

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IL6009369</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/22/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TAYLORVILLE CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>600 SOUTH HOUSTON<br/>TAYLORVILLE, IL 62568</b>                              |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| S 000                                                              | Initial Comments<br><br>Annual Licensure and Certification Survey<br><br>Statement of Licensure violations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S 000                                                                         |                                                                                                                          |                          |                                                        |
| S9999                                                              | Final Observations<br><br>Licensure 1 of 3<br><br>300.1210a)<br>300.1210b)<br>300.1210d)5)<br>300.1220b)3)<br>300.3240a)<br><br>Section 300.1210 General Requirements for<br>Nursing and Personal Care<br><br>a) Comprehensive Resident Care Plan. A facility,<br>with the participation of the resident and the<br>resident's guardian or representative, as<br>applicable, must develop and implement a<br>comprehensive care plan for each resident that<br>includes measurable objectives and timetables to<br>meet the resident's medical, nursing, and mental<br>and psychosocial needs that are identified in the<br>resident's comprehensive assessment, which<br>allow the resident to attain or maintain the highest<br>practicable level of independent functioning, and<br>provide for discharge planning to the least<br>restrictive setting based on the resident's care<br>needs. The assessment shall be developed with<br>the active participation of the resident and the<br>resident's guardian or representative, as<br>applicable. (Section 3-202.2a of the Act)<br><br>b) The facility shall provide the necessary care<br>and services to attain or maintain the highest<br>practicable physical, mental, and psychological | S9999                                                                         |                                                                                                                          |                          |                                                        |

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

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

TITLE

(X6) DATE

07/26/18

Illinois Department of Public Health

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| S9999                                                              | <p>Continued From page 1</p> <p>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.</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>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 2</p> <p>shall be reviewed at least every three months.</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 Requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to provide timely identification, treatment, monitoring and turning and repositioning to prevent pressure ulcers from developing for 4 of 9 residents (R3, R39, R59, and R64) reviewed in the sample of 34. This failure resulted in R39 and R64 developing facility acquired, unstageable heel pressure ulcers; R59 developing a new, unidentified, unstageable right buttock pressure ulcer; and R3 developing three new, stage two pressure ulcers to the buttocks.</p> <p>Findings include:</p> <p>1. On 05/18/18, the Admission Nursing Note documented R64 fell at home fracturing left tibia requiring proximal tibia Open Reduction and Internal Fixation (ORIF).</p> <p>The Physician's Order Sheet (POS), dated 05/18/18, documented R64 was "non-weight bearing, keep specialized brace (3D) rehab dressing on at all times, keep it unlocked, do not get wet."</p> <p>On 05/18/18, the MDS for R64 documented a BIMS score of 13, cognitively intact requiring extensive to total assist of two staff for bed mobility, transfers, locomotion, dressing and</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 3</p> <p>bathing.</p> <p>On 05/18/18, the Braden scale for predicting pressure ulcers documented a score of 12, indicating high risk.</p> <p>The Care Plan, dated 05/21/18, documented interventions for left tibia fracture, in part as, monitor limb for swelling and skin changes, Reposition as necessary to prevent skin breakdown.