FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6014385 B. WING 06/21/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY PARKWAY MANOR **MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations 1753488/IL94666- F 323 is cited. S9999 Final Observations \$9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: Pursuant to subsection (a), general nursing care shall include, at a minimum, the Attachment A following and shall be practiced on a 24-hour,

Illinois Department of Public Health

seven-day-a-week basis:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All

TITLE.

Statement of Licensure Violations

(X6) DATE

07/11/17

PRINTED: 08/17/2017 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6014385 06/21/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY **PARKWAY MANOR MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on record review and interview the facility staff failed to prevent a resident from falling out of bed, while soiled bed linens were being changed, for 1 of 5 residents (R3) reviewed for falls in the sample of 7. This failure resulted in R3 falling from the bed and sustaining significant complex lacerations to the nose and left brow that required extensive surgery. Findings include: 1. R3's Admission Record notes she was admitted to the facility on 05/05/17, with a diagnosis of Fractured Talus (ankle) bone, Vascular Dementia, and Seizures . R3's Care Plan dated 05/10/17 notes the following: a) R3 requires two staff to assist with transfers. b) R3 can bear weight as tolerated on the left leg . c) R3 wears a boot on the left leg. R3's Minimum Data Set dated 05/20/17, section G notes R3 requires

Illinois Department of Public Health

3/3+ assistance to transfer in bed (meaning extensive assistance(weight bearing supprt) of two+ persons to physically assist the resident.) Section C, notes R3 scores 13 of 15 for

cognitive status, meaning R3 is cognitively intact.

PRINTED: 08/17/2017 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING C B. WING IL6014385 06/21/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY **PARKWAY MANOR MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 R3's Nurses Note dated 06/03/17 at 8:09 PM. states "CNA reported R3 rolled out of bed. R3 prone position in the floor next to the bed. Moderate amount of bright red bleeding controlled with pressure. Laceration to the left side of face and nose. No difficulty breathing. Moving extremities per self. Answering questions appropriately. Resident remains on floor. Ambulance notified." On 06/20/17 at 2:31 PM, E4 (Certified Nurse Aide/ CNA) stated the night R3 fell from bed, R3's entire bed needed to be changed. E4 said sometime between 6:00 PM and 7:00 PM on 06/03/17, she asked E5 (CNA) and E6 (CNA) to help her change R3. E4 said E5 and E6 told her she could change R3 by herself. E4 said she had never changed R3 by herself. E4 said she went into R3's room alone, and loosened the soiled sheets. E4 said "I was trying to roll her over. I told her to stop and she continued to roll out of bed onto the floor." E4 said she rolled R3 away from her. E4 said R3 is usually coherent and will follow commands. E4 said the bed was in the lowest positon and there was no side rail in place. At 1:51 PM on 06/21/17, E5 (Certified Nurse) Aide) stated that she arrived at work at approximately 1:50 PM the day that R3 fell out of bed. E5 further stated that E4 did ask her for help with R3, but she was assisting E6 with another resident. E5 said she told E4 she had been helping R3 all day. R3 was rolling by herself very well. E5 could not remember if R3 was

Illinois Department of Public Health

wearing a boot on her leg at the time of the fall.

dated 06/04/17 notes R3 had suffered a

A History and Physical report from a local hospital

significant laceration to her nose, from the bridge to the tip, that was bleeding quite significantly,

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6014385 06/21/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY PARKWAY MANOR **MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 requiring vasoconstrictors and a nose clamp. R3 was hypoxic and mouth breathing due to the nasal injury. The report further states there is no evidence of orbital or nasal or facial fractures. Z1 (Doctor) evaluated and plans to take R3 to surgery. A Preoperative Diagnosis dated 06/04/17, states "R3 has a complex Laceration to her nose and left brow. The Postoperative Diagnosis notes states the Repair of complex Laceration to right nasal tip region 3 centimeters, and repair complex laceration left brow area 3 centimeters." The History notes state "there was a lot of bleeding, maceration and damage to the skin. Severe swelling of the periobital area. Several areas were cauterized. A 3 centimeter area was through and through into the right nasal cavity. It started off more superficially in the mid nose and then traveled completely transecting (cutting across) the nostril. Through the case R3 had quite a bit of issues with blood pressure running low. No significant bleeding . R3 was intubated during the procedure." On 6-15-17 at 9:15 a.m., Z3 (family of R3) said that R3 was discharged from the hospital to another long term care facility. (A)

Illinois Department of Public Health