

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000723	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2021
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-CARLINVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 UNIVERSITY AVENUE CARLINVILLE, IL 62626
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 1 of 2</p> <p>300.1210a) 300.1210b) 300.1210d)3) 300.1210d)6)</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 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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>These requirments are not meet as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to implement safe transfer techniques to prevent accidents and injury during mechanical lift transfers for 2 of 8 residents (R26 and R161) reviewed for supervision to prevent accidents in the sample of 32. This failure resulted in staff unsafely transferring R161 using a sit to stand lift and R161 sustained a large chest bruise and left dislocated shoulder.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>1. R161's Admission Record, with admission date of 3/13/21, documented R161's diagnosis of hemiplegia and hemiparesis affecting left non-dominant side.</p> <p>R161's Care Plan, dated 6/18/21, documented, limited physical mobility, able to transfers with use of sit to stand, and two staff assistance related to, (CVA), Cerebral Vascular Accident, with affected left side.</p> <p>R161's Physical Therapy discharge summary, documents R161 was discharged from therapy on 6/18/21 with sit to stand mechanical lift transfer with the Certified Nurse's Aide (CNAs).</p> <p>R161's Shower sheet dated 6/28/21, documented a bulge and bruise, complained of pain in that arm and on a drawn area to left armpit site.</p> <p>On 7/21/21, at 1:00 PM, V18 and V19, CNAs, were interviewed regarding R161's left arm and chest large bruised area and ability to use the Sit to Stand transfer machine. V18 stated, on 6/28/21, she and V19 identified a lump on R161's chest. V19 stated she was preparing the resident for her shower and found a reddened area on her left shoulder area and alerted the nurse.</p> <p>On 7/21/21 at 1:50 PM, V19 stated on Monday 6/28/21 at 1:30 PM, she reported R161's red lump on left armpit area to V7, Licensed Practical Nurse, LPN; and went to the therapy department and reported to therapy the decline with R161 inability to use the sit to stand. V19 stated V12, Physical Therapist told her that R161 was discharged from therapy and continue to use what is ordered, sit to stand.</p> <p>On 7/22/21 at 1:47 PM, V7 stated on 6/29/21 she</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>was informed only on this day of 6/29/21 from V19 of R161's declining ability to use the sit to stand. V7 continued to state that she would assess the resident and report to the therapy department if a resident had a decline in their transfer ability, and she did not report this issue with the therapy department because V19 was present in therapy addressing the issue.</p> <p>There was no documentation the facility conducted further assessment of R161's transfer status after an injury was identified to her left arm and chest area. There was no documentation/assessment to ensure that the sit to stand lift was the safest mode of transfer for R161.</p> <p>R161's Progress Note dated 6/29/21 at 4:26 AM, documented an edematous area measuring 13 cm, (centimeters) x 11.5 cm in size to left breast/axilla area with discolored dark purple in color and very warm and firm to touch.</p> <p>R161's Progress note dated 6/29/21 at 4:35 AM, R161 to be sent out to the emergency department for evaluation of resident left breast/axilla area.</p> <p>R161's, "Occurrence Report," dated 6/29/21 at 4:26 AM, documented, "Upon return from ER, (Emergency Room) visit resident, (R161) was assessed for the use of Sit to Stand, (partial mechanical lift) transfers, she did not attempt to stand or hold on to handles of the sit to stand machine. Sit to Stand transfers dc'd, (discontinued) and staff educated on use of full mechanical lift for all transfers, as this is the safest transfer for resident at this time and resident, (R161), noted to have edematous area measuring 13 cm, (centimeters) x 11.5 cm in size left breast/axilla area, discolored, (dark purple in</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>color), and very warm and firm to touch. Resident was sent to ER for evaluation and returned to the facility. Resident does have lt. (left) sided neglect r/t, (related to) history of CVA. Upon return from the hospital ER visit resident was re-assessed for use of sit to stand machine and due to leaning to Lt. side appears injury determined to be related to use of sit to stand belt."</p> <p>On 6/29/21 at 6:17 AM, documented, R161 assessed on the use of the sit to stand, R161 was unable to stand or hold onto to handles of sit to stand machine. The Sit to Stand mechanical transfer was discontinued and changed for the use of a full mechanical lift as the safest transfer for the resident at this time.