Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6005748 B. WING 01/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **201 SOUTH 10TH STREET** MAR KA NURSING HOME MASCOUTAH, IL 62258 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 Initial Comments S 000 Facility Reported Incident of January 1, 2023/IL154868 S9999 Final Observations S9999 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 Attachment A care needs of the resident. Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois D	epartment of Public	Health	The state of the state of the	BOTT NOT BEFORE MINERAL MAJOR CONSEQUENCES AND ASSESSMENT OF THE	FORM	APPROVED	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY	STATE, ZIP CODE		J412023	
			TH 10TH STI	•		*	
MAR KA	NURSING HOME		TAH, IL 622				
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	Section 300 1210 (General Requirements for					
	Nursing and Persor	nal Care					
	d) Pursuant to subs	ection (a), general nursing		YS		10	
	care shall include, a	at a minimum, the following		78			
_	and shall be practic	ed on a 24-hour,	79	1			
	seven-day-a-week l	pasis:					
	o) All necessary pre	ecautions shall be taken to		10			
	as free of accident	dents' environment remains hazards as possible. All			1	4	
	nursing personnel s	hall evaluate residents to see	7.	11			
-	that each resident r	eceives adequate supervision					
86	and assistance to p	revent accidents.		}	***		
	342			14		- 6	
8	50 20	91)	95	;			
	These regulations v	vere mot met as evidenced by:					
						131	
	Based on interview	and record review the facility					
	failed to provide a s	afe environment and safe		=			
- S	interventions during	transfers to prevent falls for 1		2004-24			
	of 3 residents (R3)	reviewed for falls in the		a		12	
1	sample of 6. This fa	ilure resulted in R3 falling and	33	30	4.0	52.0	
	fracturing his right h	ip, requiring hospitalization				5	
A)	and surgery.	£50	10	5.*			
1	Findings include:						
	i ilidings include.	illo				B 5	
	The facility's Initial F	Report of Accident with Injury	,	'		-	
\$(1)	to IDPH (Illinois Der	partment of Public Health)				#1	
54	dated 10/29/22 docu	uments, "On 10/29/22 at	18 0				
	12:57 PM (R3), age	81, sustained a fall during a		8 22	ļ		
	transfer in his bathro	oom. Resident complained of			>0		
	right hip pain during	assessment by the nurse.	140		88		
	IND (Medical Doctor	notified of fall and order		477	F57		
	of Attorney) undeten	ray of right hip. POA (Power I on fall and new order for	90	0.	71.2		
	Y-ray X-ray results	show acute intertrochanteric	70				
	hip fracture MD not	ified at 5:00 PM of results and					
	new order received	to transfer to (local hospital)					
. 1	emergency room for	evaluation and treatment					

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE	1 01/04/2023	
MADKA	MIDONO HOME		TH 10TH ST			2
MAR KA	NURSING HOME		TAH, IL 622	·		
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	resident. Administra	ults and new order to transfer ator notified of fracture at 5:10 sed Practical Nurse (LPN). o follow.	5801			71 ¥
	The facility's fall invinctudes the following	estigation dated 10/29/22 ng documentation:				5
275	handwritten statem in R3's fall investiga Administrator, docuto the toilet; he grathands). I asked did answered "yes". I was locked becausclose enough to the and transfer one hat the bar isn't long enchecking the chair,	sing Assistant (CNA), ent dated 10/29/22, included ation provided by V1, ments, "I was assisting (R3) bed the bars as usual (both he have his balance, he rent to make sure the chair e in order for him to back up toilet, he has to hold the bar and to his wheelchair because ough. As I was quickly he then let one hand go too left side. The nurse was				
	Fall" documents the	ent, "Investigative Guideline root cause of R3's fall on ent let go of bar during t on resident."	8	, s		. X
	documents, "PTA (p providing CNA with with patient. PTA ed belt, allowing patien	py note dated 10/28/22 hysical therapy assistant) Inservice training on transfers ucates CNA on use of gait t increased time, and vo n left ear for greater stability."	朝	60 18 19		9 11
×	for Employees" date documents, "Inservi Administrator to V11	ent, "Statement of Education ed 10/31/22 at 11:30 PM ce training presented by V1, , CNA: The following areas of ered: (R3) transfer status,			28	5) 3:

