

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000756	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/20/2020
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 873 GROVE STREET JACKSONVILLE, IL 62650
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S 000	Initial Comments First Complaint Certification Revisit to Survey date 9/15/20, Complaint 2047135/IL126638 F 689 G recited	S 000		
S9999	Final Observations Statement of 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 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	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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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>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 interview and record review, the facility failed to provide supervision and implement interventions to prevent falls for 1 resident (R1) reviewed for falls. This failure resulted in R1 falling and sustaining a laceration to her head requiring two staples and emergency medical care.</p> <p>Finding includes:</p> <p>R1's Face Sheet, documented R1 had diagnoses of Hemiplegia and Hemiparesis after stroke</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>the time of the fall. The Report documented she had a laceration to the back of her head and 911 was called. Per the report, R1 was toileted at 7:15PM and visually observed at 8:00 PM. Occurrence Report was authored by V3, Assistant Director of Nursing (ADON). The Occurrence Report documented that R1 had 5 additional falls in the last 60 days occurring in her room on 10/1, 10/2, 10/10 at 4:45 AM, 10/10 at 7:30 AM and on 10/16/20.</p> <p>R1's Follow-up Occurrence Report for incident of 11/6/2020, dated 11/16/2020, documents "Resident (R1) too close to edge of mattress causing her to descend and land prone onto the floor."</p> <p>Facility report to Illinois Department of Public Health (IDPH), dated 11/7/2020, documents R1 having the following diagnoses: Hemiplegia and Hemiparesis following Cerebral Infarction affecting left side and fracture with delayed healing, anxiety, and fracture of nasal bone, initial Encounter for Closed Fracture. The report documents R1 was sent to the hospital via ambulance from a fall she sustained on 11/6/2020. The report also documents in part, "Hospice contacted evaluating physician and reported that (R1) goals of care would be consistent with only having wound repaired there is no repeated imaging or diagnostic workup at this time." The report further documents R1 returned to the facility post treatment closure of laceration to posterior scalp with 2 staples in place.</p> <p>R1's Hospital Report documented "This is an 82 y/o (year old) female presenting to the ED (Emergency Department) via EMS (Emergency Medical Service) due to a fall." The Report</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documented "Per EMS report they received from nursing home staff the patient had a fall out of bed with laceration to her scalp." The Report documented the laceration was closed with 2 staples.</p> <p>R1's Care Plan Intervention, revision on 11/9/20 documented "resident to have alarmed floor mat at bedside with cushioned mat on top." The Care Plan was not revised with progressive interventions to address R1's continued falls while in her room alone and her positioning on the bed.</p> <p>On 11/19/2020 at 9:50AM, V3, ADON, stated the reason she was the author of the documentation on the Occurrence Report for R1 instead of the nurse at the time of the incident and the follow-up report to the initial Occurrence Report, is because the agency nurse did not have access to Risk Watch in which to document. V3, ADON, further stated the facility does not have statements at the time of the occurrence from staff nor a Post Fall Assessment related to R1's fall of 11/6/2020.</p> <p>On 11/19/2020 at 10:10AM, V1, Administrator, stated agency staff do not currently have access to "Risk Watch" in which to document fall occurrences. V1 further stated it is the expectation that all residents are to be visually observed at least every 2 hours.</p> <p>On 11/19/2020 at 3:09PM, V4, Nurse Practitioner for the facility, stated she would expect for the facility to follow the policies and procedures regarding falls, including reports and repositioning of R1 at least every 2 hours or more frequently as needed.</p> <p>Facility policy entitled Wound & Ulcer Policy and Procedure, revised on 1/10/2018, documents in</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>part as a prevention measure, residents to be "turned and positioned at least every 2 hours."</p> <p>Facility Policy entitled "Fall Assessment & Management, revised 4/2019, documents in part, "It is the policy of this facility to assess each resident's fall risk with each fall." The policy also documents that based on the Fall Risk Assessments, referrals may be made, a Post Fall Assessment will be done after each fall, and "Risk Watch Occurrence Report is initiated within the shift that the fall occurred."</p> <p>(B)</p>	S9999		