</p> <p>On 05/18/18, the admission nursing assessment documented R64 was admitted with a stage II left buttock pressure ulcer measuring 1.5 x 0.5 and a stage II pressure ulcer to the right heel measuring 2.0 centimeter (cm) x (by) 1.0 cm. As of 06/19/18, the pressure ulcer on the right heel was healed.</p> <p>On 06/20/18 1:28 PM, V6 and V7, Certified Nurse's Aides (CNAs) were observed during transfer and incontinent care for R64. V6 stated R64 was upgraded from a full mechanical lift to an extensive assist of two staff for transfers with no weight bearing to the left lower extremity. R64 had a surgical dressing observed on the left shin, dated 06/19/18, clean, dry and intact. The left heel was observed to have a large black area measuring approximately 4.0 centimeter (cm) by (x) 3.0 cm and was intact. R64 stated she had been wearing a full leg brace on the left lower extremity and could not move very well and did not turn and reposition the left leg often and developed the heel ulcer. V6 stated R64 was supposed to wear heel boots while in bed, but takes them off regularly because R64 gets too hot.</p> <p>On 06/06/18, a Weekly Wound Assessment documented R64 had developed a pressure ulcer</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 4</p> <p>of the left heel. It documented the initial assessment of the facility acquired pressure ulcer of the left heel as a Deep Tissue Injury and unstageable measuring 3.5 cm x 1.3 cm. However, the Weekly Skin report, dated 06/06/18, documented the left heel measurement at 3.5 cm x 1.5 cm. On 06/10/18, the Weekly Skin Report documented the left heel ulcer measuring 3.5 cm x 1.5 cm, no change in appearance. There was no Weekly Wound Assessment completed for 06/10/18.</p> <p>R64's Physician's Order Sheet, dated 06/06/18, documented skin prep to bilateral heels twice per day, left heel for pressure ulcer and right heel for preventative.</p> <p>On 06/16/18, a Weekly Wound Assessment documented R64's left heel ulcer measured 3.0 cm x 1.3 cm. However, the Weekly Skin Report documented on 06/16/18, R64's left heel ulcer measured 3.5 cm x 1.5 cm, unchanged.</p> <p>2. R3's Minimum Data Set (MDS) dated 6/6/18 documents a Brief Interview of Mental status as 4 indicating severe impairment. The MDS further documents R3 requires extensive assistance from staff for Activities of Daily Living (ADL's).</p> <p>On 6/22/18 at 11:40 AM, V15, CNA, and V6, CNA, transferred R3 using a full body mechanical lift from bed to wheelchair and then directly took R3 to dining room. At 12:35 PM V15 then removed R3 from dining room and left R3 in hallway outside of room. At 1:35 PM, R3 was observed in wheelchair sitting outside room without the benefit of position change until 2:40 PM.</p> <p>On 6/22/18 at 2:40 PM V4 Certified Nurse's</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 5</p> <p>Assistant (CNA) and V17 Certified Nurse's Assistant (CNA) transferred R3 using a full body mechanical lift from wheelchair to bed. V4 then left and V16 Certified Nurse's Assistant (CNA) replaced V4. V16 and V17 then provided incontinent care on R3. V16 began removing R3's pants which were heavily soaked with urine including the sling. R3's incontinent brief was heavily soaked with urine and large amounts of loose yellow stool noted oozing from the incontinent brief to in the inside of R3's pants. R3 had loose stool covering the front and back of the peri area. V16 then began wiping the stool away from R3's buttocks where 3 pressure ulcers with beefy red granulation tissue were observed opened and uncovered. V16 stated, "She's (R3) always red. I think the nurse know about those areas."</p> <p>On 6/22/18 at 3:20 PM V18 Licensed Practical Nurse (LPN) stated, "I believe that those areas were observed this morning and are being treated." V2 Director of Nursing (DON) stated, "Yes we are treating those areas as Incontinence Associated Dermatitis with ointment. (R3) is always moist. I believe she takes a diuretic (water pill)." V18 also stated that duoderm's do not work with R3 due to R3 is always moist.</p> <p>R3's EHR (electronic health record) documents, Physician order dated 6/21/18 Apply A&amp;D ointment after each incontinence episode to buttocks for Incontinence Associated Dermatitis; may be applied by C.N.A's (certified nurse's assistants).</p> <p>Assessments for R3 wounds to buttocks charted on 6/21/18 First Observations "left buttock Incontinence Associated Dermatitis 1.0 cm LENGTH 0.3cm WIDTH GRANULATION TISSUE</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 6</p> <p><b>BEEFY RED</b> right buttock superior LENGTH 1.0cm WIDTH 1.0cm; right buttock inferior pressure ulcer length 0.7cm length 0.7cm. Treatment ointment. Skin Checks with CROPS 1 time per day everyday at bedtime, Document Skin Check with CROPS C-Clear, R-Redness, O-Other, P-Pressure, S-Skin Tear one time a day."