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-	73	IL6005748	B. WING	488	01/0	C 04/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, (STATE, ZIP CODE		772020
111		· · · · · · · · · · · · · · · · · · ·	TH 10TH STF			
MAR KA	NURSING HOME		TAH, IL 622			
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600	policy and procedu interventions."	ure for transfers, and following				
	P3'e hospital recov	rds document x-ray results		724		
0	dated 10/30/22 at 1	12:58 AM as, "Impression: 1.	9	ii.		
	Compression defor	rmity of L2 (lumbar 2) vertebral		, S		
	new from 3/8/22 e	eight loss in the midportion is				- 1
	document, under A	a 50% height loss in the midportion is 3/8/22 exam. The hospital records t, under Assessment and Plan, "Right anteric hip fracture." R3's hospital Iso document the results of x-ray of right				
	intertrochanteric hi	ip fracture." R3's hospital		gr.		
	records also documents hip dated 10/29/22			713		
14	predominantly oblid	que intertrochanteric fracture of				F - c
	right proximal femu	ur that is essentially				9 9
	non-displaced." In	ne hospital records further on for Admission: Hip Fracture".				
	History of Present	illness" (R3) is an 81-year-old		-1*		ĺ
	male with past med	dical history significant for	, ,	II+	任	
	Atrial-fibrillation, ny	ypertension, presents to ER level fall. Patient states he was	4.5			
1		nd fell to his right hip. He had	200			
	immediate pain and	d could not get up. He denied	2	23		****
	any head injury or I	loss of consciousness. X-rays racture. Orthopedics notified.				
	He will need an int	ertrochanteric nailing of the		19	50%	
78.	right hip performed	d. His surgery will be scheduled	- ES	21.20	1,500	
1	for late Tuesday af	ternoon/evening."	1. 13	2	6 .	
22		locuments his diagnoses		th		==
	include Nondisplac	ced Intertrochanteric Fracture	9 1			12. 1
		ftercare Following Joint mary Osteoarthritis of Right and		\$ 		200
		Weakness, Repeated Falls,	181			Α
	Pala Minimum Dai	- C-L (A1DC) data d 40/46/00				N
	nrior to his fall with	ta Set (MDS) dated 10/16/22, n a right hip fracture on		2,		
	10/29/22, documer	nts he was severely cognitively				22
	impaired and requi staff for bed mobili	ires extensive assist of one ity and extensive assist of two				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI		(X3) DATE SURVEY COMPLETED			
		E. Mars	A. BUILDING:			С	
IL6005748			B. WING	B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADD			ADDRESS, CITY, S	STATE, ZIP CODE		4/2023	
MAR KA	NURSING HOME	201 SOL	JTH 10TH STR	REET			
		MASCO	UTAH, IL 622	58			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From p	page 4	S9999	E	101		
10	staff for transfers is always inconting	and toileting. It documented he ent of bowel and bladder.					
4	R3's MDS dated 1	1/18/22, after his fractured hip,	,	lv		23	
0.	requires extensive	severely impaired cognitively, he assist with bed mobility, and	e	2 *		or m	
n 19	toileting.	n two staff for transfers and		9 S 1769 4 S	2	55	
	R3's Care Plan do for falls: Gait/bala	ocuments: The resident is at ris	k				
:5:	9/26/22 resident lo fell. resident had o	ost balance during transfer and on crocs with no back. ed fall while being transferred	\$*	×	,c ⁸⁵		
	off toilet. Resident fracture.	let go of rail and fell resulting i	n		2		
12	subdural hematon		91			-0	
% 40	Interventions for the 1/1/23: bolsters to returns	nis care plan include: be added to bed when resider	nt			i	
132		nt sent to ER for tx (treatment).	=			Ш	
1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	resident returns fr			a a	N B _a		
	footwear for trans	sident has on appropriate fers ecliner/lift chair will be free from	o*o ₉₄	E5	13		
	clutter/hazards	will be within reach of resident	50	198			
ě	while they are in the	ne recliner/lift chair ent's call light is within reach an	d			100	
93	encourage the res	ident to use it for assistance as	s				
	Do not leave resid Provide Reacher/	lent in bathroom unattended Grabber device		i i			
	to demonstrate ho	PM V11 went to R3's bathroom whe fell and fractured his hip				0 12	
	on 10/29/22. V11 : tment of Public Health	stated R3 was holding onto the					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (E CONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER	201 SOUT	DDRESS, CITY, STATE, ZIP CODE TH 10TH STREET JTAH, IL 62258						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE			
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* # * * * * * * * * * * * * * * * * * *	grab bar in front of move his wheelch could sit down on seconds she was balance and fell ag room, falling throu frame and falling of When asked why transferring R3 on	f the toilet, and she went to air (w/c) out of the way so he the toilet, and during those few moving his w/c, he lost his gainst the door to his neighbor's gh the door, breaking the door onto the floor in that room. she did not use a gait belt while to the toilet, V11 stated, "That I was just moving too fast."	33 5 7 3 3			es 14			
30 24	V11 stated before (R3) was a fairly e gait belt. On 1/4/23 at 10:25 she would expect transferring any reone or two staff to sure how much as	he broke his hip on 10/29/22, asy transfer of one assist with a 5 AM V1, Administrator, stated staff to use a gait belt when esident who requires assist of transfer. V1 stated she is not assist R3 was requiring at the 10/29/22 when he fractured his			£0				
	hip because thera transfer status but changes to nursin changes the trans provide nursing withat resident trans required to assist	py was frequently changing his idid not communicate the g. V1 stated now, if therapy fer status of a resident, they ith a document that states how fers and how many staff is that resident. V1 stated staff belt any time a resident requires		25 W W W W W W W W W W W W W W W W W W W					
***	Movement of Res safety, dignity, cor be incorporated in regarding the safe 3. Staff responsible trained in the use	ted policy, Safe Lifting and idents, documents "1. Resident mfort and medical condition will to goals and decisions lifting and moving of residents. e for direct resident care will be of manual (gait/transfer belts, mechanical lifting devices.		# OX		576. 60g/s			

The facility's policy, "Fall Policy" revised 9/17/19
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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING				(X3) DATE SURVEY COMPLETED				
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NAME OF PROVIDER OR SUPPLIER STREET ADD				DORESS, CITY, STATE, ZIP CODE TH 10TH STREET						
MAR KA	NURSING HOME	(a		TAH, IL 6225		<u>.</u>		- 3		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPRIOR DEFICIENCY)				JLD BE	(X5) COMPLETE DATE	
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1	documents, "Purpo Management Progr monitor and evalua falls approach and	ram is to develo ite an interdiscip	p, implement, linary team					ž es	\$# \$*	
interventions that fos and quality of life. Th promotes safety, pre- both staff and reside ensure that a Fall Ma		ster resident independence he Fall Management Program evention and education of ents. Policy: The facility shall lanagement Program will be be the incidence of falls and	8 &	5				(i)		
	risk of injury to the independence and	residents and p								
	(A)				(275	·	20		
	1911- MARIO									
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