



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 25, 2019

Marikay Snyder, Registered Agent
Petersen Health Network, LLC
830 West Trailcreek Drive
Peoria, Illinois 61614

RE: Complaint #: IL00107185
Survey Date: November 28, 2018
Docket #: 19-C0020
Violation Type: (2) Level B

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Nokomis Rehab & Health Care C.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure

cc: Administrator

File

Nokomis Rehab & Health Care C/November 28, 2018//RegAgent/S.Geer

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH	)	Docket No. NH19-C0020
STATE OF ILLINOIS,	)	
Complainant,	)	
	)	
v.	)	
	)	
PETERSEN HEALTH NETWORK, LLC,	)	
D/B/A, NOKOMIS REHAB & HEALTH CARE C,	)	
Respondent.	)	

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED;
NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF
VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint IL00107185 Investigation conducted by the Department on November 28, 2018, at Nokomis Rehab & Health Care C, 505 Stevens Street, Nokomis, Illinois 62075. On January 24, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.

- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$ 4,400.00, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the Sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a).

Fine = \$2,200

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Fine = \$2,200

Total Fine = \$4,400.

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

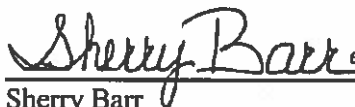
Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulation

Dated this 25th day of January, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

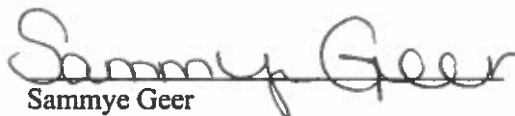
THE DEPARTMENT OF PUBLIC HEALTH	)	Docket No. NH 19-C0020
STATE OF ILLINOIS	)	
Complainant,	)	
	)	
v.	)	
	)	
PETERSEN HEALTH NETWORK, LLC,	)	
D/B/A, NOKOMIS REHAB & HEALTH CARE C,	)	
Respondent.	)	
	)	

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Marikay Snyder
Licensee Info:	Petersen Health Network, LLC
Address:	830 West Trailcreek Drive
	Peoria, Illinois 61614

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
_____ 25th _____ day of _____ January _____, 2019.



Sammie Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/28/2018
NAME OF PROVIDER OR SUPPLIER NOKOMIS REHAB & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 STEVENS STREET NOKOMIS, IL 62075		
(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 Complaint #1847316/IL107185 Statement of Licensure violations	S 000			
S9999	Final Observations Licensure 1 of 2 300.610a) 300.1210b) 300.1210d)5) 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

12/20/18

Illinois Department of Public Health

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S9999	Continued From page 1 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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. 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 requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to assess, and prevent the formation of pressure ulcers for 1 of 3 residents (R4) reviewed for pressure ulcers in the sample of 13. This failure resulted in R4 developing an facility aquired unstageable pressure ulcer to his left buttocks. Findings include: 1. R4's Braden scale for pressure ulcer risk, dated 7/13/18, documents a score of 19 (17-19 indicating moderate risk).	S9999		

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S9999	Continued From page 2 R4's Minimum Data Set, MDS, dated 10/16/18 documents total dependence and one plus person assistance for toileting. The MDS documented he was at risk for pressure ulcers but did not have any pressure ulcers when this assessment was completed. On 11/13/18 at 11:28AM R4 was lying in bed on right side facing the window. R4 had an unstageable pressure ulcer to his left buttocks which was circular in area with a yellow center and surrounded by red tissue. At that time, V3, Licensed Practical Nurse (LPN), stated R4 acquired the pressure sore at the facility. R4's AIM for Wellness sheet, dated 10/27/18, documents a change in R4's condition. The Sheet documents a pressure ulcer to R4's buttocks measuring 4 centimeter (cm) by (x) 7 cm redness with 2 cm x 2 cm necrotic area with 0.5 cm x 1 cm blister. Notes on sheet document cleanse daily apply calcium alginate cover with foam and paper tape. R4's Treatment record, dated 10/27/18 documents "Cleanse wound to I (left) buttock, apply calcium alginate, cover with foam and paper tape change q (every) day and prn (as needed)." Treatment Record documents change in treatment on 10/30/18 to wound debridement ointment to I buttock wound, cover with foam dressing every day and prn. Treatment record documents on 11/8/18 treatment change to Hydrogel to L buttock wound cover with foam dressing daily and as needed. Consultant Wound Physician's initial wound evaluation and summary, dated 11/6/18 documents R4 has an unstageable (due to	S9999			

