

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/29/2021
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CC	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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S 000	Initial Comments Complaint Investigation 2163813/IL134511	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.1210 d)6) 300.1220 b)3)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>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.</p> <p>d) Pursuant to subsection (a), general</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>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 that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review, observation, and interview, the facility failed to implement an Occupational Therapy recommended fall prevention intervention to provide wheelchair foot rests for one (R2) of three residents reviewed for falls. This failure resulted in harm to R2 as evidenced by facial bruising, contusion,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>hematoma, and closed head injury without loss of consciousness, resulting in a three day hospital stay where R2 was monitored for any possible internal bleeding. R2 is one of seven sampled residents.</p> <p>Findings include:</p> <p>R2's undated Face Sheet documents an original admission date of 10/22/20, and a re-admission date from hospital stay of 6/11/21.</p> <p>R2's Physician Order Sheet (POS), dated June 1-30, 2021, documents diagnoses of: Aortic Insufficiency, Chronic Anti-Coagulation, Chronic Diastolic Heart Failure, History of Deep Vein Thrombosis (DVT) in Right Lower Extremity, Restless Leg Syndrome and Chronic Venous Insufficiency. This same POS documents R2 is to be up with assist and a Physician order for Eliquis (blood thinner) 5 milligram (mg) tablet to be taken twice per day.</p> <p>R2's Minimum Data Set (MDS), dated 6/21/21, documents R2 requires extensive assist of one person for transfers and locomotion on unit. This same MDS documents a Brief Interview for Mental Status score of 15 out of 15 possible points, indicating R2 is cognitively intact.</p> <p>R2's Care Plan intervention, dated 4/23/21, documents R2 requires a wheelchair for mobility and needs assist to propel wheel chair.</p> <p>R2's Fall Risk Assessment, dated 4/21/21, documents a score of 19, indicating R2 is at a high risk for falls.</p> <p>R2's Occupational Daily Treatment Note dated: 2/8/21-V17 Occupational Therapy Assistant</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(OTA) documents R2 was assessed in new wheelchair. OTA documented "Once in the wheelchair with patient cushion, patient continues to be on her tip toes. Once therapist put on patient foot pedals, patient is able to assist with scooting back in the wheelchair." 2/12/21-V17 OTA documented "Patient was complaining about her wheelchair being to high, therapist educated patient on putting her feet up on pedals and that would help so her feet aren't dangling."</p> <p>R2's AIM for Wellness Report, dated 6/9/21, documents R2 fell on 6/9/21, which was witnessed V19, Certified Nurse Aide (CNA). "Resident stated that her (R2) feet hit the floor and she (R2) went forward in the chair. R2 landed on right side of body and hit face on the floor. Bruise and contusion noted on upper right forehead. Abrasion to bridge of nose due to glasses hitting face. R2 on Eliquis 5 mg BID. R2 sent to Emergency Room and admitted to hospital at 6:00 PM due to chest pain." This same report documents R2 had new and worsening of chronic pain to upper right forehead.</p> <p>R2's Hospital Discharge Documentation, dated 6/11/21, documents admission date of 6/9/21, and admitting diagnosis of Hyponatremia and Fall. This same discharge report documents R2 as having a "small pleural effusion and atelectasis which could be secondary to fall." This same report documents R2 as having an abrasion and swelling to forehead and abrasion to nose and a discharge diagnosis of Closed Head Injury without Loss of Consciousness.</p> <p>On 6/24/21 at 9:50 AM, R2 was sitting in wheelchair in room with no skid socks on feet. Wheelchair foot rests were not in place. R2's</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>upper half of face including both cheeks, nose, both eyes and entire forehead is bruised and discolored (grey/green/purple) with 2 inch round dry scabbed area on upper mid forehead.</p> <p>On 6/25/21 at 9:00 AM, R2 was sitting in room in wheelchair. Wheelchair foot rests were not on R2's wheelchair. R2 wearing shoes on both feet. R2 having difficulty trying to maneuver wheelchair in room to place a newspaper on table.</p> <p>On 6/24/21 at 9:51 AM, R2 stated, "They took me to the bathroom and on the way back, my feet caught and I fell out of my wheelchair and landed right on my face. If they would have put my foot pedals on, I probably wouldn't have fallen out of my wheelchair."</p> <p>On 6/25/21 at 9:05 AM, R2 stated, "If they (staff) would just remember to put on my pedals, I wouldn't have to struggle so much. I don't want to fall again."</p> <p>On 6/24/21 at 3:30 PM, V2, Director of Nursing (DON), stated on 6/9/21, R2 was being transported out of R2's bathroom back into interior room. V2 stated wheelchair did not have foot pedals on it 'because it (R2's wheelchair) was too new'. V2 stated nursing staff should monitor resident's feet during transporting, even for short distances.</p> <p>On 6/25/21 at 11:50 AM, V17, Occupational Therapist Aide (OTA), stated R2 was assessed by Occupational Therapy in February 2021, after receiving a new wheelchair. V17 stated R2 was unable to place both feet flat on floor in new wheelchair, and was noted during therapy sessions dangling feet. V17 recommended at that time for wheelchair foot rests to be provided.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>V17, OTA, stated R2 should have had wheelchair footrests in place on 6/9/21, and should have been in place since 2/8/21. V17 stated V17 had witnessed R2 without wheelchair footrests in place on multiple occasions since that time, and would provide footrests and re-educate nursing staff each time.</p> <p>On 6/25/21 at 1:30 PM, V18, Nurse Practitioner (N.P.), stated R2 is at greater risk of injury such as bruising, intracranial hemorrhage or even death due to being on blood thinner and falling. V18 stated part of why R2 is considered a high risk for falling is due to previous falls, and R2 being on an anticoagulant. V18 stated any resident who is considered a high fall risk and on an anticoagulant should be monitored closely and should have fall prevention interventions in place to help prevent falls and/or injury.</p> <p>The facility policy titled 'Fall Prevention', revised 11/10/18, documents the following: "All falls will be discussed in the morning Quality Assurance meeting and any new interventions will be written on the care plan."</p> <p>(B)</p>	S9999		