

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005486	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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 Facility Reported Incident of 9/08/22- IL/151398	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)6) 300.3240a) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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
S9999	<p>Continued From page 1</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>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.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>Regulations were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a resident identified as a significant fall risk was adequately supervised, wearing the proper footwear and failed to follow the facility's policies regarding post fall resident assessments, for one of three residents (R1) reviewed for falls in a sample of three. These</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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
S9999	<p>Continued From page 2</p> <p>failures resulted in R1 falling on 9/07/22 and sustaining an Acute Subdural Hemorrhage, Pubic Ramus Fracture and Left Femur Fracture.</p> <p>Findings include:</p> <p>The facility policy, titled "Assessing Falls and Their Causes (revised March 2018)," documents, "The purposes of this procedure are to provide guidelines for assessing a resident after a fall and to assist staff in identifying causes of the fall." The policy also documents, "After a fall: 1. If a resident has just fallen, or is found on the floor without a witness to the event, evaluate for possible injuries to the head, neck, spine and extremities. 2. Obtain and record vital signs as soon as it is safe to do so. 3. If there is evidence of injury, provide appropriate first aid and/or obtain medical treatment immediately. 4. If an assessment rules out significant injury, help the resident to a comfortable sitting, lying, or standing position and then document relevant details. 5. Notify the resident's attending physician and family in an appropriate timeframe. a. When a fall results in a significant injury or condition change, notify the practioner immediately by phone."</p> <p>The facility policy, titled "Falls - Clinical Protocol (revised March 2018)," documents, "Monitoring and Follow-up - 1. The staff, with the physician's guidance, will follow up on any fall with associated injury until the resident is stable and delayed complications such as late fracture or subdural hematoma have been ruled out or resolved. a. Delayed complications such as late fractures and major bruising may occur hours or days after a fall, while signs of subdural hematomas or other intracranial bleeding could occur up to several weeks after a fall."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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
S9999	<p>Continued From page 3</p> <p>The Electronic Medical Record Documents R1 was admitted to the facility on 5/06/22 with the diagnoses of Unsteadiness on Feet, Osteoarthritis, Cognitive Communication Deficit, Muscle Weakness and Congestive Heart Failure. A Plan of Care, dated 5/06/22, documents R1 as being high risk for falls based on his Fall Risk Assessment.</p> <p>An Accident Report, dated 5/15/22, documents R1 was found on the floor of his room and R1 indicated to staff that he was attempting to go to the bathroom by himself. Documentation in the Accident Report indicates "Contributing Factors" to R1's fall being confusion, his wheelchair being next to the bed for easy access and R1 not wearing "gripper" (non-skid) socks. The Accident Report further documents, "Measures to Prevent Recurrence (of R1 falling): Gripper socks to be worn while in bed." R1's Plan of Care documents it was updated under Fall Risk, on 5/15/22, instructing staff to ensure R1 is wearing non-skid footwear. Additional Accident Reports, dated 5/23/22, 7/01/22 and 8/17/22 document R1 was found on the floor of his room without injury after attempting to ambulate/transfer himself independently.</p> <p>An Accident Report, dated 8/25/22 at 8:15 am, documents R1 was found on the floor of his room with a large laceration on the back of his head and R1 was transferred to the local hospital for treatment. A Long-Term Care Serious Injury Incident Report, dated 8/25/22, documents R1 received seven staples to the posterior aspect of his scalp as a result of the fall. This report also documents, "Plan upon readmission to facility was to move (R1) to a room closer to nurse's station for closer supervision." Nursing Notes</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

QUINCY HEALTHCARE & SR LIVING 1440 NORTH 10TH STREET
QUINCY, IL 62301

(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