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S9999	Continued From page 3 necrosis) of the left buttock with at least 1 day of duration. The Summary documents "Stage 3 unstageable due to necrosis measurement of 1.4x1.8x not measurable cm. dry eschar, normal skin surrounding, no erythema, non tender." Wound physician's s wound evaluation, dated 11/13/18 documents "(R4) has a stage pressure wound to the left buttock of at least 7 days duration. There is light serous exudate. Measurements 1.2x1x0.1cm." The Evaluation documents 10% thick devitalized necrotic tissue with 80% slough and 10% granulation tissue with no change in treatment plan. On 11/14/18 at 12:15PM per telephone interview, V5, Physician stated he would have expected staff to have noticed redness or an open area during bathing prior to the development of the unstageable pressure ulcer. On 11/14/18 at 1:10PM V2, Director of Nursing stated she would expect staff to notice a change in skin condition during bathing. The Facility Policy Pressure Sore Prevention dated revised 1/18 documents it is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for the residents who are identified as high or moderate risk for skin breakdown as determined by the skin risk for breakdown assessment. The policy documents the following guidelines will be implemented for any resident assessed at a moderate or high risk; daily skin checks, care plan entry, turn and reposition every 2 hours. (B)	S9999			

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S9999	Continued From page 4 Licensure 2 of 2 300.610a) 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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	S9999		

Illinois Department of Public Health

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S9999	Continued From page 5 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 requirements were not met as evidenced by: Based on interview and record review the facility failed to develop and implement progressive interventions for the prevention of falls for 2 of 3 residents (R1 and R3) reviewed for falls in the sample of 13. This failure resulted in R1 falling and fracturing her hip and declining in ambulation status. In addition, this failure resulted in R3 falling and fracturing her right humerus. Findings include: 1. R1's Fall Risk Assessments dated 4/6/18 and 4/14/18 document a score of 19, 5/19 score of 21 and 6/23 score of 21. A high score of 10 or > indicates high risk for falls. All of the Fall Risk Assessments documented she had diagnoses of Alzheimer's and Cognitive Deficit/Dementia. R1's Care Plan dated 3/26/18 documents for falls that R1 has risk factors that require monitoring and intervention to reduce potential for injury. Intervention dated 3/26/18 documents fall risk assessment quarterly and as needed. R1's Situation Background Assessment	S9999			

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S9999	Continued From page 6 Recommendation (SBAR) communication form dated 3/31/18 documents resident was walking with wheeled walker and lost her balance and fell backwards onto her buttocks. The SBAR documents she denies any complaints of pain and had no injury. R1's Care Plan documents resident sustained fall on 3/31/18 with the root cause of fall as she lost balance. The Care Plan documented new intervention as 15 minute checks times 7 days. R1's SBAR communication form, dated 4/6/18, documents R1 was found on floor in a room belonging to another resident. The SBAR documented she sustained no injury from this fall. R1's Care Plan, dated 4/6/18, documents "resident sustained fall; root cause decreased cognition related to dementia diagnosis, new intervention: refer speech therapy for eval (evaluation) and treatment." R1's SBAR communication from, dated 4/14/18, documents R1 was noted on the floor in another resident's room and her range of motion was within normal limits. The SBAR documented she was able to move all extremities no red or bruised areas noted. R1's Care Plan, documents resident sustained a fall on 4/14/18. The Care Plan documented that the root cause was her shoes were untied. The intervention documented to encourage R1 to wear non-skid socks and attempt to get shoes that do not tie. R1's SBAR communication form, dated 4/20/18, documents R1 was found sitting on her buttocks on floor by bed with walker in front of her.	S9999			

