Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ______ B. WING ______	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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 Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.610b) 300.610c)4)A) 300.1210b)5) 300.1210d)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. b) All of the information contained in the policies shall be available to the public, staff and residents, and for review by the Department. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ______ B. WING ______	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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	Continued From page 1	S9999		

with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:

A) Analysis of the risk of injury to residents and nurses and other health care workers taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs;

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. Restorative measures shall include, at a minimum, the following procedures:

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ______ B. WING ______	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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	Continued From page 2	S9999		

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.

These Regulations are not met as evidenced by:

Based on interview and record review the facility failed to identify a resident's need for increased supervision in order to reduce the resident's risk for falls, ensure safe resident transfers/mobility and provide adequate supervision for a resident during transport while at an outside facility appointment.
These failures resulted in the R41 falling on four separate occasions in less than two months' time which subsequently resulted in two pelvic fractures and one rib fracture and R27 falling while self-toileting. These failures affect two of three residents (R41, R27) reviewed for falls on the sample list of 29.

Findings include:

R41's Physician Order Sheet (POS) dated May 2022 documents R41 is diagnosed with Dementia with Behavior Disturbances, Difficulty in Walking, Muscle Wasting and Atrophy, Unsteadiness on Feet, Restless Leg Syndrome, and Insomnia.

R41's Minimum Data Sets (MDS) dated 1/25/22 and 4/26/22 document R41 is moderately cognitively impaired and requires supervision (1/25/22) and limited assistance (4/26/22) of one staff person for transfers and mobility. The same MDS documents R41 uses a walker for mobility.

R41's Fall Risk Assessment Tool dated 1/25/22 documents R41 is a High Fall Risk and requires assistance or supervision for mobility, transfers,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ______ B. WING ______	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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	Continued From page 3 or ambulation, has altered awareness of her immediate physical environment, is impulsive, and has a lack of understanding of her physical and cognitive limitations. R41's Fall Risk Assessment Tool dated 4/26/22 documents R41 is a High Fall Risk and requires assistance or supervision for mobility, transfers, or ambulation, has an unsteady gait, has altered awareness of her immediate physical environment, is impulsive, and has a lack of understanding of her physical and cognitive limitations. R41's Event Report dated 3/17/22 documents R41 had a witnessed fall in the dining room when attempting to stand and move from the table without assistance. R41 hit her head on the drink cart and fell to the floor. R41 was sent to the Emergency Room and diagnosed with a pelvic fracture. R41's Pelvic Computed Tomography (CT) dated 3/17/22 documents R41 fell and was diagnosed with an Acute non-displaced Fracture of the left inferior pubic ramus. R41's Event Report dated 3/19/22 documents R41 had an unwitnessed fall in the day room when attempting to stand and walk to the bathroom without assistance. R41 complained of pain to her right arm and previously fractured pelvis after this fall but had no new injuries. R41's Event Report dated 4/8/22 documents R41 had an unwitnessed fall in a resident room when ambulating without assistance. R41 hit her head and fell to the floor. R41 was sent to the Emergency Room and diagnosed with a second pelvic fracture. R41's Pelvic Computed Tomography (CT) dated	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ______ B. WING ______	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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	Continued From page 4 4/8/22 documents R41 fell and was diagnosed with an acute non-displaced fracture of the left superior pubic ramus. R41's Event Report dated 5/9/22 documents R41 had an unwitnessed fall in her room when attempting to go to the bathroom without assistance. R41 hit her head and fell to the floor. R41 was sent to the Emergency Room and diagnosed with a posterior 12th rib fracture. R41's Abdominal/Pelvis Computed Tomography (CT) dated 5/9/22 documents R41 fell and was diagnosed with an acute posterior right 12th rib fracture. On 5/19/22 at 11:40 AM V25 Certified Nurse's Assistant (CNA) stated R41 is unsteady and impulsive. She requires limited assistance with a gait belt and walker for safe transfers and mobility. She can easily get her feet tangled up and fall if she doesn't have assistance. On 5/19/22 at 12:00 PM V10 Dementia Unit Coordinator stated R41 is impulsive and likes to be on the go all of the time. She often attempts to transfer without assistance and does not use her call light when needing help. V10 stated R41's need for physical assistance has increased in the last few months especially after the fall on 3/17/22 when she fractured her pelvis the first time. V10 confirmed the facility has implemented multiple fall interventions for R41 however R41 really needs more supervision. V10 confirmed if staff would have been able to more closely supervise R41, the falls and subsequent fractures on 4/8/22 and 5/9/22 might not have occurred. On 5/20/22 at 10:45 AM V9 Nurse Practitioner (NP) confirmed with R41's cognitive diagnosis of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ____ B. WING ____	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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	Continued From page 5	S9999		

Dementia and subsequent cognitive and physical decline, she is at increased risk for falls and requires increased supervision and physical assistance in order to prevent falls and subsequent injuries. V9 NP confirmed R41's recent falls with fractures could have been avoided if staff were able to supervise her more closely and assist R41 with transfers and mobility.

R27's Face Sheet (current) includes the following diagnoses: Complete Traumatic Amputation at Knee level: left lower leg, Type I Diabetes Mellitus, Muscle Weakness and Atrophy, Clostridium Difficile and Diarrhea.

R27's Minimum Data Set (MDS) dated 4/5/22 documents R27 as being mildly cognitively impaired. This same MDS documents R27 as an extensive assist for transfers and toileting.

R27's Nursing Notes dated 3/14/22 document that V17, Transport Driver notified the facility that R27 had fallen in the bathroom at the wound clinic prior to R27's appointment time.

On 05/18/22 at 2:10 pm, V16 Transportation Coordinator stated V17, who is not a Certified Nursing Assistant (CNA), transported R27 to a wound appointment alone. V16 confirmed that a CNA did not accompany R27 on the transport for assistance with any personal needs such as toileting. V16 stated R27 was in a wheelchair and after getting to the wound clinic on 3/14/22, R27 had to use the restroom and fell while in the bathroom alone and yelled for help.

On 5/19/22 at 12:10 pm, V17 stated R27 told V17 that R27 had diarrhea when they arrived at the entrance to the wound clinic (hospital). V17 stated there was a restroom right at the entrance

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ____ B. WING ____	05/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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	Continued From page 6 and R27 went in alone as V17 is not a trained care giver. V17 stated V17 then heard R27 fall and yell and the nurses at the desk also heard R27 and they went in and found R27 on the floor. V17 stated V17 notified the facility and when V17 and R27 returned to the facility V17 told the nurse on R27's unit that R27 had diarrhea and the nurse stated "Yeah (R27's) had it for a few days." On 5/19/22 at 1:00 pm V22 Licensed Practical Nurse and R27's Primary Nurse confirmed that R27 had been having diarrhea for a few days prior to R27's wound appointment on 3/14/22 and probably should have had a CNA accompany R27 to the appointment. V22 also confirmed that R27 tested positive for Clostridium Difficile on 3/15/22. On 5/20/22 at 10:00 am, V1 Administrator stated the facility did not have a Fall Prevention Policy. (A)	S9999		