

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA CARE AUBURN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>304 MAPLE AVENUE AUBURN, IL 62615</b>
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S 000	Initial Comments  Complaint Investigations: 2247634/IL151524 2247809/IL151735 2248064/IL152073 2248249/IL152305	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.1220b)3)  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  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>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 Regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to safely transfer residents for 3 of 3 residents (R2, R6, R7) reviewed for falls in a sample of 12. This failure resulted in R2 falling and sustaining lacerations and fractures to both legs.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>1. R2's Admission Record dated 9/28/22, documented, R2 was admitted on 11/16/20 with medical diagnoses of Spinal Stenosis, weakness, pain in hip, muscle weakness, chronic pain, Hirsutism, unsteadiness on feet and pathological fracture in other disease, unspecified tibia and fibula.</p> <p>R2's Minimum Data Set (MDS), dated 5/9/22, documented R2 requires two support assistance by staff with transfers and toileting with a mode of transportation of a wheelchair. The MDS documents R2 does not have a mental impaired cognition and is alert to person, place, and time.</p> <p>R2's previous Care Plan, with an initiated date of 11/16/20, documented R2 requires, one stand by assist by staff or as needed and R2 is at risk for falls, gait/balance problems initiated on 3/5/21 with multiple interventions as documented; call light in reach, initiate physical therapy to evaluate, lock brakes on wheelchair and review information on past falls and attempt to determine cause of falls.</p> <p>R2's, Care Plan, with an initiated date of 5/16/22, documented R2 requires one staff to assist with all transfers.</p> <p>R2's Skilled Medicare Charting, dated 5/11/22, 5/12/22, 5/13/22 all documented, R2 requires two staff support to assist with transfers and toileting and use of a wheelchair for mode of transportation.</p> <p>R2's Physical Therapy progress note dated 5/3/22, prior to R2's fall documented "The patient will ambulate 20 feet on level surfaces with front wheeled walker and moderate assistance</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>x(times) 2 (26-75% with 2 people) and mod (moderate) tactile and verbal instruction/cues to improve mobility on the unit with staff. The patient is unable to ambulate on level surfaces with front wheeled walker at this time."</p> <p>R2's Progress note dated 5/14/2022 11:25 AM, documented, ambulance here to transport resident to hospital, no documentation prior to 5/14/22 Progress note, for reason of transport.</p> <p>The facility's documentation regarding R2, entitled, "Report to IDPH (Illinois Department of Public Health) Region Office, Initial Report, dated 5/14/22 with date of incident 5/14/22 at 10:56 AM, documented "resident fell during transfer, pain to left and right legs, laceration to lower left leg, was sent to ER (Emergency Room) for evaluation."</p> <p>The facility Final IDPH Regional office Report, dated 5/19/22 documented, R2 sustained a fall on 5/14/22 in her room. The report documented "After a thorough review of the medical record, hospital records, and interviews, the following has been determined. Resident had a recent hospitalization for CHF (Congested Heart Failure), which required continuous oxygen upon return to facility as well as IV (intravenous) antibiotics for BLE (bilateral lower extremities) cellulites. Resident was standing at bedside and using wheeled walker for support. CNA (Certified Nurse Aide) went to assist (R2) as she lost her balance. CNA was unable to stop resident from fall."</p> <p>R2's, Regional Hospital Trauma Surgical Critical Care, dated 5/18/22 at 10:17 AM, for Physical Therapy Initial Evaluation, documents, "PT (patient), who presented to the ED (Emergency Department) on 5/14/22 of a fall while attempt to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>transfer with assist and 2ww (two wheeled walker), PT with obvious LE (lower extremity) open fractures with large lacerations bilat (bilateral) tibial areas (low right and left legs). PT was admitted with bilateral comminuted fractures, laceration to bilateral lower legs. Foot X-ray shows right first phalanx (toe) and metatarsal (top of foot) possible fracture and left first met (top of foot) possible fracture." The same document, dated 5/18/22, documented, "PT (patient) had stated she required assist of two staff for bed mobility and stand-pivot transfers bed/chair with 2 wheeled walker, continues to document that R2 stated of having chronic foot drop to both lower legs and reports one fall on day of admission due to loss of balance while transferring.</p> <p>R2's Progress note dated 6/21/22, documented, "Resident arrived to facility per transport service on a stretcher on 5L (liters) of O2 (oxygen) per NC (nasal cannula), Alert and oriented x3 (person, place, time). Anxious and SOB (short of breath), bilateral lower extremities wrapped G-tube (enteral stomach feedings) in place NPO (nothing by mouth), non-weight bearing to BLE (bilateral lower extremities).