STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004188	A. BUILDING: _____ B. WING _____	04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN LAKES REHAB & HEALTH CARE	310 EADS AVENUE PARIS, IL 61944

(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 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. 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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 were not met as evidenced by:

Based on record review and interview the facility failed to ensure one resident (R18) was safely transferred during toileting by staff not using a gait belt and R18 not wearing footwear during transfer. This failure resulted in R18 slipping in urine and sustaining a right ankle fracture. R18 is one of four residents reviewed for falls in a sample list of 35.

Findings include:

R18's undated face sheet documents a diagnosis of Non Displaced Oblique Fracture of Right Tibia, Fracture of Lower End of Right Fibula, Cerebral Palsy and Difficulty in Walking.

R18's Cognitive Assessment dated 3/10/21 documents a score of 12 out of a total possible 15 points indicating moderate cognitive impairment.

R18's Investigation Report for Falls dated 9/2/20 documents R18 was barefoot during transfer and V27 (Certified Nurse Aide/CNA) did not use gait

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S9999	Continued From page 2 belt to transfer R18 from toilet to wheelchair. Quality Care Reporting Form dated 9/2/2020 documents R18 was being assisted off of toilet on 9/2/2020 at 4:45 AM. R18 stood barefooted with no gait belt in place, had urinary incontinence episode and slipped in urine. Staff was educated to have R18 wear proper footwear per this form. X-Ray report of R18's right ankle dated 9/7/2020 documents impression "'Acute Non Displaced Distal Fibular Fracture." V15 (Doctor of Podiatric Medicine/DPM) documented in 9/15/2020 progress note "Patient (R18) had a known ankle fracture at the start of September 2020. Patient was not placed in a boot. Patient was made partial weight bearing after knowing about her (R18) ankle fracture. Patient has pain with fracture." Final Incident Report to Illinois Department of Public Health documents the root cause of R18's acute Non Displaced Distal Fibular Fracture as "the facility feels the only incident that would have possibly caused the fracture was the fall on 9/2/2020." On 4/22/21 at 1:35 PM V13 (Licensed Practical Nurse/LPN) stated she remembers R18's fall on 9/2/20. V13 stated staff should have applied footwear such as no skid socks to R18's feet to help prevent fall. V13 stated staff should always use gait belt when transferring residents to prevent incidents and falls. "Using the gait belt and having resident wear shoes or no skid socks is for resident safety. This resident (R18) was not refusing anything that morning. At times she (R18) does refuse, but that morning she (R18) was being compliant."	S9999		

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S9999	Continued From page 3 On 4/22/21 at 2:40 PM V2 (Director of Nurses/DON) stated R18 fell on 9/2/20 with no ankle injuries noted at that time. V2 stated V1 (Administrator) worked the floor on 9/7/20 and documented R18's right ankle was discolored. V2 stated an X-Ray was ordered and obtained which showed an acute right ankle fracture. V2 stated the staff should do everything possible to ensure resident safety including having resident wear footwear and staff should always use their gait belt. The facility policy titled 'Fall Prevention' revised 11/12/18 documents the following: "Policy: To provide for resident safety and minimize injuries related to falls. Procedure: All staff must observe residents for safety." (B)	S9999		