

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007496 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/15/2022 |
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| NAME OF PROVIDER OR SUPPLIER COLLINSVILLE REHAB & HEALTH CC | STREET ADDRESS, CITY, STATE, ZIP CODE 614 NORTH SUMMIT COLLINSVILLE, IL 62234 |
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| S 000 | Initial Comments Complaint #2248889/IL153069 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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. 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. | S9999 | Attachment A Statement of Licensure Violations | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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PRINTED: 12/08/2022
FORM APPROVED

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| S9999 | <p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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 regulations were not met as evidenced by:</p> <p>Based on interview and record review the Facility failed to assess and conduct root cause analysis of falls and implement progressive interventions to prevent falls for 1 of 3 residents (R2) reviewed for falls in the sample of 6. This failure resulted in R2 falling and sustaining a hip fracture.</p> <p>Findings include</p> <p>R2's Cumulative Diagnoses Log in R2's paper medical record undated documents diagnoses of essential hypertension, cerebrovascular accident (stroke) and schizophrenia.</p> <p>R2's Cognitive Assessment dated 2/16/2022 document, R2 was severely impaired for cognition and activities of daily living.</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>R2's Psychosocial Assessment dated 2/16/2022 and 9/22/2022 document R2 has severe impairment in judgement, and safety awareness.</p> <p>R2's Discharge Evaluation dated 2/16/2022 and 9/22/2022 document R2 was forgetful and had safety awareness.</p> <p>R2's Discharge Evaluation dated 6/27/2022 and 9/22/2022 document R2 has a history of falls in the last 30 days.</p> <p>R2's Medical Records does not have a Fall assessment completed for R2 before 9/7/2022.</p> <p>R2's Emergency Room visit dated 3/1/2022 documents, "Chief complaint: Fall. Patient is a 60-year-old male presenting to our facility after he slipped out of a chair at a nursing home. I spoke with the nurse at the facility, and she states that the patient was found on the floor near to his wheelchair as if he had slipped out of the chair this morning."</p> <p>R2's Nurse's Note, dated 4/27/222 documented "Resident was in the T.V. room when I heard resident fall. It was unwitnessed. Full assessment done." The Nurse's Note did not document R2 sustained injury from this fall.</p> <p>R2's Care Plan was not revised with any interventions to address R2's fall on 4/27/22 or progressive interventions to prevent future falls.</p> <p>R2's Minimum Data Set (MDS) dated 5/16/2022 document R2 was severely impaired for cognition.</p> <p>R2's Nurse's Note, dated 5/20/2022 at 5:20 PM,</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>documents "Resident fell in hallway, trying to walk, unwitnessed fall." The Nurse's note documented neuro checks were started and family and physician were notified. The Nurse's Note did not document what the facility put into place after this fall to prevent R2 from future falls.</p> <p>R2's Nurse's Notes dated 5/20/2022 at 5:30 PM, "Resident got out of bed and fell again. EMT (Emergency Medical Technician) called to transport to hospital."</p> <p>R2's Nurse's Note, dated 5/20/22 at 10:15 PM, documented R2 had no injuries and would be returning to the facility.</p> <p>R2's Care Plan does not document this fall and his medical records do not document any progressive interventions for either of his two falls on 5/20/2022.</p> <p>R2's Nurse's Note, dated 5/23/2022 at 5:35 AM, document "Environmental manager reported resident was on the floor, this nurse assessed resident and found abrasion on right side lower back, MD, DON, Administrator and (family) notified." The Note documents "EMT (Emergency Medical Technician) called and left facility at 3:50 PM to transfer to (Hospital)."</p> <p>R2's Nurse's Notes dated 5/23/2022 at 10:21 PM, documents "Placed a call to (Hospital) to check on resident status. Spoke to his nurse and was informed resident was admitted c (with) hip fx. (fracture), subacute CVA et (and) fall."</p> <p>R2's Care Plan and Medical Records does not document any progressive interventions for R2's fall on 5/23/2022.</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>R2's Hospital Procedure Note dated 5/24/2022 document a displaced right hip femoral neck fracture subacute.</p> <p>R2's Hospital Discharge Records dated 5/29/2022 at 1:42 PM, documents, "Visit reason: Right hip fracture, CVA subacute fall. Medical Problem: Closed displaced fracture of the neck of right femur, acute cerebrovascular accident, fall."</p> <p>R2's Nurse's Note, dated 8/29/22 at 4:10 PM, documents "FOF (found on floor) on knees in dining room. No injuries to pt.'s (patient's) knees. See incident report for falls." The facility had no documentation of this incident report to review.</p> <p>R2's Care Plan was not revised after this incident to address progressive interventions to prevent R2 from potential future falls.</p> <p>R2's Nurse's Note, dated 9/1/22 at 3:40 PM documents "Resident FOF (found on floor), assessed no apparent injuries. Assisted to w/c (wheelchair) per (full body mechanical) lift accompanied by multiple staff."</p> <p>R2's Care Plan, revised on 9/1/22, documents "r/t (related to) fall, pressure alarm for chair."</p> <p>R2's Hospice Discharge Summary dated 9/2/2022 document under health history- history of falling. Summary of Care: Patient admitted to hospice after sustaining a fall and broken hip. During hospital admission patient found to have CVA (cerebral vascular accident).</p> <p>R2's Fall Risk Assessment dated 9/7/2022 documents a score of 17 (Score of 10 points or more equal to high risk for falls).</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>R2's Progress's Notes dated 9/7/2022 document, "Resident was sitting in wheelchair in TV room and chair alarm sounded. This nurse went to assist resident to scoot back in his wheelchair, resident fell forward onto floor. Resident did not hit his head and no visible injuries were observed."</p> <p>R2's Care Plan, revised on 9/7/22, documented "r/t fall, pressure alarm for chair (and) keep in visual when out of bed."</p> <p>R2's Quality Improvement Review Note dated 10/6/2022 at 9:00 AM, documents, "IDT meeting held related to fall 10/5/2022 with small abrasion to right forehead. Resident dizzy, neuro checks were initiated. Resident sent to ER (emergency room) for evaluation and returned. Continue with neuro checks. Reeducated resident of the importance of using a call light for assistance."</p> <p>There is no documentation in R2's Nurse's Note that R2 fell on 10/5/22.</p> <p>There is no documentation of R2's fall on 10/5/2022 on the facility's fall log.</p> <p>R2's Medical Records do not have any other documentation including the incident reports documenting this fall.</p> <p>R2's Care Plan was not revised after this fall with progressive interventions to prevent future falls.</p> <p>On 11/10/2022 at 9:35 AM, the facility provided an incident report and R2 was documented for an incident on 9/1/2022 at 3:35 PM, fall in dining room, no injury and 9/17/2022 at 3:00 PM, falling at Recreation Room, No injury. No other incident reports were provided.</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>There was no documentation in R2's medical record he fell on 9/17/22.</p> <p>On 11/10/2022 at 2:41 PM, V8, Corporate assisting with Director of Nursing duties stated, "For any fall I would expect staff to notify the physician and Power of Attorney of the fall and wait for orders from the doctor. All falls should be charged in the Nurse's Notes and all falls should be addressed at the Quality Assurance Meetings and the Care Plan updated to address the fall."</p> <p>On 11/10/2022 at 2:52 PM, V1, Administrator stated, "Whenever a resident falls I expect all staff to assess the residents, get the resident comfortable, complete a nursing report, notify the physician and POA and incorporate any follow up with any physician orders. I expect this to all be documented in the Nurse's Notes and fall reporting. We do a quality assurance every morning and we do updates and would address any falls. The Minimum Data Set (MDS) Coordinator would then update the care plan to reflect the care and interventions that were put in place. I am not sure why those things are not in place for (R2). This is the only Care Plan we have for (R2)."</p> <p>On 11/10/2022 at 3:03 PM, V10, Speech Therapist stated, "Physical Therapy staff have already left for the day. I worked with (R2) a little but he was very confused and was not able to communicate with me except yes or no questions and his answers would always fluctuate. He had some severe communication deficits. I am not sure if he could tell you what was going on with him. Again, very confused."</p> <p>On 11/15/2022 at 11:29 AM, V11, Family of R2</p> | S9999 | | |