S9999	<p>Continued From page 4</p> <p>dated 8/30/22, document R1 returned to the facility from the hospital and was relocated to a room next to the Nurse's Station. R1's Plan of Care was updated on 8/25/22, under Fall Risk, instructing staff "Move my room closer to the nurse's station for close monitoring."</p> <p>A Fall Scene Investigation Report, completed 9/08/22 at 12:00 am by V3 (Registered Nurse), documents R1 was found on the floor of his room after an unwitnessed fall at 8:00 pm on 9/07/22. According to the report, R1 was noted to be "aggravated" and "frustrated" that evening of the fall and R1 informed staff that he was attempting to urinate (with the urinal) and slipped off the edge of the bed onto the floor. The report also documents staff were unsure of the last time R1 was toileted and R1 was only wearing "socks" at the time of the fall, so "non-skid socks applied." The conclusion of the Fall Scene Investigation Report documents "What appears to be the root cause of the fall? (R1) does not wait until someone can help him. Call light was in hand. Describe initial interventions to prevent future falls - Make sure (R1) has non skid socks on." A Neurological Assessment Flowsheet documents on 9/07/22 at 8:00 pm routine vitals were taken, along with assessment of consciousness, pupil response and motor function. There was no corresponding nursing note at the time of R1's 9/07/22 fall to document additional details, initial or ongoing nursing assessments of R1's physical condition or if R1 sustained an injury after the fall.</p> <p>The next documentation in R1's electronic medical record was the morning of 9/08/22, at 7:30 am, when V4 (Licensed Practical Nurse) documented in Nursing Notes, "Call placed to (Nurse Practitioner's) office regarding (R1's complaint of) severe (left) hip/leg pain and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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
S9999	<p>Continued From page 5</p> <p>inability to stand with 3 person assist. Therapy informed this nurse that they were trying to work with him and had 3 people in there and they could not stand him. Upon this nurse's examination resident's leg did look externally rotated and appeared shorter than the (right) leg. Order given by (Nurse Practitioner) to send resident to (Emergency Room) for (evaluation and treatment). Resident's wife notified and agreed to bed hold. Resident left facility at 8:00 am by ambulance to (Emergency Room)."</p> <p>A late entry Nursing Note, two days later, by V3 (Registered Nurse), documents "9.09.22 5:01 am - Was summoned to resident's room (on 9/07/22) by CNA (Certified Nursing Assistant). Upon entering (R1) was on the floor laying on left side along side his bed. Head was facing toward the head of the bed . (R1's) head was bleeding from the area of where his staples presented. All staples intact. Bleeding was controlled with pressure to the area . (R1) was able to move all extremities . (R1) was assisted to a standing position with the use of gait belt and 2 staff members. (R1) was assisted to his bed . Pressure was applied with dressings and ice pack applied to the area of the staples. Neuros (neurological assessments) and (vital signs) initiated."</p> <p>A Long-Term Care Serious Injury Incident Report, dated 9/08/22 at 5:45 pm, documents "(R1) had slid off the edge of his bed on 9/07/22 at approximately 8:00 pm. At time of incident, he was assessed per nurse on duty, no injury noted at that time and he denied pain until this morning (9/08) when morning nurse assessed him. Sent to ER (Emergency Room) for further testing. Noted to have fractured pelvis. 5 day (investigation) to follow." The Five Day Final</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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
S9999	<p>Continued From page 6</p> <p>Long-Term Care Serious Injury Incident Report, dated 9/13/22, documents "Detailed Incident Summary (Who, What, When, Where, Why) - On 9/07/22 (R1, who has a medical history including cognitive deficit, chronic pancytopenia and heart failure) was attempting to self transfer out of bed and 'slid to the floor' per investigation and self report from him. Assessed per nurse on duty at time of incident (V3) - No injuries noted or complaints of pain/discomfort voiced by (R1). On the morning of 9/08/22, (R1) was unable to sit up the assist of 1 staff member as per his norm, as physical therapy was attempting exercises. Staff attempted with 3 staff and he was still unable to sit on side of bed. (R1) Immediately indicated pain with movement. Assessed per nurse (V4), noted left leg to appear shorter than right and internally rotated. (V10 - Nurse Practitioner) notified - orders received to send to (Hospital) for further evaluation. (R1) transported from home facility to (Hospital) via (ambulance). Per x-ray and CT (Computed Tomography Scan) noted several subdural hematomas (very small) and fracture of left femur. (R1) was then airlifted to (different Hospital) due to his chronic health concerns and lack of trauma surgeons in our area. Further examination at (receiving Hospital) indicated that (R1) had a subdural hematoma on each side of his head (old appeared to be from previous injury/fall), sub-arachnoid hemorrhage, fractured right hip and left femur fracture. Determined that based on his chronic illness, age and other comorbidities, he is not a surgical candidate. (R1) returned to this facility on 9/13/22. Plan: Enrolled into Hospice care upon his readmission and going forward he is to remain in room closest to the nurse's station, continued high frequency rounding, as well as maintaining comfort."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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
S9999	<p>Continued From page 7</p> <p>On 9/21/22 at 12:37 pm, V3 (Registered Nurse) stated on the night of 9/07/22, R1 "had been on his light, wanting out of bed and help with his urinal all night." V3 stated R1 was unpredictable and needed to be closely monitored. V3 stated "it is difficult to supervise everyone, with only two people staffed on that hallway. It's only me and a CNA." V3 indicated R1 had recently been relocated to a room near the nurses station for increased supervision due to a previous fall with injury, so she was aware R1 needed increased supervision. V3 stated, around 8:00 pm, she was summoned into R1's room, by a CNA (Certified Nursing Assistant), who had found R1 lying on the floor. V3 stated when she entered the room, R1 was on the floor bleeding from his head where the staples were from the previous fall, so V3 assumed R1 hit his head. V3 stated R1 was able to bend his knees upward and she conducted a neurological assessment, which was normal. V3 stated another staff member got ice for R1's head, she stopped the bleeding and assisted R1 to a sitting position. V3 then stood R1 up with the assistance of V11 (Registered Nurse) and a gait belt, and sat R1 in his wheelchair. According to V3, R1 was alert per his normal. R1 told V3 that he was sitting on the edge of his bed and fell trying to reach the urinal, as he needed to urinate. V3 stated R1's call light was on the bed, but not on and he was wearing regular socks, not non-skid socks. V3 and V11 assisted R1 back to bed. V3 stated she did not contact the physician or the nurse practitioner at that time to notify them that R1 had fallen, even though R1 had bleeding from his head. V3 stated "we typically don't call the physician if someone falls and is uninjured." V3 stated she did "neuro (neurological) checks on (R1) throughout the night and they were normal." V3 indicated R1 remained in bed for the remainder of her shift, without complaint.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
--	---

(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
S9999	<p>Continued From page 8</p> <p>On 9/22/22 at 3:45 pm, V11 (Licensed Practical Nurse) stated she was called into R1's room on the evening of 9/07/22 after he fell. According to V11, R1 had "obviously hit his head", as there was blood coming from the area where he had staples and "blood was all over the floor." V11 stated she observed V3 assess R1's legs and bend his knees upward. V11 indicated R1 did not express symptoms of pain and denied any pain during the assessment; however, V11 thought R1's left leg "was turned inward somewhat," and V11 questioned V3 regarding that, but V3 said R1's leg looked fine. V11 stated she told V3 she thought R1 needed to go to the Emergency Room, but again, V3 told her he didn't and "insisted he was fine." V11 and V3 got R1 up with a gait belt and V11 stated "he was a total lift, and it was difficult." V11 stated R1 continued to deny any pain, so "I went with what (V3) said regarding not sending him out. (V3) was the RN (Registered Nurse) on duty and I'm just an LPN (Licensed Practical Nurse)." </p> <p>On 9/21/22, at 3:30 pm, V1 (Administrator) confirmed that at the time of R1's 9/07/22 fall, he should have been wearing non-skid socks as a fall prevention intervention, as outlined in R1's Plan of Care.