

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/11/2021
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-DWIGHT	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST MAZON AVENUE DWIGHT, IL 60420
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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 Investigation to Incident of 2/17/2021/IL131631	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1210b) 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. 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. These requirements are not meet as evidenced	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>by:</p> <p>Based on observation, interview and record review the facility failed to implement wheel chair safety interventions for one resident (R1) of three residents reviewed for accidents in the sample of three. This failure resulted in R1 being improperly transferred and R1's leg becoming entrapped under the wheelchair resulting in a fracture at the distal metaphysis of the right femur.</p> <p>Findings include:</p> <p>The facility's Adverse Event Policy, dated 11/2017, documents an adverse event is an untoward undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof, which includes near misses.</p> <p>On 3/10/21 at 8:45am, R1 was in a reclining chair with her legs elevated, crying. R1 stated that she cannot talk until the pain medications take effect. R1 had immobilize brace in place on her right knee/leg.</p> <p>R1's Incident Report, dated 2/17/21, documents that R1 was being pushed to the bathroom and her foot dropped and R1 stated "I heard something crack".</p> <p>R1's right knee x-ray, dated 2/17/21 documents an acute comminuted fracture at the distal metaphysis of the right femur.</p> <p>On 3/10/21 at 10:45am, V4, Unit Assistant, stated that she was pushing R1 back to her room, when R1 dropped her right foot and it went under the wheel chair. V4 stated that R1 said "I heard something crack." V4 verified that R1 did not have her foot pedals on her wheel chair.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 3/10/21 at 11:00am, V5, Licensed Practical Nurse, stated that V4, Unit Assistant, was pushing R1 back to her room, and heard a scream. V5 stated that R1 dropped her right foot, it went under the wheel chair. V5 stated that R1 did not have the foot pedals on the wheel chair. V5 stated that when R1 is being transported in the facility, her foot pedals should have been on.</p> <p>On 3/11/21 at 9:00am, V3, Restorative/Registered Nurse, stated that R1 should have had the foot pedals on her wheel chair when being transported by staff.</p> <p style="text-align: center;">(B)</p>	S9999		
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