</p> <p>3. On 06/19/18 9:20 AM R39 was sitting up in a specialized wheelchair with R39's head down in a forward position with neck extended forward. At 10:30 AM, R39 was in the same position. At 11:45 AM, R39 was taken from her room to the dining room via wheelchair. No check and change was observed. R39 was in her wheelchair with head down sleeping at the dining table until her food was served at 12:30 PM. At 1:10 PM, R39 was taken to her room and left in wheelchair. At 2:30 PM, R39 still up in wheelchair in room sleeping.</p> <p>On 06/20/18 at 9:00 AM, R39 was up in the wheelchair sleeping. At 10:00 AM, R39 was in the same position.</p> <p>On 06/21/18 at 9:10 AM, R39 was in bed on her back sleeping. At 9:20 AM, V6 and V7, Certified Nurse's Aides (CNA's) gave R39 incontinent care. R39 had reddened deeply creased bottom and was incontinent of urine. R39's right heel had a medium-sized black area measuring approximately 1.5 centimeters (cm) x (by) 2.0 cm with no dressing. There was another open area that was small and brown measuring 0.5 cm x 0.5 cm.</p> <p>R39's Care Plan, dated 04/09/18, documented R39 developed an unstageable deep tissue pressure ulcer to the right heel. Interventions, in part, turn and reposition every 2 hours.</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TAYLORVILLE CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>600 SOUTH HOUSTON<br/>TAYLORVILLE, IL 62568</b>                              |                          |                                                        |
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| S9999                                                              | <p>Continued From page 7</p> <p>On 04/11/18, the Physician's Order Sheet (POS) documented an order for "Skin Checks with CROPS 1 time per day everyday in morning, Document Skin Check with CROPS C-Clear, R-Redness, O-Other, P-Pressure, S-Skin Tear; and skin prep right heel BID (twice daily)." There was no documentation presented with daily CROPS being completed.</p> <p>The Minimum Data Set (MDS), dated 04/16/18, documented R39 was cognitively impaired with a Brief Interview for Mental Status (BIMS) of 3 indicating severely cognitively impaired and required extensive to total assist of two staff for bed mobility, transfers, dressing, toileting and eating.</p> <p>On 06/21/18 at 10:30 AM, V2, Director of Nursing (DON) stated R39 had developed an unstageable pressure ulcer to the right heel and that the area seemed to be drying up.</p> <p>Facility's policy and procedure (undated) documents in part, "The facility will provide care and services to: Promote the prevention of pressure ulcer development." The Policy documented "Redistribute pressure i.e. repositioning, protecting heels etc. Provide appropriate pressure-redistributing, support surfaces. Provide non-irritating surfaces."</p> <p>4. The MDS dated 5/7/18 identifies R59 to have a Brief Interview of Mental Status (BIMS) score of 5 indicating a severe cognitive deficit. The MDS also documents R59 requires extensive assist of two staff for bed mobility, total assist for transfers, and is always incontinent of bowel/frequently incontinent of urine. The Braden Score of 5/7/18 identifies R59 to be a "12" or high risk for</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 8</p> <p>pressure ulcer development.</p> <p>R59's Care Plan dated 5/31/18 documents R59 to be at risk for skin breakdown due to incontinence, limited mobility and a recent decline in appetite. The Care Plan documents R59 developed an ulcer on her left elbow 6/5/18. The goal is to maintain or develop clean and intact skin by the next review with interventions for R59 to have arm sleeves to both arms at all times except showering (2/9/17), elbow pads to bilateral elbows (6/5/18), skin checks daily with CROPS, pressure relieving mattress to bed, and turn/reposition every two hours in part.</p> <p>The June 2018 POS includes an order dated 6/5/18 that documents "Cleanse left elbow with wound cleanser; apply collagen particles in wound bed then cut to fit hydrogel AG (Silver) and apply over collagen particles; Cover with absorbent dressing. Wrap with stretch gauze daily one time a day for unstageable ulcer."</p> <p>The Weekly Wound Assessment dated 6/5/18 documents the wound was identified as being a stage II with granulation tissue present (Beefy Red), moist, measuring 1cm (Centimeter) x 0.8cm x 0.1cm when found. The most recent documentation dated 6/16/18 identifies decline in the wound with it now being unstageable, "worsening," with 100% slough present on the wound bed measuring 1.5cm x 1cm.