

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/26/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE PEKIN, IL 61554</b>
--	--

(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  First Revisit to Facility Reported Incident of December 14, 2021 IL141646	{S 000}		
{S9999}	Final Observations  Statement of Licensure Violations:  300.610 a) 300.610 c)4) 300.1210 b) 300.1210 d)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. c) The written policies shall include, at a minimum the following provisions 4) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.  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	{S9999}	<b>Attachment A Statement of Licensure Violations</b>	

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:  IL6011712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 01/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PEKIN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 EL CAMINO DRIVE PEKIN, IL 61554
---	--

(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>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 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>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to supervise a resident requiring assistance with toilet transfers to prevent a fall for one resident (R2) of three residents reviewed for falls in a sample of three. This failure resulted in R2 sustaining a fall requiring evaluation and treatment at a local hospital, and a subsequent diagnosis of a Hematoma with abrasion to R2's forehead.</p> <p>Findings include:</p> <p>R2's Minimum Data Set/MDS assessment, dated 12-28-21, documents the following: R2 is cognitively intact; R2's balance during transitions and walking for moving on and off toilet is: "Not steady, only able to stabilize with staff assistance;" and R2 requires one person physical</p>	{S9999}		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 01/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  PEKIN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 EL CAMINO DRIVE PEKIN, IL 61554
---	--

(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>assist for "Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet...and adjusts clothes."</p> <p>R2's Care plan, dated 12-23-21, documents "Per fall risk assessment R2 is at low risk for falls. Risk per assessment r/t (related to) age also at risk r/t new environment at facility for respite stay; requires staff assist with mobility/gait r/t balance."</p> <p>On 1-25-22, at 12:30pm, R2 stated "A nurse took me to the bathroom and didn't stay with me and I passed out. I am never to be left alone in the bathroom or shower, none of us are...I don't remember who the nurse was. The nurse stood me up then left to get a (incontinence brief). She should have sat me down first, but she didn't. I was trying to sit down, but blacked out. I had to go to the hospital so you could get the ambulance report - it says I was in a pool of blood."</p> <p>R2's Progress note, dated 1-3-22 at 3:40pm, and signed by V6, Licensed Practical Nurse/LPN, documents, "This writer called to resident room roughly (3:15pm). Resident lying on stomach legs extended out, left side of head with contact to floor and bleeding. Resident with history of brain aneurysm that's been clipped."</p> <p>R2's fall Follow Up Report, dated 1-3-22, and signed by V3, Assistant Director of Nursing/ADON, documents: "Resident had been walked to the bathroom by rehab CNA (Certified Nursing Assistant) staff (V5), resident stood at the toilet attempting to get her pants down while staff member obtained new (incontinence brief). Resident lost her balance and fell to the floor striking her head on the floor. Staff education to not leave resident in the bathroom until she has</p>	{S9999}		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/26/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE PEKIN, IL 61554</b>
--	--

(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 been sat down."</p> <p>R2's Emergency Department /ED record, dated 1-3-22, documented by V8, Advanced Practitioner Nurse/APN, documents, "Patient states she fell when attempting to sit on the toilet without assistance from the nursing home staff." This ED record also documents R2's Past Medical History Diagnoses including "History of brain aneurysm, had clip placed."</p> <p>R2's Progress note, dated 1-3-22 at 5:45pm, and signed by V6, LPN, documents: "Resident returned from (local hospital Emergency Department) with no new orders. Resident hematoma with abrasion to left forehead."</p> <p>R2's current Physician Order Sheet/POS documents: "Keep head wrapped for 24 hours. Apply more gauze if needed and pressure. Ice Q (every) 4 for 20 minutes to head wound."</p> <p>On 1-25-22, at 1:28 pm, V4, Therapy Manager, stated the following: "(V5) was the restorative CNA who was helping (R2) when (R2) fell. (R2) was set up for restorative for transfers and ambulation. She was here for respite and her family wanted her to maintain present level of function."</p> <p>On 1-25-22, at 1:32pm, V5, Restorative CNA, stated on 1-3-22, "I was doing sit to stand exercises in the room with (R2) when she had to go to the bathroom right now. I took her into the bathroom, pulled her pants down and as she was squatting over the toilet almost in a sitting down position I grabbed a (incontinence brief) from the dresser..I had to go out of the bathroom to get a (incontinence brief) because there were none in the bathroom...As I was getting the (incontinence</p>	{S9999}		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R-C 01/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE PEKIN, IL 61554</b>		
(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>brief) I heard a loud crash. I never thought that would have happened. Now I know not to leave a resident until they are fully seated. I should have done that."</p> <p>On 1-25-22, at 2:09pm, V5, CNA, obtained a clean incontinence brief, then assisted R2 with a walker to the bathroom. V5 helped R2 to lower R2's pants and sit down on the toilet. V5 CNA remained in the bathroom during R2's toileting. At this time R2 stated, "Now that's how it should have been done! Not left here while I was still standing."</p> <p>On 1-25-22, at 1:42pm, V3, Assistant Director of Nursing/ADON, stated the following occurred on 1-3-22: "(V5/CNA) took (R2) to the bathroom and needed a (incontinence brief) so (V5) walked out of the room to get one. (R2) wasn't sitting down on the toilet yet and lost her balance and fell. We educated (V5)...The CNA had walked with her in the room and assumed she would sit down without any incident. If the MDS says she is unstable with moving positions then according to her MDS I would expect a CNA to stay until the resident is fully seated."</p> <p>On 1-25-22, at 2:52pm, V6, LPN, stated on 1-3-22 "I was at the nurse's desk when I heard a fall. I knew that (V5/CNA) was in there (with R2). I walked down the hall and (V5) stuck her head out the door and said that (R2) fell and was bleeding. I saw blood trickling and knew she had a history of a brain bleed with an aneurysm clipped. The ambulance came and she leaves." V6 continued to state: "She (R2) shouldn't have been left alone before fully seated on the toilet - especially since the MDS states she is unstable with toileting. I would have sat her down then got the (incontinence brief)."</p>	{S9999}		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/26/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE PEKIN, IL 61554</b>
--	--

(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>On 1-27-22 at 8:44am, V9 (R2's physician) stated, "Getting the (incontinence brief) wasn't critical and she could have gotten the (incontinence brief) after the resident was seated. It sounds like a lapse in judgement that could have resulted in a fracture."</p> <p>On 1-26-22, at 1:33pm, V1, Administrator, confirmed the facility does not have a policy and procedure for Fall Prevention.</p> <p>The facility's Nursing Rehab Policy, revised 11/06, documents "6. Transfer Techniques: Residents will be taught and assisted with safe transfer techniques, using good body mechanics."</p> <p>(B)</p>	{S9999}		