

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/20/2019
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NAME OF PROVIDER OR SUPPLIER  APERION CARE GALESBURG NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1250 WEST CARL SANDBURG DRIVE GALESBURG, IL 61401
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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  Facility Report Investigation to incident on 6/5/2019\IL113111.	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.	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 07/03/19
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NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE GALESBURG NORTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1250 WEST CARL SANDBURG DRIVE GALESBURG, IL 61401</b>
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S9999	<p>Continued From page 1</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility staff failed to perform a mechanical lift transfer in a manner which would avoid injury, for one of three residents (R1), reviewed for incident/accidents, in a sample of three. This failure resulted in R1 falling from the mechanical lift sling to the floor, and sustaining a head laceration requiring R1 to be sent to local hospital to have the laceration closed with staples.</p> <p><b>FINDINGS INCLUDE:</b></p> <p>The facility document entitled, "Report to [the State Agency] Regional Office", dated 6/10/2019, documents, "Date of Occurrence: 6-5-2019. Time of Occurrence 13:40 [1:40 p.m.]. [R1] had a witnessed fall and bleeding from posterior scalp after sliding from mechanical lift sling during transfer. [R1] was transferred to the emergency room for evaluation and treatment and returned to the facility the same day with two sutures in place to posterior head. Resident has a BIMS [Brief Interview for Mental Status] score of 4 [indicating resident is not cognitively intact]."</p> <p>The facility's untitled document, written and signed by V3(Certified Nursing Assistant), dated 6/5/2019, documents, "[V3] and [V4] were getting [R1] up out of [R1's] chair to go to bed. I had thought the [mechanical lift] straps were hooked up correctly, but the bottom was not crossed. I did not know that they needed crossed because I am still not familiar with [mechanical lift] slings. Usually the person I am working with helps me and tells me if I do anything wrong. When [R1] was up in the air, [R1's] butt started slipping and</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>[R1] fell. [V4] wasn't near [R1] at the time-I tried to get [R1] to the bed but [R1] fell and hit [R1's] butt first and then [R1's] head on the [mechanical lift] leg."</p> <p>The local hospital emergency room document, dated 6/5/19 [printed 6/19/2019], documents, R1 had, "Laceration repair. Date/Time 6/5/2019 3:25 p.m.; Location details: Scalp; Laceration length: 2 cm [centimeters]; Skin closure: staples; Number of sutures: 2."</p> <p>On 6/19/2019, at 3:25 p.m., V6 (Licensed Practical Nurse-Restorative Care Nurse) confirmed staff should, "Always make sure the straps [mechanical lift sling] are crossed [between tthe resident's legs] for safety."</p> <p>On 6/20/2019, at 9:30 a.m., R1's head laceration was observed. Location-middle left, back of R1's head. Size-approximately one-half inch long. Laceration is closed/scabbed over. Staples previously removed.</p> <p>(B)</p>	S9999		
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