</p> <p>Progress Notes from 6/15/18 to 6/20/18 failed to reflect R59's buttock ulcer and it was not reflected on the weekly skin reports.</p> <p>On 6/20/18 at 11:30 AM, R59 was incontinent of urine and had three cloth incontinent pads under her over a quarter sheet folded turn sheet. R59</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 9</p> <p>had a small open area on right buttock which was a full thickness skin loss. The pressure ulcer bed was sloughy and somewhat dark.</p> <p>On 6/21/18 at 10:40 AM, V9 LPN removed R59's elbow dressing. R59 voiced pain and moaned. The elbow wound was irregular in shape and had full wound bed of slough except one small area of dark tissue at 4 O'clock. The surrounding tissue was red. V9 poured wound cleanser on a gauze pad and gently patted the wound bed several times. She then applied collagen particles with a cotton tipped applicator then applied a hydrogel pad over the wound bed. V9 then covered it with a padded gauze dressing. The wound was not cleansed appropriately.</p> <p>Progress notes dated 6/20/18 at 11:30am document "Note Text: "CNA reported while turning resident noted area to right hip/buttock. Area assessed noted 1 x 0.5 unstageable area cleansed and duoderm applied for current time while waiting for further orders. Dr (V13) notified and POA left message with."</p> <p>On 6/21/2018 at 10:00 AM, a telephone order was received for R59's buttock ulcer which read "cleanse area to right hip with wound cleanser apply duoderm, change every 3 days and prn (as needed), one time a day every 3 day(s) for pressure area."</p> <p>Weekly wound assessment dated 6/20/18 documents a newly facility acquired pressure ulcer was identified on right hip unstageable, slough present, measuring 1.0 cm x 0.5 cm red periwound, no odor or drainage, with inflammation/induration present.</p> <p>On 6/22/18 at 2:00 PM, V2, Director of Nurse's</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                              | <p>Continued From page 10</p> <p>(DON) stated she was unsure as to why staff did not identify R59's sooner and acknowledged that the ulcer was unstageable when found.</p> <p>(B)</p> <p>Licensure 2 of 3</p> <p>300.610a)<br/>300.1210b)2)<br/>300.1210c)<br/>300.1220b)3)<br/>300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p> | S9999                                                                                       |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 11</p> <p>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>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 12</p> <p>months.</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 requirements were not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to complete adequate assessments including measurement of contractures, failed to assess to determine efficacy of the Range of Motion (ROM) services and failed to provide complete ROM exercises for 4 of six residents (R6, R39, R27, and R47) reviewed for range of motion in a sample of 34. This failure resulted in overall mobility decline in R6 and development of bilateral lower extremities limitations.</p> <p>Findings include:</p> <p>1. On 6/21/18 at 2:28 PM, R6 was in bed with the head of the bed slightly elevated. V5, Certified Nurse's Aide (CNA) was asked to do passive range of motion exercises (PROM) for R6. V5 got a folded instruction sheet for range of motion out of her pocket and after setting it on the over bed table, explained to R6 that she planned to do range of motions exercises on her. V5 did 3 repetitions (reps) completing flexion/extension and abduction/adduction of R6's right shoulder then moved on to her elbow and did 3 reps on flexion/extension. No range of motion was done on R6's wrist, finger or thumb. V5 then did 3 reps abduction/adduction of R6's right hip, flexion/extension of her right knee with no range</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 13</p> <p>of motion done to her ankle or toe joints before stating she (V5) was finished. At 2:33 PM V5 stated she will do the other side the same and will do 15 minutes of range of motion on all the residents she's assigned to. At 2:35 PM, V5 was at the nursing station, having completed R6's Passive range of motion. R6 was alert/cooperative during the process and exhibited no discomfort or resistance. R6's head of the bed remained elevated throughout the exercises.</p> <p>R6's Minimum Data Set (MDS) dated 6/4/18 documents R6 has short/long term memory loss with moderate cognitive impairment. The MDS documents R6 has ROM limitations to bilateral lower extremities and receives AROM (Active Range of Motion).