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S9999	Continued From page 7 R1's Care Plan, dated 4/20/18, documents resident sustained a fall with root cause tripped on pant legs. The Care Plan new intervention was to get smaller pants and shorter. R1's SBAR communication form, dated 5/12/18, documents R1 was ambulating with walker, noticed a limp L (LEFT) left. She denies pain in beginning after walker approx 10 ft (ft) as she refused to sit down, She is hold her low left back. "The SBAR Form documents physician notified and sent resident to emergency room. Hospital clinical report dated 5/12/18 documents no acute fracture. The Report documented "Clinical Impression: Single contusion to the left hip. Skin avulsion to left forearm." R1's Care Plan dated 5/12/18 documents the root cause of R1's fall as unaware of safety needs. The Care Plan documented new interventions as "15 minute checks x 72 hours, then place hipsters on resident when she allows." R1's SBAR communication form dated 5/19/18 documents R1 was lying on floor beside bed in room. The SBAR documented "Resident states 'I slipped out of bed.'" Form documents nickel sized skin tear to left elbow to be cleansed with normal saline and cover with Triple Antibiotic Ointment (TAO) and band aid daily until healed. R1's Care Plan dated 5/19/18 documents resident sustained a fall with root cause unaware of safety, decline in cognition. The Care Plan documented the new intervention as "pressure alarm while in bed." R1's SBAR Communication form, dated 5/25/18, documents nurse summoned to north hall where	S9999			

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S9999	Continued From page 8 resident is lying on her back. No injury documented. R1's Care Plan, dated 5/25/18, documents resident sustained a fall with root cause: decreased safety awareness decreased cognition. New Intervention: attempt to keep resident in high traffic area when awake. R1's SBAR communication form, dated 6/1/18 at 2030 documented a fall with hip pain. Form documents "sitting on buttock on floor yelling out. Resident unable to move Left Lower Extremity (LLE)." The Form did not document if the resident fell while ambulating, in wheelchair on in bed. The Form documented she was sent to Emergency Room (ER). R1's X-ray report, dated 6/1/18 at 9:59 PM, documents fracture proximal left femur. R1's Care Plan, dated 6/1/18 documents resident sustained fall and the root cause was decreased safety awareness, decreased cognition and disease progression. The Care Plan documented new intervention as "apply dycem to w/c (wheelchair)." R1's SBAR communication form dated 6/23/18 9:45 documents resident sitting in TV room floor in front of her wheelchair legs extended in front of her. Range of Motion (ROM) within normal limits except Left hip as previous fractured." The SBAR did not document if any staff were in the area as per care plan intervention of 5/25/18. The SBAR did not document if the Dycem was in the wheelchair at the time of this incident. R1's Care Plan dated 6/23/18 documents resident sustained a fall with root cause as	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006555	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/28/2018
NAME OF PROVIDER OR SUPPLIER NOKOMIS REHAB & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 STEVENS STREET NOKOMIS, IL 62075		
(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
S9999	Continued From page 9 decreased safety awareness pressure pad alarm in w/c. The Care plan listed the new intervention as to keep her in high traffic area while awake although this was an intervention put into place on 5/25/18. R1's SBAR communication form dated 9/7/18 documents resident on floor in the dining room. The form documents resident had a previous healing skin tear reopened. The SBAR documented the skin tear required Triple Antibiotic Ointment and steri strips. The SBAR did not document if this fall was witnessed or if she was being supervised. R1's Care Plan dated 9/7/18 documents resident sustained a fall with root cause decreased safety awareness, decreased Cognition. New Intervention: evaluate for geri chair. There was no new intervention regarding increased supervision to prevent future falls. R1's Minimum Data Set (MDS) dated 10/08/18 documents that R1 requires extensive assistance and two plus physical assistance for bed mobility and total dependence and two plus physical assistance for transfers. R1's MDS documents in part R1 has diagnoses of repeated falls and unspecified Dementia. On 11/26/18 at 2:00 PM, V2, Director of Nursing (DON) stated that prior to falling and receiving a fracture R1 was able to walk, but is now wheelchair bound. On 11/28/18 at 3:50 PM per telephone interview V22, Physician, stated that R1 is very demented. V22 stated that the fracture resulting from R1's fall has affected R1's quality of life. V22 stated with R1 being 91 years, any fall will affect R1's	S9999			