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| S9999 | Continued From page 7 stated, "My father had a history of falls, and he could not verbally speak or tell you what was going on with him. Whenever he would fall, I would get a call telling me he had fallen but I never had any Care Plan meetings talking about his falls or anything the facility was doing to make sure he was safe and anything they were doing to prevent him for falling. Then he kept falling and fell and broke his hip." | S9999 | | |
| | <p>On 11/15/2022 at 11:48 AM, V3, Registered Nurse stated, "I work, by choice. I am the Registered Nurse working here all but maybe 2 or 3 days a month. I usually worked weekends too. We currently do not have a full time Director of Nursing. (R2) was unsteady on his feet before his amputation. He could not talk to you really and he had some good days and bad days. Some days he could answered 'yes ma'am' to you other days he could not respond. I do not remember anything related to if he was at a fall risk or if he had any falls with injury honestly, I do not remember."</p> <p>On 11/15/2022 at 12:13 PM, V12, Nurse Practitioner stated, "For any falls I would expect the facility to contact us, document the falls in the Nurse's Notes and address interventions and always document in the Care Plan. I am not sure what happened with (R2) and why his falls were not documented."</p> <p>The Facility Fall Policy with a revision date of 11/10/2018 documents, "To provide for resident safety and to minimize injuries related to falls; decrease falls and still honor each resident's wishes/desires for maximum independence and mobility. Assessments of Fall Risk will be completed by the admission nurse at the time of admission. Appropriate interventions will be</p> | | | |

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| S9999 | <p>Continued From page 8</p> <p>implemented for residents determined to be at high risk at the time of admission for up to 72 hours. The admitting nurse will assign the temporary risk category. Immediately after any resident fall the unit nurse will assess the resident and provide any care or treatment needed for the resident. A fall huddle will be conducted with staff on duty to help identify circumstances of the event and appropriate interventions. The unit nurse will place documentation of the circumstances of a fall in the nurse's notes or on an AIM for Wellness form along with any new intervention deemed to be appropriate at the time. The unit nurse will also place any new intervention on the CNA (certified nursing assessment) assignment worksheet. Report all falls during the morning Quality Assurance meetings Monday through Friday. All falls will be discussed in the Morning Quality Assurance meeting and any new interventions will be written on the care plan."</p> <p>(A)</p> | S9999 | | |