</p> <p>The quarterly Restorative Assessment dated 9/25/17 documents R6 to have no contractures and limited range of motion "WNL (within normal limits)." R6's strength is documented as "able to ambulate with assist."</p> <p>A Restorative Assessment dated 12/26/17 documents R6 has no contractures but "ROM Deficits of her bilateral lower extremities" indicating a decline. The most recent Restorative assessment dated 6/4/18 documents the same as 12/26/17.</p> <p>R6's Care Plan dated 3/14/18 documents R6 to have a limited physical mobility related to a fall prior to admission. The goal documents R6 "will remain free of complications related to immobility, including contractures" in part with interventions being a restorative program of active ROM. Interventions included are as follows: "1 - explain tasks, 2 - provide privacy, 3 - initiate AROM</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 14</p> <p>(Active ROM) to all extremities with 8-10 reps twice daily, 4 - provide verbal cues and visual demonstration for each exercise and 5 - Stop if pain or discomfort present and notify nurse."</p> <p>The policy/procedure entitled "Range of Motion (passive and active)" dated 5/2016 documents Range of motion exercises will be implemented for all residents in need and/or as physician orders. The Purpose is documented as "to move the resident's joints through as full a range of motion as possible, to improve or maintain joint mobility and/or to prevent contractures."</p> <p>2. R39's Physician's Order Sheet (POS), dated 02/22/18, documented R39 had the following diagnoses, in part as, acute embolism and thrombosis of the deep veins of lower extremity, pulmonary embolism, transient ischemic attack, epilepsy and history of falls.</p> <p>On 06/19/18 9:30 AM, R39 was observed with head down, neck extended forward. R39 was observed to have foot drop to bilateral feet. There were no observations of staff performing any type of ROM to R39's upper and lower extremities on this day.</p> <p>On 06/21/18 at 9:10 AM, V6 and V20, Certified Nurse's Aides (CNAs) were observed for incontinent care for R39. V6 stated that the CNA's on the floor do not perform any type of ROM and that it's done by the restorative staff. R39 stated she can no longer move her head/neck back to an upright position or move feet/ankles to a normal position due to contractures.</p> <p>R39's Care Plan, dated 02/22/18, documented R39 had limited physical mobility related</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 15</p> <p>weakness. The goals listed for R39 was for R39 to remain free of complications related to immobility, including contractures, skin-breakdown and fall related injury. The interventions, in part, are provide gentle range of motion as tolerated with daily care. It also documented R39 was identified as receiving restorative rehabilitation with AAROM program to maintain current level of ROM to all extremities by next review. However, the facility failed to document any baseline ROM measurements to identify any decline. The Care Plan did not identify any interventions regarding R39's bilateral foot contractures (foot drop).</p> <p>3. R27 was admitted to facility on 9/12/13. R27's Minimum Data Set (MDS) dated 6/6/18 documents a Brief Interview of Mental status as 4, indicating severe impairment. The MDS further documents R27 requires extensive assistance from staff for Activities of Daily Living (ADL's).</p> <p>On 6/21/2018 at 2:15 PM V15, CNA, and V4, CNA, provided incontinent care on R27. When completed range of motion was requested, V4 then asked V15 for her ROM (range of motion) paper. V15 removed the paper from her pocket and gave to V4. V4 was unsure what steps to take, staring at the paper and asking V15 how many reps. V15 responded "5 reps." Resident's lower extremities were contracted up half way to thighs. V4 stated, "I'm not sure how much I can do with this leg." A rolled up wash cloth was noted in resident's left hand. V15 stated that it is difficult to get the wash cloth in resident's hand because resident's fingers were contracted in towards palm of hand.</p> <p>R27's Care plan dated 02/26/15 documented the resident has limited physical mobility. Initiate</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 16</p> <p>PROM exercises to all extremities 8-10 reps twice daily for at least 15 minutes (mins) daily.</p> <p>4. R47's Minimum Data Set (MDS) dated 5/3/18 documents R47 requires extensive assistance from staff for Activities of Daily Living (ADL's).