Illinois Department of Public Health

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S9999	Continued From page 10 quality of life. 2. R3's Baseline Care Plan, dated 7/18/18 documents devise in use: "Pressure alarm." The form documents crawling from bed. New Intervention: low bed R3's Baseline Care Plan dated 7/18/18 documents a fall on 7/17/18. The Care Plan documents R3 leaning forward and recliner tipped with new intervention heavier chair and PT evaluate R3's Fall Risk Assessment dated 7/13, 7/15, and 10/7/18 documents a score of 19, with a score of 10 or more being at high risk for falls. R3's SBAR dated 7/17/18 documented she was found on floor in front of her recliner. The SBAR documented "Recliner noted tipped c (with) foot rest on floor." R3's Baseline Care Plan was updated on 7/17/18 and documented "leaning forward in recliner tipped. N/I (New Intervention) - heavier chair and PT (Physical Therapy) eval." SBAR communication form dated 7/22/18 documents fall, slid from recliner, no injuries. The SBAR did not document if the recliner noted in the previous fall was in use at the time of this fall. R3's Baseline Care Plan documents an entry dated 7/25/18. The entry documented "Psych evaluation and monitor for 72 hours." R3's MDS dated 7/27/18 documents R3 had long and short term memory problems with modified independence with decision making. R3 required limited assistance of one staff person for transfers and extensive assistance with ambulation. The MDS documented she was not	S9999			

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S9999	Continued From page 11 steady and only able to stabilize with staff assistance with moving from seated to standing position, walking, turning around, moving on and off toilet and surface-to-surface transfers. The MDS R3 required supervision and setup only for bed mobility. R3's MDS documents in part a diagnosis of Dementia. The MDS documented she had sustained 2 falls without injury and 2 falls with injury since admission to the facility. SBAR communication form dated 8/7/18 documents R3 slid from the wheelchair when trying to transfer to the couch. The form documents no injuries. The SBAR did not document any type of root cause analysis to determine the cause of this fall and what potential interventions could be used to prevent R3 from transferring self. R3's baseline care plan documents intervention for 8/7/18 as "med review, possible mood stabilizer." R3's Aim For Wellness form dated 10/5/18 at 2:00 PM documents "Heard resident's pad alarm, went to room and resident was sitting on her bottom on the floor. Tried transferring to recliner from wheelchair and got scared." This form did not document any root cause analysis as to how to provide increased supervision or address R3 from transferring self without assistance. R3's AIM for Wellness form dated 10/7/18 documents "(R3) found on the floor on her buttocks." The form documents R3 complained of severe pain to right arm when touched yelled out loudly and would not move arm. The Form did not document where R3 was prior to being found on the floor. The Form did not document any type of root cause analysis regarding this fall.	S9999			

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S9999	Continued From page 12 R3's X-ray report dated 10/7/18 documents Impression: Acute impacted /displaced fracture of the right humerus surgical neck. On 11/28/18 at 1:40 PM per telephone interview, V10/Certified Nursing Assistant (CNA) stated that he thought the nurse was the one who found R3 on the floor on 10/7/18. V10 stated at no time did he hear a bed alarm sounding. On 11/28/18 at 1:43PM V11, Licensed Practical Nurse (LPN) stated that she was on duty when R3 fell. V11 stated she heard R3 yelling for help and ran to R3's room and found R3 on the floor. V11 stated that R3's bed alarm was not sounding. On 11/28/18 at 1:45PM per telephone interview, V19 (CNA) stated that she was on duty when R3 fell on 10/7/18. V19 stated that V11, Licensed Practical Nurse (LPN) found R3 on the floor. V19 CNA stated that she was in another resident's room with V10, CNA. V19 stated that she heard V11 yell for help, and she and V10 responded. V19 stated at no time did she hear a bed alarm. The Facility Policy Fall Prevention dated, revised 11/10/18 documents to provide for resident safety and to minimize injuries related to falls; decrease falls and still honor each residents desires for maximum independence and mobility. The policy documents appropriate interventions will be implemented. (B)	S9999			

FAC. NAME: NOKOMIS REHAB & HEALTH CARE C
LIC. ID #: 0050641
DATE COMPLAINT RECEIVED: 11/08/18 11:31:00

COMPLAINT #: 0107185

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	1
205	INSECTS, RODENTS, PESTS	2
212	PHYSICAL PLANT PROBLEMS	2
312	POOR PREPARATION/QUALITY (COLD FOOD)	2
402	LACK OF STAFF	2

 X

The facility has committed violations as indicated in the attached*
No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.