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: \_\_\_ B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Complaint 1841649/IL101015 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)5)6 300.1220b)3 300.3240a) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care Attachment A Statement of Licensure Violations 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

Illinois Department of Public Health

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

plan. Adequate and properly supervised nursing

TITLE

(X6) DATE 04/19/18 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: \_\_ B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan

Illinois Department of Public Health

for each resident based on the resident's

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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: \_ B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) \$9999 Continued From page 3 S9999 1. R37's Physician's Orders, from admission on 12/14/17, documented diagnoses to include Psychotic Disorder with Hallucinations due to Known Physiological Condition. It also document medications to include Plavix 75 mg (milligrams), take one tablet by mouth daily and Aspirin 81 mg. take one tablet daily. R37's Fall Risk Assessment, dated 12/14/17. documented R37 was at High Risk for falls. It also documented R37's Level of Consciousness/Mental status as disoriented and has a history of 1-2 falls in the past 3 months. R37's Minimum Data Set (MDS), dated 12/21/17, documented R37 required Limited assistance of 1 person physical assist for transfers and ambulation. It also documented, R37 as not steady, only able to stabilize with staff assistance for moving from seated to standing position, walking and Surface-to-surface transfer. R37's Care plan, initiated 12/14/17, documented "(Resident) is at risk for falls or trauma, r/t (related to) unsteady balance, and use of multiple meds & Dx's (diagnoses) which include:weakness and low endurance." R37's Care plan does not document the MDS assessment of requiring limited assistance of 1 person physical assist for transfers and ambulation or R37's use of Anticoagulation medications and the risks. The facility's Serious Incident Report, dated 1/1/18, documented R37 was found on R37's bathroom floor, on R37's hands and knees with a raised hematoma above left evebrow, alert, but unable to explain what happened because of R37's confusion.

Illinois Department of Public Health STATE FORM

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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: B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 The Clinical Report-Physicians/Mid Levels from the local hospital, documented R37 was seen at the hospital by V14, Hospital Physician, on 1/1/18 at 10:17 PM. A Computer Tomography Scan (CT-scan) done on 1/1/18 at 10:44 PM, read by V13, Hospital Radiologist, documented. "Summary: 1. Extensive right acute subdurat hematome with maximal thickness of 9 mm (millimeters) in the right temporal regions. There is mild mass effect with no midline shift." On 3/22/18 at 10:15 AM, V11, Primary Care Physician, stated R37's Alzheimer's was fairly well progressed. V11 stated the reason R37 was admitted to the Nursing Home was R37 needed help and supervision. V11 stated R37 had strength, R37's major problem was R37's cognition. V11 stated there was nothing that could have been done for R37's bleeding. V11 stated R37 was sent back to the facility on comfort measures and subsequently died. V11 stated "The fact that R37 got up and fell, lead to R37's death. R37 was on blood thinners for A-Fib (Atrial) Fibrillation) which increased R37's risk for bleeding." The facility's Policy and Procedure, Falls and Fall Risk, managing, revised December 2007, documents, in part, "Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling," 2. R45's Progress Notes, dated 03/15/18 5:20 AM, document, "called to resident's room, noted 18 cm (centimeter) laceration to R (right) lower leg caused during transfer, pressure dressing

Illinois Department of Public Health

applied, ambulance notified at 5:40 AM."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID. (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 R45's Progress Notes, dated 3/15/18 at 12:27 PM, documents resident returned to the facility received 15 stitches and Tetanus injection. Disciplinary Action, dated 3/15/18, documents V33, Certified Nursing Assistant (CNA), did not follow the safe patient handling and Keep Me Safe Policy and Procedure that resulted in a resident injury. On 03/20/18 02:20 PM, R45 was sitting in a chair with a dressing to the lower right anterior leg. V3. Assistant Director of Nursing (ADON) removed the dressing to show 15 sutures on R45's Right anterior lower leg. V3 stated that R45 has restless legs that spasm and R45's leg got caught in the opening of the wheel chair. V3 stated R45's legs have done that since admission, and does not know if R45 has a diagnosis for it. R45's Care Plan, dated 6/5/17, documents in part that R45 has a diagnosis of Hemiplegia following Cerebral Infarction affected Right Dominant Side. R45's Care Plan, dated 5/25/17, documents R45 is at risk for falls or trauma related to unsteady balance. R45's Care Plan documents intervention Keep Me Safe Transfer Status; 2 staff assist with gait belt. R45's Care Plan, dated 5/28/27 and edited 3/20/18, documents that R45 is at risk for falls or trauma related to unsteady balance, Keep Me Safe status changed to mechanical lift with 2 staff assist, interventions include mechanical lift x 2 assist. R45's Care Plan does not document anything about R45's restless legs, spasms or interventions to deal with them during care and transfers.