</p> <p>On 06/21/18 at 10:20 AM V15 stated that PROM (passive range of motion) was conducted on R47 once and that 5 reps are given.</p> <p>R47's Care Plan dated 11/05/2014 documents resident has limited physical mobility. The Care Plan Interventions documented "Nursing Rehab/restorative Passive Range of motion 3. Initiate PROM exercises to all extremities 8-10 reps twice daily for at least 15 minutes daily."</p> <p>(B)</p> <p>Licensure 3 of 3</p> <p>300.1210b)<br/>300.1210d)6)<br/>300.1220b)3)<br/>300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 17</p> <p>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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> | S9999                                                                                       |                                                                                                                          |  |                                                        |

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| S9999                                                              | <p>Continued From page 18</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision to prevent falls and injuries for 2 of 8 residents (R42 and R53) reviewed for falls in the sample of 34. This failure resulted in R42 having multiple falls that included a hip fracture and hematoma to the head; and R53 sustaining three fractures within a sixth month period.</p> <p>Findings include:</p> <p>1. On 06/21/18 at 9:10 AM, R42 was lying in bed on back sleeping. At that time, V6, Certified Nurse's Aide (CNA) stated R42 has had a decline in mental and physical status in the last couple of weeks. V6 stated R42 does not try to get up as much as she did. V6 stated, "We now get her up last to go to meals and lay her down first after meals." and stated R42 does not attend activities now. V6 also stated R42 does not use her call light for assistance.</p> <p>An Incident Report, dated 01/08/18, documented R42 was found on the floor on her bottom in her room. The Incident Report documented an intervention as staff was to not leave R42 in her wheelchair in the hallway.</p> <p>On 01/15/18, the MDS documented R42 was sent to an acute hospital for hip fracture. On 01/18/18, admission note documented, R42 re-entered the facility after having a left hip hemi-arthroplasty.</p> <p>An Incident Report dated 01/22/18, documented R42 was found on the floor in her room and complained of right hip pain. It also documented R42 had self-transferred from wheelchair to bed</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 19</p> <p>and fell. The intervention was to transfer R42 to recliner or bed after meals. Do not leave in wheelchair unattended.</p> <p>An Incident Report dated 03/25/18, documented R42 was found on the floor in the hallway on buttocks and scooting herself on the floor. The report documented R42 was last seen in her recliner in her room. The intervention was to place R42 on 15 minute checks for 24 hours.</p> <p>An Incident Report, dated 4/10/18, documented R42 was found on the floor next to her bed. R42 had suffered a hematoma to the right side of her head. The intervention was to place R42 in a wheelchair and move to nurse's desk. It documented last checked R42 was in bed.</p> <p>An Incident Report, dated 04/13/18, documented R42 was found on the floor in another resident's room with her wheelchair by her side. It documented R42 was last toileted approximately two hours prior. The intervention was to re-educate staff to assist R42 to bed or recliner after meals.</p> <p>An Incident Report, dated 5/2/18, documented R42 was found on the floor at the nurse's station and had struck another resident's wheelchair with her head. The Report documented R42 sustained a hematoma to the head. The intervention was to re-educate staff to assist R42 to the dining room once in her wheelchair.</p> <p>On 04/17/18, the Minimum Data Set (MDS) documented R42 was severely cognitively impaired with Brief Interview for Mental Status (BIMS) and required extensive assist of two staff for bed mobility, transfers and toilet use. It also documented R42 was always incontinent of bowel</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                              | <p>Continued From page 20</p> <p>and bladder and had a balance deficit and could not stabilize self without assistance.</p> <p>The Care Plan, dated 04/10/18, documented R42 was at risk for falls related to confusion and fall with hematoma. The interventions listed, in part as, be sure call light is within reach and encourage resident to use it for assistance and resident not to be left in wheelchair unattended.