

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2021
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NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
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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 Complaint Investigation #2121251/IL131253	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)6) 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. c)Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999	Attachment A Statement of Licensure Violations	

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 evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a fall intervention was in place for one of three residents (R1) reviewed for falls in the sample of three. This failure resulted in R1 sustaining a fall out of bed and subsequently receiving an open head injury that required sutures.</p> <p>Finding include:</p> <p>The facility Fall report for R1, dated 2/20/21, documents R1 had an "Unwitnessed fall" on 2/20/21 and the "Staff found resident (R1) laying on right side of floor next to bed. No floor mats noted at the scene...Educated staff on importance of using her floor mats." R1's "bed was in lowest position, no floor mats on the floor at time." This report documents a laceration to (R1's) face.</p> <p>The facility's initial fall investigation, dated 2/20/21, documents "(R1) observed laying on right side of the floor, rolled out of bed. 4 cm (centimeter) open area noted to right eyebrow/temple area...MD (Medical Doctor) notified and orders received to send to ER (emergency room) for evaluation. (R1) returned from ER with sutures to rt (right) eyebrow."</p> <p>The current Care Plan for R1, documents a new fall intervention was added on 8/20/20, after R1's 8/20/20 fall onto the floor as: "Bedside floor mats placed to prevent fall-related injury."</p> <p>The facility "Cheat Sheets" form documents R1 is</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>to have "bedside fall mats" in place next to her bed.</p> <p>On 2/24/21 at 10:20 am, R1 was sitting in a wheel chair in the dining room with her head bent down, eyes closed, and was nonverbal. R1 had red and purple discoloration to the right lateral temporal region of her head, below her right eyebrow that extended down towards R1's right cheekbone with 11 sutures in place.</p> <p>On 2/26/21 at 10:37 am, V2 DON (Director of Nursing) confirmed R1 fell out of bed onto the floor and did not have fall mats on the floor to each side of her bed at the time of the fall, and should have. V2 also stated we call them "Cheat Sheets" and the staff use the "Cheat Sheets" which list fall interventions that should be in place."</p> <p style="text-align: center;">" B '</p>	S9999		
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