

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006878</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ODIN HEALTH AND REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 GREEN STREET ODIN, IL 62870</b>
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S 000	Initial Comments  Complaint Investigation: 2259024/IL153232	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210c) 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	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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>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 evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident with a high risk for falls had fall interventions in place for 1 of 3 (R2) residents reviewed for falls in a sample of 12. This failure resulted in R2 falling, receiving a fractured left hip, in which R2 was admitted to the hospital for surgical repair of left hip.</p> <p>Findings include:</p> <p>R2's facility document titled, "Profile" documents R2 was admitted on 9/21/2022 with a diagnosis of Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease. R2's facility document titled,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>"Minimum Data Set (MDS)" dated 9/26/2022, section C, "Brief Interview for Mental Status (BIMS)" score is 9, moderately impaired cognition, section G, "Functional Status", extensive assistance x 1 person physical assistance with bed mobility, transfers, and ambulation.</p> <p>R2's Admission Nursing Assessment, dated 9/21/2022, documents "4h. Notes: pressure pads applied to wheelchair and bed". R2's Fall Risk Assessment dated 9/21/2022, documents Fall Risk Score: 15, (High Risk).</p> <p>R2's Care Plan documents, At risk for falls and injuries related to medications, medical factors (Arthritis, Cognitive Impairment, Dementia, History of falls, Incontinence, Pain, Poor safety awareness, Unsteady gait, and Weakness) with a start date of 9/21/2022. R2's Care Plan Fall Interventions: Assess toileting needs, Encourage use of call light, Keep call light within reach, Keep environment clutter free, Keep personal belongings within reach, Low Bed, Observe for side effect of meds, Observe for unsteady gait and balance, Provide adequate lighting, Provide verbal safety cues, Provide/Reinforce use of non-skid wear, and Wear Clean eye wear with a start date of 9/21/2022 and Pressure pad alarm and night light in room with a start date of 11/07/2022.</p> <p>A progress note entered into R2's medical record dated 9/21/2022, at 12:40 p.m., by V2 (Director of Nursing), documents in parts "Resident arrived to facility via facility wheelchair with facility driver .....82 y/o female who admitted to the (local hospital) on July 28th due to recurring falls and was found to have a urinary tract infection .... Does try to get up on own so pressure pad</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>alarms placed in wheelchair seat and bed."</p> <p>A progress note entered into R2's medical record dated 10/31/2022, at 3:00 a.m., by V8 (Licensed Practical Nurse) documents, "CNA (Certified Nursing Assistant) states that resident was yelling for help and upon entrance to room, resident noted to be sitting on left buttocks/left elbow. Resident assessed for injuries and upon assessment, resident noted with mild tenderness to left outer hip. Able to bend bilateral knees, no rotation noted, no shortening noted. Resident denies hitting her head, no evidence. Call light within reach. Resident assisted back to bed via gait belt and educated on importance of calling for help. Verbalized understanding. Will ensure that sensor pad put in place."</p> <p>On 11/17/2022, at 4:28 p.m., V1, (Administrator), stated that R2's fall intervention of a personal alarm and night light was implemented on 10/31/2022. V1 was not aware of R2 having had this intervention before 10/31/2022.</p> <p>On 11/16/2022, at 9:45 a.m., V8, (Licensed Practical Nurse), stated that she was working on 10/31/2022, during the night shift and came to assess R2 after her fall. V8 stated when she entered R2's room, she observed R2 sitting on her left buttock/left elbow. V8 stated she assessed R2 for injuries and upon assessment, R2 noted to have mild tenderness to her left outer hip. V8 stated that R2 was able to bend bilateral knees, no rotation or shortening noted on left or right hip/leg. V8 stated that R2 denied hitting her head. V8 stated that R2's call light was within reach, she was wearing her non-skid foot wear, her bed was in the low position. V8 stated that her personal alarm was still in her wheelchair and not placed in her bed before R2 had her fall. V8</p>	S9999		

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S9999	Continued From page 4  stated that R2 was assisted back to her bed, pressure alarm was put in place prior to putting R2 back to bed and R2 was educated on the importance of calling for help. V8 stated that R2 told her she was trying to help her roommate because her roommate was yelling out.	S9999		
	<p>A progress noted entered into R2's medical record, dated 11/07/2022, at 12:35 a.m., by V27 (Licensed Practical Nurse), documents "R2 complained of increased left leg and left hip pain. V28, (primary physician), notified of condition and V28 requested x-rays of left leg and left hip to be done in the facility".</p> <p>R2's x-ray report dated 11/07/2022, at 9:36 a.m. by V29 (local physician), documents "Displaced fracture involving the femoral neck is present".</p> <p>A progress note entered into R2's medical record dated 11/07/2022, at 1:10 p.m., by V2 (Director of Nursing) documents "Resident exiting facility via stretcher in route to local emergency room".</p> <p>R2's History and Physical Examination from the local hospital dated 11/07/2022, by V30, (local physician), documents "R2 was admitted to the local hospital for open reduction internal fixation surgery to left hip.</p> <p>A progress noted entered into R2's medical record dated 11/11/2022, at 6:45 p.m., by V31, (Licensed Practical Nurse), documents "R2 readmitted back to the facility at 3:15 p.m".</p> <p>On 11/16/2022, at 1:00 p.m., V16, (Certified Nurse Aide), stated that R2 used a personal alarm while she was in bed and while she was up in her wheelchair before her fall on 10/31/2022.</p>			

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S9999	<p>Continued From page 5</p> <p>On 11/21/2022, at 12:45 p.m., V32 (Certified Nurse Aide), stated that R2 used a personal alarm in her bed and wheelchair before her fall on 10/31/2022.</p> <p>On 11/17/2022, at 3:00 p.m., V2, (Director of Nursing), stated she completed R2's admission assessment and documented pressure pads applied to wheelchair and bed. V2 stated she was not aware that R2 did not have her pressure alarm applied while she was in bed the night she had her fall on 10/31/2022.</p> <p>R2's medical record was reviewed and R2 has had no other falls since her admission to the facility of 9/21/2022.</p> <p>(A)</p>	S9999		