</p> <p>On 06/22/18 at 10:20 AM, V2, Director of Nursing (DON), stated R42 was a very busy person who got up frequently and attempted to self transfer. V2 stated R42 has had a major decline and is no longer walking.</p> <p>2. The MDS dated 11/24/17 (5 day review) documents R53 to have moderate cognitive impairment with short/long term memory deficits. The MDS documented R53 required extensive assist of one staff for bed mobility and minimal assist of one staff for transfer. The MDS documents R53 required staff assistance for all balance opportunities.</p> <p>The Admission Summary dated 11/17/17 documented R53 was admitted to the facility from the hospital following a Cerebral Vascular Accident (CVA.)</p> <p>R53's Care plan dated 11/29/17 documents R53 to be at high risk r/t for falls (related to) deconditioning, gait/balance problems, poor communications/comprehension, poor safety awareness, dx (diagnosis) of seizures. The Care Plan continues to document "Has a recent extensive history of falls with resulting fracture at hospital, was a very safe individual prior to Cerebral Vascular Accident, and is use to be on the go all the time, resident is up frequently on</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 21</p> <p>own, is very busy and does not understand his limitations." The goal is to not sustain serious injury through the next review. Interventions included "ensuring proper foot wear, transfer with limited assist of one staff, does not use call light appropriately so check on him frequently, room rearrangement so if the resident attempts to get up his dominant arm is always toward the bed rail, and make sure room and floors are clutter free."</p> <p>On 6/26/18 at 11:10 AM, V2 Director of Nurses (DON) stated R53 fell at the hospital and sustained a fractured wrist so was admitted to the facility with a cast on his arm."</p> <p>An Incident report dated 12/2/17 at 8:00 PM documents R53 "fell while ambulating with or without assistive device" which was unwitnessed with no apparent injury in the bathroom. The report fails to document whether R53 was suppose to be using an assistive device and whether or not it was actually in place when the fall occurred. There is no information as to where staff were and why R53 was in the bathroom before staff knew R53 was up and mobile. The "Details of Corrective Measures taken by Facility" documents "staff educated to check bathroom frequently due to resident sharing bathroom with another resident who tends to leave linens on floor." However, the report does not identify a "causative factor" for the fall. The Care Plan fails to reflect any revisions as a result of this fall.</p> <p>On 6/26/18 at 11:10 AM, V2 stated R53's room mate had left his pants on the floor and they think R53 tripped over it. V2 was unable to state as to why R53 would have been all the way into the bathroom before staff was alerted. V2 stated at this time, R53 was in a room half way down A</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 22</p> <p>hall.</p> <p>The Incident report dated 1/1/18 at 3:30 AM documented R53 had an unwitnessed fall "while ambulating with or without assistive device" in his room. The details document "resident observed on the floor in room with head resting against bathroom door laying on his back. Assessed for injuries noted skin tears to right and left elbows and to RFA (right forearm.)" The report continues to document "Resident has poor balance and requires assistance with all ADL's (activities of daily living.) Resident is non-compliant and was observed an hour prior to fall walking to nurses' station with some blankets in his had" but again, fails to identify the causative factor of the fall as being unassisted when up. There is no information as to where the staff was or the need for increased supervision. Corrective actions include 15 minute checks and continue to monitor. R53's room was also moved closer to the nurses station. On 1/13/18, the care plan shows a new intervention to rearrange his bed for right side neglect but fails to reflect his need for additional supervision.</p> <p>On 1/29/18 at 12:15 AM, the Incident report documents R53 again as falling (unwitnessed) as ambulating "with or without assistive device" in the corridor. The Detail of incident documents "resident found on floor in middle of hallway lying on his right side." R53 sustained skin tears to right hand. The Corrective Actions section documents "facility had care plan with family." There is no evidence the facility identified the causative factor of the fall and revised the interventions in an attempt to prevent R53 from getting up unassisted. The care plan shows only that the care plan meeting was held with R53's family with no other revisions.