

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER MERCY REHAB AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ROSEWOOD VILLAGE DRIVE SWANSEA, IL 62220		
(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
S 000	Initial Comments Annual	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. 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 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	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/06/18

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S9999	Continued From page 1 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 These regulations are not met as evidenced by: Based on interview and record review, the facility failed to provide wheelchair foot pedals to prevent falls for 1 of 4 residents (R18) reviewed for falls in the sample of 42. This failure resulted in R18 sustaining a laceration to the forehead requiring 3 stitches and a right nondisplaced distal radial fracture. Finding includes: R18's Fall Report, dated 3/11/2018, documents, in part, "Fall Summary: Fall to floor. What was this resident doing during or just prior to the fall? Pushed in wheelchair and put feet down and fell forward" The Report documented "Assessment: Laceration forehead area. Pain: Nonverbal	S9999			

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S9999	Continued From page 2 grimacing." The Report documented "Resident put feet down while moving. Foot pedals not on wheelchair. Resident fell forward out of wheelchair and hit forehead which caused a laceration with 3 stitches." The Fall Investigation documented R18's diagnoses as Dementia, Depression, disorder of the bone, abnormalities of gait and mobility, muscle spasm and muscle wasting. The Report documented Interventions put into place after this incident as "leg rests staff education." The Report documented Witness statement "I (V21, Certified Nurse's Aide/CNA) was handed (R18) by a (V20, Licensed Practical Nurse/LPN). She told me (R18) was dropping her feet down off and on. She told me to be careful so I did. Next thing (R18) planted her feet firmly on the ground as I pushed her she fell forward onto the floor." The Report documented "Why do you think the resident fell: She didn't have foot pedals." R18's Incident Follow up, dated 3/11/18, documents, in part, "Ambulance arrived at 8:25 AM and transferred resident via gurney to local hospital." R18's Nurse's Note, dated 3/11/18, documents, "Resident arrived back from local hospital bandage on resident forehead. 3 sutures were placed at the hospital for the laceration." R18's Nurse's Note, dated 3/12/18, documents "Went to change resident's forehead dressing and noticed swelling to the right wrist/forearm. Resident c/o (complained of) pain when touching and ROM (range of motion) of right hand. Called doctors office and ordered a 2 view X-ray on the right wrist/forearm." R18's Nurse's Note, dated 3/12/18, documents, in	S9999			

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S9999	Continued From page 3 part, "X-ray result back shows a nondisclosure distal fx (fracture) new order to apply ace wrap and sling to right arm." R18's X-RAY report, dated 3/12/18, documents, in part, "Right forearm: 2 views Impression: Nondisplaced distal radial fracture is seen." R18's Minimum Data Set (MDS), dated 1/29/2018, documents R18 has a Brief Interview of Mental Status (BIMS) of 3 indicating R18 is severely cognitively impaired. R18's MDS documents R18 requires extensive assistance of 1 staff member for locomotion on the unit utilizing a wheelchair. R18's Fall Risk Assessment, dated 2/5/18, documents, "Resident is at significant risk for falls. Rationale: decreased strength and balance, impaired cognition, unaware of safety." On 07/12/2018 at 12:14 PM, V22, Physician, stated that they should have stopped and reassessed for the need of wheel chair footrests for safety since she was putting her feet down already. 07/11/18 03:15 PM, V2, Director of Nurses (DON), stated, "Yes, the wheelchair foot pedals were not on the wheelchair and they should have been at the time of the fall. The intervention for that fall was to reeducate staff about foot pedals." The facility INCIDENT/ACCIDENT policy and procedure, dated 01/2018, documents, "The facility will take every precaution to prevent the occurrence of accidents." (B)	S9999			