</p> <p>R161's written internal investigation sheet, undated, documented by V26, CNA, stated, "sit to stand transfer-she (R161) didn't hold her own weight, she didn't even try to straighten her leg and she did not hold on with her left hand, I went to therapy and told them about the poor transfer. I was told I could use the full mechanical lift, by (V12, Physical Therapist)."</p> <p>R161's Progress note dated 6/29/21 at 5:50 AM, documented, resident returned to facility with new physician orders for icepacks for 20 minutes every 3 hours for 2 days, then moist heat.</p> <p>R161's Progress note dated 6/29/21 at 3:24 PM, documented portable radiology completed at facility for the left shoulder.</p> <p>R161's radiology report, dated 6/29/21 at 7:38 PM, Procedure: "Left shoulder, two views, documented, Inferior displacement of the humeral head, (upper long arm bone) in relation to the</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>glenoid, (the socket portion of the shoulder joint that meets the head of Humerus)."</p> <p>R161's Progress note dated 6/29/21 at 9:50 PM, documented, new orders received to send to ER for left head Humerus to be put back in place. R161 was admitted to the hospital on 6/30/21.</p> <p>R161's Hospital Radiology Report, dated 6/29/21 at 11:21 PM, documented, Impression: "there is a large amount of hematoma formation left anterior chest wall just involving the pectoralis muscle."</p> <p>R161's Hospital Radiology Report, dated 6/30/21 at 10:22 AM, documented, "There is inferior subluxation, (partial dislocation) of the left humeral head in respect to the glenoid,"</p> <p>On 7/22/21 at 9:50 AM, V1, Administrator stated she would expect nursing staff to assess a resident that has a decline in transfer ability and report to the Therapy Department.</p> <p>The facility's policy and procedure, entitled "Safe Resident Handling Program Policy, dated 3/18/18, documented, initial screening will be performed on all residents to assess transfer an ambulating status. Resident transfer status will be reviewed via care-plan time frame and as needed.</p> <p>The facility's policy and procedure, entitled, "Safe Resident Handling Program Transfer and Bed Mobility Assessment Tool, dated 2/14/18, documented, "Caregivers should always do the safest transfer possible for both the resident, if the level of assistance is increased, immediately notify the floor nurse so that the resident can be evaluated."</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>2. On 07/21/2021 at 8:10 AM, V22, CNA applied the sling of the sit to stand mechanical lift around R26. Prior to lifting R26, the mechanical lift sling was loose and was not checked by V22 or V23, LPN. R26's knees were not placed against knee pads of the partial mechanical lift. R26 had stockings on her bilateral feet. V23 asked R26 to hold on to the bars, R26 did until the lift started in motion then she let go of the bars. V22 and V23 did not verbally redirect R26 to hold on to the bars and R26 started to slip through the sling where the sling was under R26 armpits (axilla) and her bilateral arms were swinging up in the air. V23 was operating the lift and V22 was moving the wheelchair out of the way and did not have control of R26 and did she support R26 while she was being transferred to her bed from her wheelchair,</p> <p>R26's face sheet, dated 07/22/2021, documents diagnosis of Dementia with behavioral disturbances and Chronic Obstructive Pulmonary disease.</p> <p>R26's Minimum Data Set, MDS, dated 06/02/2021, documents R26 requires extensive assistance of 2 staff members for transfers and that R26's cognition was severely impaired.</p> <p>R26's Care Plan, dated 04/08/2019, documents, "Fall risk: I (R26) am alert. I require 1-2 staff assist to transfer with (site to stand lift)."</p> <p>On 07/21/2021 at 4:15 PM, V1, Administrator, stated she would expect staff to transfer residents safely when using the mechanical lifts.</p> <p>On 07/22/2021 at 10:20 AM, V3, Director of Nurses, stated that she would expect staff to</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>make sure resident's knees were appropriately placed on knee pads and to make sure sling was secured prior to transferring residents.</p> <p>User Instruction Manual for the partial mechanical lift, undated, documents, "Position the (partial mechanical lift) so that the patient's feet fit in the foot tray and knees rest against the knee pads." It continues, "The patient's hands should be placed on the handgrips."</p> <p>(B)</p> <p>2 of 2</p> <p>300.675</p> <p>Section 300.675 COVID-19 Training Requirements EMERGENCY</p> <p>a) Definitions. For the purposes of this Section, the following terms have the meanings ascribed in this subsection (a):</p> <p>1) "CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov.