

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/31/2021
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NAME OF PROVIDER OR SUPPLIER EASTVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW PLACE SULLIVAN, IL 61951
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S 000	Initial Comments Complaint Investigation 2161962/IL132047	S 000		
S9999	Final Observations STATEMENT OF LICENSURE Violations 300.610 c)4)c) 300.1210 d)6) Section 300.610 Resident Care Policies c) The written policies shall include, at a minimum the following provisions: 4) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: c) Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment. Section 300.1210 General Requirements for Nursing and Personal Care 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to identify and remove an accident hazard (mechanical lift) for one of four residents (R2) reviewed for falls in a sample list of four residents. This failure resulted in a fall causing R2 to fracture his nose and lacerate his head.</p> <p>Findings include:</p> <p>R2's Physician's Order Sheet (POS) for January 2021 includes the following diagnoses: Dementia with Psychosis, Hyperactive Delirium, Subdural Hematoma, and Chronic Obstructive Pulmonary Disease.</p> <p>On 3/29/21 at 10:00AM V7, Business Office Manager stated "(R2) expired 1/4/21 according to our records."</p> <p>R2's Minimum Data Set (MDS) dated 11/29/20 documents R2 was severely cognitively impaired, suffered from psychosis and delusions, and exhibited behaviors directed toward others. This MDS also documents R2 exhibited wandering behaviors which put him "at significant risk of getting to a dangerous place." R2's "Fall Risk Assessment" from 1/15/20 and 3/15/20 documents R2 is at high risk for falls. There are no more recent fall risk assessments documented.</p> <p>R2's Care Plan initiated 1/20/20 includes the basic preprinted interventions for falls which the facility uses on all residents at risk for falls but no individualized resident centered interventions taking into consideration R2's history of multiple</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>falls and individual behaviors. The last update is dated 10/26/20 to "remove all unoccupied wheelchairs from lobby." R2's Care Plan includes an intervention dated 1/22/20 "Encourage and assist placement of proper nonskid footwear." R2's progress notes include documentation of falls 8/1/20, 9/6/20, 9/11/20, 10/26/20, and 11/20/20. There are no documented injuries resulting from these falls. These falls are documented as investigated by the facility, but no new resident centered specific interventions were documented at the time of these falls.</p> <p>R2's therapy "Recommendations to caregivers dated 12/23/19 documents "(R2) requires supervision during ambulation for safety. (R2) to use walker when ambulating." Use of a walker is not on R2's Care Plan.</p> <p>R2's "Final Report" to state agency dated 12/23/20 documents "(R2) sustained a fall 12/23/20. (R2) was sent to hospital who reported (R2) sustained a fractured nose." This report also documents "R2 was not wearing any shoes or socks at the time of the fall." This report also states, "it did appear the laceration on the top of (R2's) head was from his attempt to push himself off the floor near the (mechanical) lift (R2) fell beside."</p> <p>R2's medical record obtained from the hospital for the 12/23/20 fall documents (R2) did sustain a "displaced nasal fracture" and a "head laceration" from the fall at the facility. R2's Physician's note from 12/23/21 emergency room visit documents "(R2) fell forward striking his face and head." R2's Computerized Tomography scan dated 12/23/20 documents "impression: Displaced fracture of nasal alar and anterior portion of nasal septum."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 3/29/21 at 2:30PM V4, Certified Nurse's Aide (CNA) stated "I was here when (R2) fell and broke his nose. We saw him almost running down the hall. I saw him fall and hit his face and head on the (mechanical) lift parked at the end of the hall. We keep the lift parked down there when we aren't using it. There was a lot of bleeding. (V3) got there shortly after I did and we sent him to the hospital. (R2) was always forgetting to use his walker. He forgot it when he was running down the hall right before his fall."</p> <p>On 3/29/21 at 12:30PM V3, Care Plan Coordinator stated "I was working the floor the day (R2) fell. I remember it clearly. (R2) seemed anxious. He was walking very fast down the hall. By the time I got around the nurse's desk (R2) was laying on the floor at the end of the hall by the (mechanical) lift. He was bleeding. He had a laceration on his head and was bleeding from his nose. I called the ambulance and (R2) was sent to the hospital. We later found out he had broken his nose, but didn't need sutures for the head wound."</p> <p>On 3/29/21 from 10:00AM until 4:00PM the (mechanical) lift was observed to be parked at the end of the hall where staff indicated R2 had fallen on 12/23/20. The lift was parked in front of the handrail impeding use of the hand rail in an area approximately four feet long by three feet wide (the approximate size of the lift). Residents were observed ambulating and wheeling in wheelchair around the lift.</p> <p>On 3/30/21 at 1:30PM V8, Registered Nurse (RN) stated "We park the (mechanical) lift at the end of the hall except at night when we charge it in the break room. There really isn't any place else to</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>put it. We have limited space."</p> <p>On 3/30/21 V1, Administrator stated "We don't have a specific policy for storage of (mechanical) lifts."</p> <p>The facility's policy "Fall Prevention Program" (not dated) states "4. Assignment of the final (fall) risk category will be determined by the Interdisciplinary Team (IDT) at their conferences based on a. Fall Risk Score b. history of Falls c. Medical condition which directly impacts on equilibrium and/or ambulation. d. Discussion of individual circumstances."</p> <p>(B)</p>	S9999		