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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:				(	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	ST	REET ADI	DRESS, CITY.	STATE, ZIP COL	DE			12/1	SIZUZZ
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	Annual Certification	Survey			==	36				
S9999	Final Observations			S9999	2		90		at	
#3	Statement of Licens	sure Violations				-	• •			
e 9 4	300.610a) 300.1210b) 300.1210c) 300.1210d)6)								N	
İ	procedures governing facility. The written published by a Formulated by a Formulated by a Formulated consisting administrator, the acmedical advisory conformation of nursing and other policies shall comply. The written policies the facility and shall by this committee, deand dated minutes of the facility and shall by this committee, deand dated minutes of the facility and shall by this committee, deand dated minutes of the facility and shall by this committee, deand dated minutes of the facility and shall by this committee, deand dated minutes of the facility.	nave written policies and all services provided to colicies and procedures are colicies and procedures are colicies and procedures are colicies and procedures are colicies and representate services in the facility. To with the Act and this Pashall be followed in operate colored at least and colimented by written, si	oy the shall atives The art. ating aually gned						7.3	

Illinois Department of Public Health

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

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

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

CORE CTORORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 6013312 B. WING TEI TOIZUZZ NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1251 NORTH STATE STREET JERSEYVILLE MANOR JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 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 requirements were Not met as evidenced Based on observation, interview and record review, the facility failed to ensure appropriate fall interventions were in place, monitor and provide safe transfers for 6 of 7 residents (R14, R28, R72, R63, R280, R297) reviewed for falls and transfers in the sample of 57. This failure resulted in R63's fall sustaining a right hip fracture. Findings include: 1. R63's Resident Face Sheet, undated, documented diagnoses of Cerebral Infarction due to thrombosis of unspecified precerebral artery-CVA with right sided hemi, Unsteadiness on feet and other lack of coordination. R63's Minimum Data Assessment (MDS) dated 08/16/2022, documented that his cognition was

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severely impaired and that he was totally

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** 

(X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_

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B. WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE.

JERSEYVILLE MANOR

**1251 NORTH STATE STREET** 

(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
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	dependent upon staff for bathing. It continues to document that he has functional limitation in range of motion to his lower extremity on 1 side and that his balance was not steady and only able to stabilize with staff assistance during transitions.			#I • <u>u</u>
	R63's MDS, dated 11/01/2022, documents that he was totally dependent of 2 staff members.			
	R63's Care Plan, dated 12/27/2017, documented, "(R63) is at risk for falls (related to history of falls), balance deficits, unsteady gait, impairments, incontinence episodes, vision impairment, decreased safety awareness, need for assist (with Activities of Daily Living), & use of psychotropic/cardiac/opioid meds." It continues, "Approach Start Date: 09/01/2020 Non-skid to (wheelchair) seat when available." It continues, "Approach Start Date: 12/27/2017, Administer medications as ordered and monitor for ill effects. Approach Start Date: 12/27/2017 Keep brakes locked on bed. Approach Start Date: 12/27/2017 Keep personal items and frequently used items within reach. Bath Days: Mon/Thurs on day shift."			
<b>S</b>	R63's Fall Risk Assessment dated 08/25/2022 documented that he was a high risk for falls.		. 8	111 12
	R63's Occupational Therapy (OT) Therapy Progress Report, dated 08/08/2022, documented R63 can sit unsupported (times) 30 seconds with feet flat on floor and no back support, R63 cannot stand without (upper extremity) support (with assistive device) as needed (times) 10 seconds, and Test/sit Balance Sitting Balance Scale was Not Tested.			
	R63's OT Discharge Summary, dated 08/25/2022, documented, "The patient was			