</p> <p>2) "Frontline clinical staff" means the medical director of the facility, facility treating physicians, registered nurses, licensed practical nurses, certified nurse assistants, psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators, assistant directors of nursing, directors of nursing, social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs, and caregivers who provide, engage in, or administer direct care and</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>services to residents on behalf of the facility are also considered frontline clinical staff.</p> <p>3) "Management staff" means any facility staff who:</p> <p>A) Assign and direct nursing activities;</p> <p>B) Oversee comprehensive assessment of residents' medical needs and care planning;</p> <p>C) Recommend numbers and levels of nursing personnel;</p> <p>D) Plan nursing service budgeting;</p> <p>E) Develop standards of nursing practice;</p> <p>ILLINOIS REGISTER 19565 20 DEPARTMENT OF PUBLIC HEALTH NOTICE OF EMERGENCY AMENDMENT</p> <p>F) Supervise in-service education and skill training for all personnel; or</p> <p>G) Participate in the screening of prospective residents and resident placement.</p> <p>b) Required Frontline Clinical Staff Training</p> <p>1) All frontline staff employed by facilities shall complete the following portions of CMMS Training:</p> <p>A) Module 1: Hand Hygiene and PPE;</p> <p>B) Module 2: Screening and Surveillance;</p> <p>C) Module 3: Cleaning the Nursing Home;</p> <p>D) Module 4: Cohorting; and</p> <p>E) Module 5: Caring for Residents with Dementia in a Pandemic.</p> <p>2) Facilities shall ensure at least 50% of frontline clinical staff have completed the CMMS Training by December 31, 2020.</p> <p>3) Facilities shall ensure 100% of the frontline clinical staff have completed the CMMS Training by January 31, 2021.</p> <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>c) Required Management Staff Training</p> <p>1) All management staff employed by facilities shall complete the following portions of CMMS</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>Training: A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; ILLINOIS REGISTER 19566 20 DEPARTMENT OF PUBLIC HEALTH NOTICE OF EMERGENCY AMENDMENT C) Module 3: Cleaning the Nursing Home; D) Module 4: Cohorting; E) Module 5: Caring for Residents with Dementia in a Pandemic; F) Module 6: Infection Prevention and Control; G) Module 7: Emergency Preparedness and Surge Capacity; H) Module 8: Addressing Emotional Health of Residents and Staff; I) Module 9: Telehealth for Nursing Homes; and J) Module 10: Getting Your Vaccine Delivery System Ready.</p> <p>2) Facilities shall ensure at least 50% of management staff have completed the CMMS Training by December 31, 2020.</p> <p>3) Facilities shall ensure 100% of management staff have completed the CMMS Training by January 31, 2021.</p> <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all management staff hired after January 31, 2021.</p> <p>d) By December 31, 2020, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b) (2) and (c)(2).</p> <p>e) By January 31, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(3) and (c) (3).</p> <p>(Source: Added by emergency rulemaking at 44 Ill. Reg. 19551, effective December 2, 2020, for a maximum of 150 days).</p> <p>These Requirements are NOT MET as evidence</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>by:</p> <p>Based on interview and record review, the facility failed to initiate and complete the required CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management Staff by 2/28/21. This had the potential to affect all 65 residents living in the facility.</p> <p>Finding includes:</p> <p>On 7/19/21 at 2:45PM, V1 Corporate Administrator stated, "I know we are working on changing our Policy for agency staff, but at this time the facility does not require the agency staff to have the training."</p> <p>On 7/19/21 at V6, Agency Certified Nurse's Aide (CNA) stated, "I have not had the CMMS COVID training."</p> <p>On 7/19/21 3:45 PM, V2 Director of Nurses (DON) stated, "The Corporation is working on a Policy for all agency staff that work here need to be trained and the full time agency nurses that work here under contract have had the training, but the other agency staff have not."</p> <p>On 7/22/21 at 10:30 AM V1 stated, "We received the letter from IDPH with the forms to sign on 6/25/21, we received the siren alert on 6/25/21. We did not have the forms in January or February to sign. Attachments B and C are not signed because we did not have the forms at that time." The facility had no documentation that 100% of Frontline Clinical staff and Management Staff had completed the CMMS COVID-19 Training by 2/28/21.</p> <p>On 7/22/21 review of the facility's training records</p>	S9999		
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S9999	Continued From page 11 do not include the CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management" for agency staff. (C)	S9999		
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