Illinois Department of Public Health

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: \_ B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 R45's MDS, dated 3/5/18, documents that R45 requires extensive assistance and two plus physical assistance for transfers. On 3/22/18 10:30 AM, when asked if R45's MDS documents that R45 requires assistance of 2 for transfers, would V11 expect them to use 2 staff? V11, R45's physician, stated, "I would expect them to try to do it." On 3 /19/18 02:34 PM, V8, CNA, and V9, CNA, transferred R45 from R45's chair to the bed using a mechanical lift. V8 stood back and did not assist with transferring R45 from the chair to the bed. V9 transferred R45 from the chair to the bed. At no time during the transfer did staff have hands on the sling while R45 was in the air. V9 stated R45 was now a mechanical lift transfer because midnights were getting R45 up and cut R45's leg on wheelchair. On 3/21/18 at 10:30 AM, V3, Assistant Director of Nursing (ADON), stated the policy on transferring with a mechanical lift is always to use 2 staff. The Facility's Lifting Machine, Using a Portable, Policy and procedure, dated, revised October 2010, documents the portable lift can be used by one nursing assistant if the resident can participate in the lifting procedure, if not, two CNA will be required to perform the procedure. The Electric Mobile Patient Lift User Manual, dated 2013, documents it is recommended that two assistants be used for all lifting preparation

Illinois Department of Public Health

and transferring to/from procedures.

3. On 03/20/18 11:15 AM, R366 sitting in R366's wheelchair stating needs to go to the bathroom.

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET** JERSEYVILLE NSG & REHAB CENTER JERSEYVILLE, IL 62052 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 S9999 Continued From page 7 R366 states R366 had been up since therapy got R366 up this morning, V23, CNA and V28, CNA came into room. V23 stated the nurse said assist of 2 for R366's transfer status. V23 pushed R366 in wheel chair into bathroom and put a gait belt around R366's waist. V28 asked R366 which leg was hurt. R366 told V28, R366's right hip. V23 and V28 both stated that therapy had got R366 up this morning. V23 and V28 tried to stand R366 using a gait belt. V28 told R366 to put R366's right foot on V28's foot and to press on V28's foot. R366 was unable to do and complained of pain. V23 stated V23 would go get therapy. V29, Doctor of Physical Therapy (DOPT), and V30, Certified Occupation Therapy Assistant (COTA), came in. V29 stated they had gotten R366 up around 9:00 AM. V30 stated a walker is to be used with 2 assist transfer and toe touch weight bearing on right foot. V30 stated they do an inservice and train staff, but stated V23 and V28 had not been trained. V30 stated V30 had put a note in the facility computer system. R366's Minimum Data Set (MDS) dated 3/21/18 documents that R366 requires extensive assistance and two plus physical assistance for transfers. R366's Progress notes, dated On 3/16/18 at 2:05 PM documents that R366 found lying on floor and complaining of right hip pain, and R366 sent to the hospital by ambulance. R366's notes dated 3/16/18 at 10:22 PM, documents R366 fractured right hip and scheduled for surgery on 3/17/18. The Hospital Discharge Instructions, dated

weeks. Illinois Department of Public Health

3/19/18, documents Activity Instructions of 25% Weight Bearing with walker at all times x 2

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING \_ IL6004907 03/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 SOUTH STATE STREET JERSEYVILLE NSG & REHAB CENTER** JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 On 3/20/18 at 2:40 PM, V1, Administrator, stated V1 would expect staff to know how to transfer a resident upon return from the hospital. (A)

Illinois Department of Public Health