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## **JERSEYVILLE MANOR**

1251 NORTH STATE STREET

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	trained on (Neuromuscular Re-education) for functional transfer training, core strength training, sitting and standing balance training with safety (education) to decrease fall risk."			**
×	R63's Physical Therapy (PT) Discharge Summary, dated 08/25/2022, documented, "Skilled Interventions-Skilled PT interventions includes (lower extremity Active Range of Motion), strengthening, to further improve transfer	e.	5 	*) 
•	techniques. static/dynamic standing balance training with standing aid to improve functional activity, balance during transfers. safety awareness/(technique)/education application to improve impulsiveness needed during mobility, transfers."	::: ::::::::::::::::::::::::::::::::::	· · · · · · · · · · · · · · · · · · ·	
	R63's Event Report, dated 10/25/2022, documented, "V26 (Certified Nurse Assistant/CNA) bathing resident in shower room. Resident leaned forward tipping shower chair, CNA could not stop resident from falling forward, resulting resident landing on (Right) hip." It continues, "Describe surrounding environment. Shower Room, shower running, ground free of			\$12 40
ľ	clutter or potential hazards, adequate lighting." It continues, "Following fall, X-Ray performed in house, resulting negative. Resident consistent with pain, resident sent to (Emergency Room) for evaluation." It continues, "Resident in shower		×	
	room with V26 (CNA) performing bathing ADLs (activities of daily living). Resident leaned forward tipping shower chair. CNA could not stop resident from falling forward, resident landed on (Right) hip. No deformities or shortening noted upon		E	
	assessment. X-Ray performed in house per V28 (Family Nurse Practitioner-Certified/FNP-C)) resulting negative. Resident consistent with pain complaint, sent to (Emergency Room) for further evaluation per (Power of Attorney)/Nursing		¥d (r∰):	

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On 12/14/2022 at 10:00 AM, V28 (FNP-C) stated that this fall was probably situational and that everyone would like 2 staff in there during care.

On 12/15/2022 at 8:55 AM, V1 (Administrator) stated that R63 was picked up for Physical Therapy and Occupational Therapy in June, July and August of 2022 and at that time he was able to sit for 10 seconds unsupported sitting on the mat with feet flat on the floor, no backrest or arm

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED IL 6013312 **B. WING** NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1251 NORTH STATE STREET JERSEYVILLE MANOR JERSEYVILLE, IL 62052 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) S9999 Continued From page 5 S9999 rest and they did not recommend a 2 person assist for showers. When asked why R63 was picked up by therapy in June, she stated that she did not know why. R63's Hospital Record, dated 10/26/2022. documented, "64 (year old) male with medical history that includes (Traumatic Brain Injury, Cerebral Vascular Accident, Chronic Obstructive Pulmonary Disease) and dysphagia admitted for oblique, comminuted intertrochanteric fracture of the right femur (status post) fall. Patient resides in (Nursing Home) and staff reports patient fell while in shower..." It continues, "Exam: CT (computed tomography) Pelvis w/o (without) contrast order date: 10/25/2022 (Reason for Procedure: Trauma/Injury Impression: 1 Highly comminuted right intra-trochanteric hip fracture. 2. There appear to be old healed bilateral superior and inferior rami fractures. No acute pelvic fracture see. 3. Moderate to severe fecal impaction of the colon and rectum." An Electronic mail to V1 (Administrator) dated 10/29/2022, V32 (Medical Director) documented. "One thing you did not mention is that (R63) is completely flaccid on the right side. In addition, this causes a right sided neglect." It continues, "His paralysis would have prevented him stopping the fall and hemi-neglect would have prevented him from even trying." On 12/12/2022 at 03:16 PM, R63 was lying in bed, asleep. The bed was in the lowest position and the call light within reach. There was no non-skid pad in his wheelchair seat. 2. R14's Care Plan, dated 12/12/2022, document "Problem: Resident Care Information" it also documents "APPROACH: Safe Resident

