

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2022
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NAME OF PROVIDER OR SUPPLIER FAIR HAVENS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521
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(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 May 19, 2022 IL147781	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6) 300.1220 b)2) 300.1220 b)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 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	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</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>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>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete root cause analyses of falls and implement fall interventions for one of four residents (R1) reviewed for falls on the sample list of eight residents. These failures resulted in R1 falling and suffering a displaced, impacted fracture of her left femoral neck.</p> <p>Finding Include:</p> <p>R1's Minimum Data Set, dated 4/13/22, documents R1 is severely cognitively impaired, incontinent of bowel and bladder, requires assist of one staff for activities of daily living, exhibits wandering behavior which puts her at significant risk of getting to a potentially dangerous place.</p> <p>R1's Care Plan, updated 5/22/22, documents, "(R1)is at risk for falls related to: history of falls; R1 uses the closet door to assist self into standing position." with an intervention to "keep in high visual areas as allows."</p> <p>R1's progress note, dated 4/7/22 at 1:13AM, documents, "entered (R1's) room and saw (R1) sitting on floor next to wheelchair."</p> <p>R1's progress note, dated 4/18/22 at 6:04PM, documents, "heard (R1) yelling for help went into room and found (R1) sitting in front of her wheel chair with cushion on top of her."</p> <p>R1's progress note, dated 4/26/22 at 2:56PM,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents, "(R1) was attempting to use the toilet and her wheel chair was not locked and she slipped and sat on the floor."</p> <p>R1's progress note, dated 5/7/22 at 2:37PM, documents, "(R1) was up in her wheel chair sitting in front of bathroom door when she slid out of wheel chair. When arrived noted (R1) had a bag, a can of chips, and other items behind her in the wheel chair. Removed these items."</p> <p>R1's 4/7/22, 4/18/22, 4/26/22, and 5/7/22 falls were documented, but no root cause analysis was completed to determine resident centered interventions to prevent falls in the future.</p> <p>R1's progress note, dated 5/19/22 at 3:19PM, documents, "Resident sent to (local hospital) Emergency Room for evaluation after a fall causing Left hip and leg pain Power of Attorney and Medical Doctor aware, (ambulance) arrived and transported resident at 12:50pm."</p> <p>R1's progress note, dated 5/19/22 at 4:09PM, documents, "admitted to (hospital) diagnoses: Closed displaced fracture of left femoral neck, Acute Compression fracture of body of thoracic vertebra, age unknown." R1's incident report by V1, Administrator documents "Nurse heard R1 holler out. Went to R1's room and found R1 lying on the floor."</p> <p>R1's root cause analysis form, dated 5/19/22, documents the root cause was, "(R1) was reaching behind her for a drink she sits behind her in her wheelchair and slid out of the wheelchair." The new intervention implemented was "(R1) was moved closer to the nurse's station for increased monitoring."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 6/16/22 at 3:30PM, V1, Administrator, stated, "The intervention to move R1 closer to the nurse's station does reflect we recognized (R1) needed more supervision. I see now that if we had done that following one of the previous falls we might have been more successful in preventing other falls."</p> <p>The facility's policy Falls and Fall Risk Managing, dated August of 2008, states "3. Identifying the cause of a fall or fall risk. c. The staff will continue to collect and evaluate information until they either identify the cause or the cause cannot be found."</p> <p>(A)</p>	S9999		