

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006282 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/21/2021 |
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| NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF ROCK SPRINGS, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET DECATUR, IL 62526 |
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| S 000 | Initial Comments | S 000 | | |
| | Annual Certification Survey | | | |
| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations (1 of 2):</p> <p>300.1210b)5) 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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</p> | S9999 | <p style="text-align: center;">Attachment A Statement of Licensure Violations</p> | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | <p>Continued From page 1</p> <p>that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide supervision and keep the environment free from accident hazards in order to prevent a fall and failed to provide staff assistance to prevent a fall for two of seven residents (R15, R27) reviewed for falls on the sample list of 65. This failure resulted in R27 sustaining a left femoral neck fracture.</p> <p>Findings include:</p> <p>1.) R27's Admission Record dated 10/20/21 documents R27 is diagnosed with a Displaced Left Femur Fracture, Osteoarthritis, Lack of Coordination, Ataxic Gait, Muscle Weakness, Muscle Spasm, History of Falling, and Difficulty in Walking.</p> <p>R27's Minimum Data Set (MDS) dated 7/16/21 documents R27 requires supervision to transfer and walk off the unit. The same MDS documents R27 is not steady while walking and is only able to stabilize with staff assistance. The same MDS documents R27 uses a walker and wheelchair for mobility assistance.</p> <p>R27's Resident Post Fall Review dated 9/28/21 at 9:30 AM, documents R27 fell while smoking outside on the patio. R27's surroundings were not free from clutter (landscaping material) and R27's walker became obstructed by a landscaping tie causing him to fall.</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>The State Report dated 9/28/21, documents R27 fell on 9/28/21 at 9:30 AM when he was outside in the smoking area. The fall was observed by housekeeping staff (V33). The resident (R27) began to stand up and grabbed his walker and tripped over the landscaping tie and fell. R27 was sent to the Emergency Room and x-ray revealed a fracture of the left hip. R27 was admitted to the hospital for surgical intervention and repair.</p> <p>R27's Progress Note dated 9/28/21, written by V34 Licensed Practical Nurse (LPN) documents R27 and V33 Housekeeper both stated R27's walker was obstructed by a piece of decorative landscaping located in the smoking area causing R27 to lose his balance and fall. R27 was transported to the Emergency Room for unbearable left hip pain post fall.</p> <p>The Computed Tomography Pelvis for Bone Detail without Contrast dated 9/28/21, documents findings of severe osteoporosis and a displaced foreshortened trans-cervical femoral neck fracture.</p> <p>On 10/20/21 at 12:50 PM V33 Housekeeper stated on 9/28/21 she took R27 outside to the smoking patio to smoke. V33 stated R27 was sitting on the seat of his wheeled walker to smoke his cigarette. When R27 was finished smoking, he got up off the seat to stand. R27 started to turn around and his walker moved, and the wheel got wedged up against the landscaping tie. This caused R27's walker to tip to one side and the walker and R27 fell over to the left. R27 fell hard onto the concrete. V33 stated she doesn't think the landscaping ties should be there on the smoking patio because they create uneven ground and pose a fall risk hazard to the residents.</p> | S9999 | | |
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| S9999 | <p>Continued From page 3</p> <p>The Incident, Accident, and Supervision policy dated 01/01/20, documents the resident environment should remain as free of accident hazards as possible and each resident should receive adequate supervision to prevent accidents. The same policy documents the facility shall address resident risk and environmental hazards to minimize the likelihood of accidents.</p> <p>2.) The Physician Order Sheet dated 10/21/21 documents R15 has diagnoses of Epilepsy, Obesity, Reduced Mobility, Lack of Coordination, Intellectual Disabilities and Abnormal Posture. The Minimum Data Set dated 7/7/21 documents R15 is moderately cognitively impaired and R15 requires extensive assistance of two staff members for bed mobility.</p> <p>V26's (Licensed Practical Nurse) Note dated 8/7/21 documents, "Writer was called in the room at 10:55 am. CNA (V27 Certified Nurse Aide) had turned the resident to put the (mechanical lift) sling underneath (R15) after a bed change. Resident rolled off the bed in high position onto the floor. CNA thought resident may have hit (R15's) head" and "writer notified MD (V5 Physician) at 11:12 am. MD gave permission to send resident out for evaluation." V26's note also states "As a precaution writer spoke to CNA staff about coming to get help when turning a person who has little control over their body movements, and another person should be standing on the other side of the bed because there are no bed rails."</p> <p>The Post Fall Review dated 8/7/21, documents R15 rolled out of bed during care and that falls can be prevented by using two staff for cares.</p> | S9999 | | | |

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| S9999 | <p>Continued From page 4</p> <p>On 10/20/21 at 10:28 AM, V26 stated that on 8/7/21 a CNA (V27) came to get V26 and when V26 arrived at R15's room R15 was on the floor. V26 stated the CNA told V26 that (V27) was turning R15 by V27's self and R15 rolled off the edge of the bed. V26 stated R15 does not have good body control and does not have good hand grasp. V26 stated V26 educated V27 to use two staff for turning R15.</p> <p>Statement of Licensure Violations (2 of 2):</p> <p>300.675 (b)(3)(e)</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 Centers for Medicare and Medicaid Services 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 care givers who provide, engage in, or administer direct care and</p> | S9999 | | |
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| S9999 | <p>Continued From page 5</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>F) Supervise in-service education and skill training for all personnel;</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 the facilities shall complete the following portions of CMMS Training</p> <p>A) Module 1: Hand Hygiene and PPE (personal protective equipment);</p> <p>B) Module 2: Screening and Surveillance;</p> <p>C) Module 3: Cleaning the Nursing Home;</p> <p>D) Module 4: Cohorting;</p> <p>E) Module 5: Caring for Residents with Dementia in a Pandemic.</p> <p>3) Facilities shall ensure at least 100% of frontline clinical staff have completed the CMMS Training by February 28, 2021.</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>e) By February, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(3) and (c) (3).</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have 100 percent of frontline clinical staff complete the mandated Centers for Medicare and Medicaid Covid-19 Targeted Training. This failure affects all 116 residents residing in the facility.</p> <p>Findings include:</p> <p>On 10/19/21 at 2:00 PM V31 Human Resources provided a binder containing staff training certificates for the Centers for Medicare and Medicaid Covid-19 Targeted Training. The binder did not contain a certificate documenting that V5 Medical Director completed the training.</p> <p>On 10/20/21 at 3:13 PM V31 stated V31 spoke with V5 and V5 stated V5 has not completed the Centers for Medicare and Medicaid Covid-19 Targeted Training.</p> <p>The Resident Census and Conditions of Residents form dated 10/21/21 documents 116 residents reside in the facility. (A)</p> | S9999 | | |