FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C B. WING IL6005961 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2149370/IL141450 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)3)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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

made by nursing staff and recorded in the

further medical evaluation and treatment shall be

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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S9999	Continued From page 1		S9999					
	resident's medical record.		1					
	assure that the resi as free of accident I nursing personnel s that each resident rand assistance to p These Requirement by: (1) Based on intervifacility failed to ensuadequate supervision residents (R2) reviers. This failure result her left hip, requiring	its were not met as evidenced iew and record review the ure residents receive on to prevent falls for 1 of 3 ewed for falls in the sample of ted in R2 having a fracture to						
	documents "Resider resident states she wheelchair, and lost no bruises or lacera resident does c/o (copain. She is not on bawake and aware of conscious. Verbaliza understandable. Pup (blood pressure) 122 (respirations) 18 T97 Emergency contact a notified. will continue No care plan or interthis fall.	ation clear and pil reaction brisk, Vitals B/P 2/74 P (pulse) 79 R 7.6 O2 (oxygen level) 100. and MD (Medical Doctor)						

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documents that resident requires extensive assistance of two-person for transfer. Resident

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6005961 B. WING_ 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE **ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 requires extensive assistance of one-person with bed mobility, dressing, toilet use, and personal hygiene. On 12/22/21, at 9:45 AM, V2, DON stated, "(R2) was on fall precaution when she was admitted. Bed was in low position when she fell. This was her first fall. We moved her to a room by the nurse's station when she returned from the hospital to keep an eye on her. When she first fell, she just said her leg hurt. The nurse didn't see any injuries. The nurse called the doctor. Doctor order an X-ray. She was waiting for an X-ray from local X-ray company. She called the doctor again and sent her to the hospital around supper time. On 12/22/21, at 11:45 AM, V1, Administrator stated, "I was working in the kitchen the day that (R2) fell. The nurse said that she assessed her and didn't see any injuries. (R2) said that her leg hurt but that's not uncommon for her. She was starting to yell out, so I said send her out. Local X-ray Company was taking too long. The nurse that day was an agency nurse and didn't really know her. (R2) normally yells out but this was different. The CNA who was working said that she was really starting to complain about the pain." Facility's policy "Fall and Fall Risk, Managing" revised March 2018 documents "under the heading Resident-centered Approaches for Managing Falls and Fall Risk; 1. The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls." (2) Based on interview and record review the facility failed to ensure residents receive timely

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6005961 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **152 WILMA DRIVE ELMWOOD NURSING & REHAB CENTER** MARYVILLE, IL 62062 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 Immunodeficiency Virus) and dementia who presents to the ER (Emergency Room) with deformity to left hip. Hip/Pelvis X-ray impression: comminuted angulated left hip intertrochanteric fracture." R2's Physician Order dated 09/17/20 documents "Acetaminophen (OTC) tablet: 500 mg 1-2 tablets q 6 hours as needed." Facility's Medication Administration Record for the month of December documents that R2 did not receive Acetaminophen (Tylenol) on 12/11/21. R2's MDS (Minimum Data Set) dated 11/29/21 documents that R2 is moderately impaired. MDS documents that resident requires extensive assistance of two-person for transfer. Resident requires extensive assistance of one-person with bed mobility, dressing, toilet use, and personal hygiene. On 12/22/21 at 9:45 AM, V2, DON stated, "When she (R2) first fell, she just said her leg hurt. The nurse didn't see any injuries. The nurse called the doctor. The doctor order an X-ray. She was waiting for an X-ray from local X-ray company. She called the doctor again and sent her to the hospital around supper time." On 12/22/21 at 11:45 AM, V1, Administrator stated, "I was working in the kitchen the day that (R2) fell. The nurse said that she assessed her and didn't see any injuries. (R2) said that her leg hurt but that 's not uncommon for her. She was starting to yell out, so I said send her out. Local X-ray Company was taking too long. The nurse that day was an agency nurse and didn't really know her. (R2) normally yells out but this was different. The CNA who was working said that she

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