall evaluate</p>	S9999		

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S9999	Continued From page 3 the area where the fall occurred for possible contributors. (B)	S9999		