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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: **B. WING** II 6013312 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1251 NORTH STATE STREET** JERSEYVILLE MANOR JERSEYVILLE, IL 62052 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 Handling Procedures-Transfer Method: Stand aid. Level of assistance: Assist x 1." R14's MDS, dated 11/15/2022, documents that R14 is cognitively intact, always incontinent of bowel and bladder, and requires extensive physical assist of 1 staff member for toileting and transfers. On 12/12/22 at 9:40 AM, V4 (Certified Nurse Assistant/CNA) assisted R14 with toileting. Upon completion of voiding, V4 assisted R14 into the standing position using the stand aide. V4 performed care and dressed R14. V4 then closed the seat on the stand aide. V4 then transported R14 from the bathroom to the opposite side of the room and removed the seat, grabbed R14 by the waist and assisted R14 into the wheelchair. V4 did not apply a gait belt. R4's gait belt was observed around her waist during the transfer. 3. R28's Care Plan, dated 12/12/22, documents "APPROACH: Safe Resident Handling Procedure: Transfer Method: Stand Pivot. Level of Assistance: Assist x 1." R28's MDS, dated 11/8/22, documents that R28 requires extensive physical assist of 1 staff member for toileting and transfers. On 12/14/2022 at 9:20 AM, V7(Certified Nurse Assistant/CNA) and V20 (Certified Nurse Assistant/CNA) assisted R28 with toileting. V7 assisted R28 onto the standing aide. V4 (CNA) then transported R28 across the room into the bathroom and on to the toilet. V7 then removed the seat and assisted R28 into a seated position onto toilet using R28's hips to assist. After R28 voided, V7 and V20 grabbed R28 under her

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shoulder and assisted R28 into a standing

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On 12/15/2022 at 12:50 PM, V33 (LPN) stated that she would expect the staff performing a

5. R280's Care Plan, dated 12/1/22, documents "(R280) is at risk for falling related to recent illness/hospitalization and new environment.

manual transfer to utilize a gait belt.

FORM APPROVED 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: B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1251 NORTH STATE STREET** JERSEYVILLE MANOR JERSEYVILLE, IL 62052 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 DEFICIENCY) S9999 Continued From page 8 S9999 Interventions: Instruct (R280) to call for assist before getting out of bed or transferring. Encourage (R280) to stand slowly, orient (R280) to room, surrounding areas, and use of call light system. Encourage (R280) to use side rails/enablers as needed. Therapy to evaluate and treat as ordered, Provide (R280) with specialized equipment (such as walker, wheelchair." It continues, "Resident Care Information: Safe Resident Handling Procedures-Transfer Method: Stand pivot. Level of assistance: Assist x 2." R280's MDS, dated 12/7/22, documents that R280 has a moderate cognitive impairment and requires extensive assistance from two staff members for transfers, bathing, and toileting. R280 requires extensive assistance from one staff member for all other ADL's. On 12/13/22 at 11:40 AM, R280, was lying in bed as V15 (Certified Nurse Assistant/CNA) and V16 (Certified Nurse Assistant/CNA) entered the room to perform incontinence care on R280. After incontinent care was completed, both CNAs assisted R280 to the side of his bed, put a gait belt around him, assisted R280 to stand and pivot. Just as R280 had turned and pivoted, the unlocked wheelchair started to move backwards and V16 grabbed the wheelchair and pulled it toward R280 then they lowered him to his wheelchair. 6. R297's Care Plan, dated 12/5/22, documents "(Safe Resident Handling Procedures-Transfer Method: Full Body mechanical lift. Level of

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Size: XL."

assistance: Assist x 2. Sling Style: long seat Sling

R297's MDS, dated 11/27/22, documents that

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	resident or staff to DON. Resident will then be reassessed for safe procedures. When using Full Mechanical lift, two staff members are used with additional help as needed. When using the non-mechanical standing device, one staff member is used with additional assist as needed.			37	44 iv 3	8	
(45) V	If care planned with with two staff mem	n two assist it must be used bers." It continues, "9. When ng residents, gait belts will be				×.	
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