</p> <p>On 10/10/22 at 10:50 AM, V15, Director of Rehabilitation, (COTA) stated, she was not employed during R2's stay; however, therapy progress and evaluation documentation reflects R2 required assistance of two staff, due to R2 was not able to stabilize on her feet prior to fall and not a candidate for standby assist of a two wheeled walker.</p> <p>The facility's policy's and procedure's, dated 5/2022, entitled, Fall Prevention Program, documented, "To assure the safety of all residents in the facility, when possible. The</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Quality Assurance Programs will monitor the program to assure ongoing effectiveness. Residents at risk of falling will be assisted with toileting needs as identified during the assessment process and as addressed on the plan of care."</p> <p>2. R6's Care Plan, dated 2/25/21, as revision date, documented R6 ambulates with limited assist of one caregiver, wheeled walker and gait belt to and from bathroom.</p> <p>R6's MDS, dated 8/17/22, documented R6 requires two persons assist with transfers and with toileting, not steady with balance, only able to stabilize with staff assistance with walking, moving from seated to standing position, moving on and off toilet and surface to surface transfers with a mobility device of walker and wheelchair.</p> <p>R6's, Fall Risk Assessment, dated 8/10/22, documented at risk for falls due to balance problems standing and walking.</p> <p>On 9/29/22 at 11:20 AM, V17, Certified Nurse Aide, (CNA), entered R6's room, transferred R6 from her recliner with hand over hand on R6's walker to assist to the toilet, no support gait belt utilized during this transfer.</p> <p>On 10/13/22 at 9:15 AM, V17, stated she did not have or use a gait belt for transferring R6 and apologized, as the gait belt is in her car.</p> <p>R6's Fall Occurrence Note, dated 9/29/22 at 7:40</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>PM, documents, "Resident was being assisted to toilet when she became unsteady and was lowered to the floor by a CNA." There were no new interventions listed on this Note to address this fall.</p> <p>R6's Progress note dated 9/29/2022 at 7:40 PM, documented, "Writer was called to this resident's room where R6 was observed on the floor of her bathroom sitting on her buttocks. CNA in attendance, who was assisting her. Resident stated she slid and per CNA was lowered to the floor, head was not hit. After assessment, resident's gait belt applied and lifted per staff."</p> <p>R6's, Progress Note, dated 10/1/22 at 12:21 PM, V6, Licensed Practical Nurse, documents "Witness fall incident without injuries or hitting head. has no complaints of discomfort vitals stable alert per resident norm. able to make needs known. CNA made aware per writer (V6) this AM (morning) to please put on non -skid socks and to use a gait belt when walking resident to and from the toilet or transferring. will continue to monitor."</p> <p>The facility's policy and procedure, dated 5/2022, entitled, "Transfers-Manual Gait Belt and Mechanical Lift," documented, "In order to protect the safety and well-being of the staff and residents, and to promote quality care, this facility will use Mechanical lifting devices for lifting and movement of residents and use of gait belt for all physical assist transfers is mandatory for a 1-person transfer."</p> <p>3. R7's Skilled Medicare Charting, dated 9/28/22, documented R7 is alert to person, does not bear weight and transfers with assistance of two staff.</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>R7's MDS, dated 8/31/22 documented R7 had dementia.</p> <p>R7's Care Plan dated 8/23/22, documented, R7 requires two person staff assistance with transfers between surfaces due to fatigue, does not document a specific equipment to use.</p> <p>On 9/28/22 at 11:10 AM, V3, Assistant Director of Nursing and V10, CNA both entered R7's room, placed mechanical lift under the wheelchair with support bars opened and locked where R7 was sitting. V3 and V10 then applied mechanical lift support loops to the lifts hooks, did not check the security of the lifting loops, then activated the remote to lift, closed the legs of the lift Neither V3 nor V10 provided stand by support to R7's body, when transferred to her bed. The mechanical lift leg bars were then spread apart under the bed but not locked. As R7 was being lowered down into her bed by V10, the mechanical lift started to roll away from under the bed. V10, then states to V3, "This happens when not locked, lock the legs and let's try this again."</p> <p>On 10/10/22 at 10:45 AM, V1, Administrator stated, she would expect the CNAs to be aware of a resident's transfer needs, if unsure, inform either the nurse on schedule or the nurse manager.</p> <p>The facility user for the mechanical lift used to lift R7, dated 1/25/19, documented, "Do not move the patient if the sling is not properly connected to the hooks of the hanger bar, check to make sure that the sling is properly connected to the hooks of the hanger bar prior to moving and lock the lift legs prior to lowering with transfer."</p> <p>(A)</p>	S9999		

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