

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005649</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MACOMB POST ACUTE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8 DOCTORS LANE MACOMB, IL 61455</b>
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S 000	Initial Comments	S 000		
S9999	<p>Investigation of Facility Reported Incident of April 14, 2022/IL146458</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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.</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</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, 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 implement a fall intervention (mattress with raised sides) for one of three residents (R1) reviewed for falls with injuries in the sample of three. This failure resulted in R1 rolling out of bed onto the floor sustaining a painful baseball sized hematoma (collection of blood outside of the blood vessels/injury to the wall of a blood vessel) to the upper left breast, skin tears to the left elbow and left knee, and extensive bruising to the left side of the head, left side of the chin, area below the breasts, and both upper legs which required hospitalization.</p> <p>Findings include:</p> <p>The facility's Fall Reduction Policy dated 11-5-19</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>documents, "Purpose: To provide an environment that remains as free of accident hazards as possible. To identify residents who are at risk for falling and to develop appropriate interventions to provide supervision and assistive devices to prevent or minimize fall related injuries. To promote a systematic approach and monitoring process for the care of residents who have fallen and/or those who are determined to be at risk. The care plan should be reviewed after every fall and updated with a new intervention when applicable."</p> <p>R1's MDS (Minimum Data Set) Assessment dated 2-7-22 documents R1 is moderately cognitively impaired and requires extensive assistance of two staff for bed mobility, transfers, and toileting.</p> <p>R1's Fall Incident Report dated 4-4-22 at 12:05 AM and signed by V6 (Licensed Practical Nurse/LPN) documents, "(R1) found on the floor beside bed on (R1's) stomach. (R1) was yelling, 'Get me up. I am hurt.' Sent to emergency room for evaluation. Neurological checks initiated. (R1's) description: I fell out of bed headfirst and hit my head. 4-7-22 Notes: Fall investigated. (R1) got tangled in her blankets and fell out of bed head first. Skin tear noted to arm and leg, and bruising noted to face. (R1) sent to the emergency room. No fractures noted. Care plan updated with perimeter mattress (mattress with raised sides)."</p> <p>R1's Fall Care Plan dated 9-15-21 documents, "Interventions/Task: Date initiated 4-4-22 Perimeter mattress to define borders."</p> <p>R1's Hospice Equipment Orders document R1 was delivered an air mattress system without</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>raised sides on 4-13-22.</p> <p>R1's Fall Incident Report dated 4-14-22 at 5:00 AM and signed by V5 (LPN) documents, "(R1) noted lying on the floor on left side. Assessed and turned to supine position. Noted large full thickness skin tear tot he left elbow and patella. Bruising noted on left side of chin. Increased bruising to left temple area. Large bruise above left breast with very hard elevated area. Range of motion with minimal pain. Residents Description: I rolled out of bed and hit my head. Notes 4-15-22: Fall investigation. Hospice had replaced scoop mattress (mattress with raised sides) with air mattress. (R1) fell out of bed due to air mattress. (R1) obtained skin tears to left elbow and right patella, bruising to left temple, large raised bruised hardened area to left breast. Skin tears were treated and dressed. Air mattress was immediately removed from resident's bed and a scoop mattress was applied. Bruising to left breast became three times larger with increased pain, swelling, and a fluid filled blister. (R1) sent to the emergency room and was admitted to (the hospital) with diagnosis of anemia."</p> <p>R1's Hospital History and Physical dated 4-15-22 documents, "(R1) presented to the hospital following a fall at the nursing home. It is my understanding that (R1) slipped out of a low-lying bed and fell striking her head as well as her left side on the ground. This apparently happened early in the morning, but as the day progressed, she developed increasing swelling of the left chest wall/breast and ultimately presented to the hospital with a hematoma. (R1) had pain but did not complain of shortness of breath. As the day progressed (R1) developed worsening swelling and ultimately presented to the emergency room.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Skin: (R1) has multiple areas of bruising. (R1) does have significant ulceration and bruising in her left elbow covered in steri-strips (strips of adhesive). Most significant area of bruising is noted on the left chest wall with swelling and tenderness thought to be hematoma with surrounding ecchymosis (discoloration of the skin from bleeding underneath). There is also bruising noted on the left side of her neck and on both lower extremities and arms.</p> <p>Assessment/Plan: 1. Hematoma of the left breast. 2. Acute blood loss Anemia. This is probably secondary to number 1. (Hematoma of the left breast). 9. Skin tear of the left upper extremity."</p> <p>On 5-1-22 at 8:30 AM R1 was lying in bed on her back. R1 had purple bruising the left side of her head and chin, and purplish/red bruising extending from the area under her right breast to the area below her left breast and down to her belly button. R1 also had a baseball sized hematoma to the area above the left breast, with a quarter sized opened reddened area in the center of the hematoma. R1 had skin tears to the left elbow and left knee that were closed with steri-strips and surrounded with purple bruising. R1's bilateral upper legs were covered with purple bruising. R1 stated, "I rolled out of bed and got hurt. I feel like I have been beat up. I hurt everywhere."</p> <p>On 5-1-22 at 10:10 AM V5 (LPN) stated, "I was (R1's) nurse when (R1) fell out of bed around 5:00 AM. I found (R1) on the floor laying on her left side with the blanket underneath her. (R1) had skin tears to her left knee and elbow and a very large hematoma to her left breast. (R1) also had multiple bruises to her breasts and legs. (R1's) hematoma to the left breast started getting</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>larger throughout the day and (R1) was having increased pain, so I decided to send her to the emergency room for an evaluation. (R1) had an air mattress that did not have raised sides on it when she rolled out of bed. (R1) was supposed to have a mattress with raised sides which kept (R1) in the center of the bed and helped (R1) to know her perimeters."</p> <p>On 5-1-22 at 10:00 AM V1 (Administrator) stated, "Hospice brought in the wrong mattress and none of us (facility staff) were aware. It was me and (R1's family's) understanding that hospice was going to bring in an air mattress with raised sides to keep (R1) from rolling out of the bed."</p> <p>On 5-1-22 at 10:20 AM V2 (Director of Nursing) stated, "(R1) needs a mattress with raised sides so (R1) knows her perimeters and it keeps (R1) from rolling out of bed. (R1) was admitted to hospice and it was my understanding and (R1's family's) understanding that hospice was going to bring in an air mattress with raised sides. Hospice brought in an air mattress that did not have raised sides. I was not aware that the wrong mattress was brought in until after (R1) rolled out of bed. I do not believe anyone assessed the air mattress without raised sides for (R1's) safety. Hospice should have brought in an air mattress with raised sides."</p> <p>(B)</p>	S9999		
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