</p> <p>On 9/21/22 at 11:58 am, V5 (Certified Nursing Assistant) stated on the night of 9/07/22 R1 had been using his call light frequently wanting his urinal. V5 stated, "around 8:00 pm", she and another CNA observed R1 on the floor of his room. According to V5, R1 stated, "I was trying to go pee" and insisted his call light was on, when it was not. V5 was uncertain the last time R1 had been toileted, but indicated he had a urinal next to his bed. V5 stated R1 was attempting to get up</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>off the floor, but couldn't. V5 summoned assistance and V5 and another nurse came in to assess R1, who kept telling staff "just get me up!" V5 observed V3 do a neurological assessment and R1 denied pain at that time when questioned by staff. V5 stated V3 and two other staff helped get R1 up off the floor and into his wheelchair using a gait belt. V5 saw R1's head bleeding and there was blood on the floor. V5 stated, "I told (V3) that I thought (R1) should go to the ER (Emergency Room) after the fall, but (V3) said 'no.'" V3 stated she gave report to the day shift CNAs at approximately 6:30 am and advised them R1 had fallen earlier that night.</p> <p>On 9/21/22 at 12:29 pm, V4 (Licensed Practical Nurse) described R1 as "very impatient" and "if you didn't help him right away, he'd try to do whatever he was trying to do by himself." V4 stated she started her shift on 9/08/22 at 6:30 am. V4 stated she was given report from the night nurse and was advised that R1 had fallen and had "sustained some bruising," but V3 did not tell her where the bruising was. According to V4, V3 also did not tell her R1 had hit his head and was bleeding after the fall. Shortly after V4 received report, the CNAs and Therapy Staff told her they could not get R1 to stand up to get him ready for breakfast. V4 assessed R1, who was alert and only expressed pain if they moved him. Therapy staff told V4 that they saw bruising and swelling on R1's backside, but V4 was unable to assess the area since R1's pants were on. V4 noted at that time, R1's left leg was rotated and slightly shorter than the right leg. It was then, the decision was made to send R1 out to the Emergency Room.</p> <p>On 9/21/22 at 2:45 pm, V7 (Certified Occupational Therapist) stated she had worked</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 10</p> <p>with R1 on several occasions with a goal of making him a little more independent with ADLs (Activities of Daily Living). V7 stated R1 was "very guilty of not using his call light and was very impulsive." V7 indicated she would "catch (R1) walking to the bathroom by himself and he needed a lot of supervision." According to V7, the morning of 9/08/22 at approximately 6:30 am, V8 and V9 (Certified Nursing Assistants) told her they were trying to get R1 up for breakfast and R1 couldn't stand. V7 entered R1's room and found him sitting on the side of his bed. V7 noted R1's left hip to have a "very noticeable bruise, between the size of a golf ball and a softball" and the skin surrounding the bruise was "swollen and tight to the touch." V7 observed R1's left leg to be rotated. V7 stated R1 cried out in pain as they tried to get him positioned on the bed and pull pants on him. V7 stated she immediately went to V3, who was near the end of her shift and reported to her that she observed R1's left gluteal area bruised and swollen, along with the external rotation of the left leg. V3 indicated to V7 that R1 "always had bruising in that area," which V3 argued, as she got him dressed in the mornings on many occasions and never witnessed bruising in that area before. According to V7, she told V3 that R1 needed to go out to the Emergency Room, but V3 kept advising her "He's (R1) fine", when V7 "(I) observed he clearly wasn't." V7 then reported R1's assessment findings to V4, because she was the oncoming nurse, and V4 agreed R1 needed sent to the Emergency Room right away.</p> <p>On 9/21/22 at 1:44 pm, V2 (House Support Nurse) stated all disciplines met to discuss R1's increasing number of falls after the 8/25/22 fall that resulted in injury. According to V2, was decided that R1 needed to be closer to the</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUINCY HEALTHCARE & SR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 NORTH 10TH STREET QUINCY, IL 62301
---	---

(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
S9999	<p>Continued From page 11</p> <p>nurse's station so he could be more easily observed. V2 stated, staff were told to "keep a close eye on him and check on him more frequently," as he needed increased supervision.</p> <p>On 9/21/22 at 1:13 pm, V6 (Nurse Practitioner) stated R1 had been declining the last several weeks prior to the 9/07/22 fall and was lacking safety awareness. According to V6, R1 "almost needed 1:1 supervision after the 8/25/22 fall when he hit his head and needed staples." V6 stated, after a fall, nursing staff should be documenting any injury and a findings associated with a full physical assessment. V6 indicated that, since R1 did hit his head and was bleeding after the fall, she would have expected staff to immediately notify herself or the physician, so a determination could be made if R1 needed to be sent out to the Emergency Room for an evaluation at that time.</p> <p>(A)</p>	S9999		