

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HEALTH-MOUNT ZION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1225 WOODLAND DRIVE MOUNT ZION, IL 62549</b>
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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  Facility Reported Incident of 7-9-21/IL136543	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)6) 300.3240a)  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.	S9999		
	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		<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>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 and record review, the facility failed to properly supervise a resident seated on the edge of the bed to prevent a fall. This failure resulted in R1 falling to the ground and sustaining an eyebrow laceration requiring sutures. R1 is one of three residents reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>R1's Medical Diagnosis sheet (8/6/2021) documents diagnoses including: Hemiplegia (paralysis of one side of the body), Intracerebral Hemorrhage (stroke), Muscle Wasting and Atrophy, Difficulty in Walking, Unsteadiness on Feet, Osteoarthritis of Knee, and Abnormalities of Gait and Mobility.</p>	S9999		
	<p>R1's Care Plan (8/4/2021) documents R1 has right side weakness due to a Stroke, is at risk for falls, and is unaware of safety needs.</p> <p>R1's 5/31/2021 MDS (Minimum Data Set) documents R1 requires extensive staff assistance for bed mobility, including weight bearing support. R1's 7/27/2021 MDS documents R1 requires full staff performance for bed mobility. Both the 5/31/2021 and 7/27/2021 MDS document R1 has fully intact cognition.</p> <p>R1's Progress Notes (7/9/2021, 7/12/2021) document R1 fell from the bed on 7/9/2021 at 7:15AM while receiving cares from facility staff (unnamed in the notes). The same record</p>			

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S9999	<p>Continued From page 2</p> <p>documents R1 fell to the ground hitting R1's head causing a laceration above the right eyebrow, and R1 complained of pain "all over" and required evaluation and treatment at the hospital.</p> <p>R1's Hospital Report (7/9/2021) documents R1 fell from the bed, received a two centimeter laceration to the right eyebrow requiring sutures, and had headaches associated with the fall.</p> <p>The facility Incident Report (7/9/2021) documents V5 (Certified Nurse Aide) was the staff member providing cares to R1 during the fall on 7/9/2021. The same record documents V5 was getting supplies ready to provide cares for R1, left R1's room to retrieve towels, and returned to R1's room while R1 was actively rolling from the bed to the floor.</p> <p>On 8/4/2021 at 11:04AM, R1 reported R1 was seated on the edge of the bed when facility staff (V5) left his room and R1 fell to the ground on 7/9/2021.</p>	S9999		
	<p>On 8/4/2021 at 1:13PM, V9 (R1's family) reported R1 is not able to roll out of bed.</p> <p>On 8/4/2021 at 3:20PM, V10 (Certified Nurse Aide) reported being one of R1's direct care providers and reported R1 does not roll in bed and has not fallen from the bed.</p> <p>On 8/4/2021 at 3:24PM, V11 (Certified Nurse Aide) reported being one of R1's direct care providers. V11 stated, "(I) have never known (R1) to roll (in bed)" and "(R1) uses (R1's) call light (if R1 needs something)."</p> <p>On 8/4/2021 at 3:14PM, V12 (Certified Nurse Aide) reported being one of R1's direct care</p>			

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S9999	Continued From page 3  providers. V12 stated V12 "doesn't think (R1) has ever been able to roll (R1's) self out of bed." V12 reported R1 had a concave mattress in place when R1's fall occurred on 7/9/2021.  On 8/5/2021 at 9:25AM, V13 (Certified Nurse Aide) reported R1 is not able to roll to his side by himself while in bed and is not able to roll out of bed. V13 stated, "(R1) rolling out of bed, I would never see that happening (to him)." V13 reported hearing R1 was left sitting on the side of the bed while V5 left the room to retrieve towels and R1 fell to the ground before V5 returned to R1's room. V13 reported R1 is unable to be seated on the edge of the bed and remain upright by himself without staff assistance.  On 8/5/2021 at 1:00PM, R1 again reported R1 was seated on the side of the bed when V5 left R1's room and R1 fell to the ground on 7/9/2021. When asked if R1 could sit upright independently, R1 stated "Not for very long."  (B)	S9999			