

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003529	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/30/2021
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NAME OF PROVIDER OR SUPPLIER ALEDO REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET ALEDO, IL 61231
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(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	S 000		
S9999	<p>Complaint Investigation 2125348/IL136445</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210d)6) 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>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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.</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 300.3240 Abuse and Neglect</p>	S9999		

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S9999	<p>Continued From page 2</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 regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide supervision to prevent a fall for a resident at high risk for falls, for one of three residents (R2) reviewed for falls in a total sample of three. This failure resulted in R2 sustaining a nasal fracture, cervical 5 & 6 fracture, and an elbow "chip" fracture.</p> <p>Findings include:</p> <p>Facility policy, entitled "Fall Prevention", revised 11/10/18, documents, "All staff must observe residents for safety. If residents with a high risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident."</p> <p>R2's "Fall Risk Assessment", dated 7/20/21, document R2's fall risk as "18"; and "10 Points or More=High Risk Score".</p> <p>R2's "Care Plan", under "Category: 011 FALLS", dated 1/29/20, documents, "[R2] has risk factors that require monitoring and intervention to reduce potential for self injury" with the intervention "Observe for unsteady/unsafe transfer or ambulation and provide stand by or balance support as needed".</p> <p>R2's "A.I.M [Assess, Intercommunicate, and Manage] for Wellness" document, dated 7/27/21, documents, "[R2] fell to the floor with excessive</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>amounts of blood coming from face"; "sent to e.r. [Emergency Room] for further evaluation".</p> <p>R2's local hospital radiological reports, dated 7/27/21, document, "Left Elbow Chip fracture at the posterior aspect of the olecranon process"; "comminuted and displaced bilateral nasal bone fracture with hematoma anterior to the left-sided nasal bones. Mildly comminuted and displaced fracture of the vomer/nasal septum. Small amount of hemorrhage in the bilateral maxillary sinuses and the left sphenoid sinus"; and Nondisplaced fractures at anterior inferior corner of C5. Nondisplaced fracture of C5 spinous process noted as well. There is also a nondisplaced fracture noted at bilateral lamina of C6".</p> <p>On 7/30/21, at 9:41 a.m., V3/Certified Nursing Assistant confirmed R2's fall, on 7/27/21, was not observed as V3 was serving meals in the dining room. In addition, V3 confirmed V3 and V4/Unit Aide were the only two staff members present on the locked unit where R2 fell.</p> <p>On 7/30/21, at 10:20 a.m., V4 confirmed R2's fall, on 7/27/21, was unwitnessed.</p> <p>(B)</p>	S9999		