</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                              | Continued From page 23<br><br>An Incident Report dated 2/18/18 documents R53 had another unwitnessed fall "while ambulating with or without assistive devices" in his room sustaining a right knee skin tear. Corrective actions section document "continue with current interventions. Will continue to monitor."<br><br>The Incident Report dated 6/3/18 at 5:00 AM documents R53 fell "while ambulating with or without assistive devices" in the dining room which was witnessed by a Licensed Practical Nurse. The report documents R53 sustained an abrasion on his face and a deep cut to his "right pinky finger." The narrative documents "writer heard shuffling in dining room, went to see what it was and saw resident losing his balance with his walker." R53 was transported to the emergency room and diagnosed with a fractured finger according to the report. The care plan fails to reflect any revisions made following this fall until 6/7/18 when a new intervention documents "It has already been established that resident gets up on his own due to poor safety awareness. This fall was witnessed and staff member was attempting to reach resident before his fall. All current interventions were in place at time of fall including having walker and having shoes on;" and, "Due to no other obvious reasons for fall occurring, staff will check orthostatic blood pressure. This was discussed today as possible intervention." There is no intervention that addresses the lack of staff within a reasonable distance and the need for closer supervision.<br><br>On 6/26/18 at 11:10am, V2 stated R53's fall on 12/3/17 resulted when he got up to the bathroom unassisted. V2 stated R53 sustained a Right Lateral Tibial Impaction fracture during that fall. V2 stated R53 was still on A Hall when this fall | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | <p>Continued From page 24</p> <p>occurred. V2 stated R53's fall on 1/1/18 occurred when R53 was on A Hall as well, and that he sustained a closed Right radial fracture of the arm R53 fractured at the hospital prior to admission. V2 stated on R53's fall on 6/3/18, R53 fractured the 5th metacarpel. V2 stated they have no alarms in the building and no restraints and they are unsure as to what else they can put in place to ensure R53's safety and from getting up on his own unassisted. V2 stated R53 currently uses a walker but was unsure as to when R53 started using it, saying R53 was in a wheelchair when first admitted.</p> <p>On 6/19/18 at 9:00 AM, R53 was in low bed which was pushed into the inside corner of the room. R53's curtain was pulled half way closed to the next bed so R53 was unable to be visualized from the hallway.</p> <p>On 6/19/18 at 11:30 AM , V3, CNA, stated R53 gets up on his own although R53 is not supposed to. V3 stated R53 is very quick and has had several falls.</p> <p>On 6/19/18 at 12:40 PM, R53 was sitting at the dining room table. R53's walker was beside him. R53 turned himself in the chair and stood up. No CNAs were close. A housekeeper stopped R53 and cued R53 to not walk until she could find someone.</p> <p>On 6/20/18 at 9:05am, R53 was out of bed and halfway into his bathroom when R53 was noticed by V10, who was walking past R53's room. R53 had gotten himself out of the low bed and ambulated at least 5 feet into the bathroom without the walker that was sitting beside his bed. Again, the curtain to R53's side of the room was pulled halfway across so visualization of R53</p> | S9999                                                                         |                                                                                                                          |                          |                                                        |

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| S9999                                                              | Continued From page 25<br><br>getting up was blocked from the hallway.<br><br>On 6/20/18 at 12:40 PM, R53 again stood up<br>from the dining room table, grabbed his walker<br>and turned to start walking when staff was alert<br>by a visitor. No staff were close by.<br><br>(B) | S9999                                                                                       |                                                                                                                          |                          |                                                        |