

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6003560</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>10/18/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDWATER CARE GIBSON CITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 EAST FIRST STREET<br/>GIBSON CITY, IL 60936</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D 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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| S 000              | Initial Comments<br><br>Complaint #2368346/IL165213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S 000        |                                                                                                                 |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.1210b)<br>300.1210d)6)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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.<br><br>d) Pursuant to subsection (a), general | S9999        | <p><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></p>                                         |                    |

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| S9999              | <p>Continued From page 1</p> <p>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 as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to accurately complete fall risk assessments, thoroughly investigate a fall, and implement fall interventions for three (R1, R2, R6) of three residents reviewed for falls in the sample list of six. The facility also failed to safely transfer R1, resulting in R1 falling and sustaining a right ear laceration requiring sutures to close.</p> <p>Findings include:</p> <p>1.) R1's undated Diagnoses List documents R1's diagnoses include Cerebral Infarction (stroke), hemiplegia and hemiparesis following Cerebral Infarction affecting right dominant side, aphasia (difficulty communicating), epilepsy (seizures) and lack of coordination.</p> <p>R1's Minimum Data Set (MDS) dated 9/19/23 documents R1 requires extensive assistance of two staff for transfers. This MDS documents R1 has impaired balance requiring staff assistance to stabilize when moving from sitting to standing, walking, turning, transferring on/off of the toilet, and during surface to surface transfers. from R1's Care Plan dated as revised 10/2/23</p> | S9999        |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6003560</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>10/18/2023</b> |
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| S9999                                                                 | <p>Continued From page 2</p> <p>documents R1 fell and includes an intervention dated 10/2/23 that staff was educated to use a gait belt with R1's transfers. R1's Care Plan dated 10/1/23 documents R1 has an Activities of Daily Living self care deficit related to impaired mobility and includes interventions that R1 is usually provided substantial assistance of one staff person for chair/bed transfers and when moving from sitting to standing.</p> <p>R1's September 2023 Medication Administration Record (MAR) documents R1 received the following medications from 9/15/23 through 9/30/23: Furosemide (diuretic) 40 milligrams (mg), Losartan Potassium (antihypertensive) 25 mg, Carvedilol (antihypertensive) 6.25 mg, and Levetiracetam (antiseizure) 500 mg.</p> <p>R1's Fall Risk Assessment dated 9/16/23 documents a score of 11, indicating R1 is at risk for falls. This assessment is inaccurate. The section for gait/balance does not document R1's impaired balance with standing and walking. This assessment documents R1 takes 1-2 of the types of medications listed (Anesthetics, Antihistamines, Antihypertensives, Antiseizure, Benzodiazepines, Cathartics, Diuretics, Hypoglycemics, Narcotics, Psychotropics, Sedative/Hypnotics). This assessment documents R1 does not have any predisposing diseases, and CVA (Cerebrovascular Accident) and seizures are listed as examples of predisposing diseases.</p> <p>R1's Physical Therapy Progress Report dated 9/29/23 and signed by V14 Physical Therapist/Director of Rehab documents as of 9/28/23 R1 requires partial/moderate assistance with chair/bed transfers and R1 has right sided hemiparesis.</p> | S9999                                                                                        |                                                                                                                 |                                                                 |

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| S9999              | <p>Continued From page 3</p> <p>R1's Fall Report dated 10/1/23 at 6:00 AM documents: "Resident (R1) had witnessed fall this AM during transfer at approximately 0600 (6:00 AM). Staff states "they were attempting to transfer resident and resident got weak and lost balance and fell." Staff states "resident hit his head on the night stand as he fell." Laceration noted to his R (right) ear. MD (Medical Doctor) notified and stated to monitor bleeding and if needed, can be glued. VS WNL (vital signs within normal limits). Resident had no visible s/s of fx (signs/symptoms of fracture). Called POA (Power of Attorney) at approximately 0900 (9:00 AM) to inform her of fall. POA states she would like resident to be seen in hospital to rule out any bleeding or fractures just to be safe. Called 911 and EMTs (Emergency Medical Technicians) arrived at 0940 (9:40 AM) to take resident to (Emergency Room)."</p> <p>R1's Hospital Oral &amp; Maxillofacial Surgery Consult Note dated 10/1/23 documents R1 presented to the emergency room for a witnessed fall during a staff assisted transfer from the bed to the wheelchair. R1 fell and hit R1's right ear on the night stand and has a 2 centimeter partial thickness laceration to the right ear. This note documents R1's laceration required sutures to close the wound.</p> <p>R1's Fall Interdisciplinary Team Note dated 10/2/2023 at 10:43 AM documents a summary of R1's fall (10/1/23) and the root cause was that R1 lost R1's balance. The post fall intervention is documented as "staff education provided on use of gait belt."</p> <p>The facility's fall investigation for R1's 10/1/23 fall, provided by V2 Director of Nursing (DON),</p> | S9999        |                                                                                                                 |                    |

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| S9999              | <p>Continued From page 4</p> <p>included V4 Certified Nursing Assistant (CNA) interview dated 10/1/23 that documents V4 was transferring R1, R1 lost balance and fell forward hitting R1's ear on the nightstand. V4's Employee Disciplinary Action Form dated 10/5/23 documents V4 was given a 3rd and Final Written Warning for failing to follow safe transfer instructions resulting in a resident injury after a fall.</p> <p>On 10/17/23 at 3:08 PM, V4 CNA stated on 10/1/23 V4 assisted R1 with transferring out of bed and into the wheelchair. V4 stated R1 was using a quad cane, V4 was standing behind R1's wheelchair with the wheelchair positioned between R1 and V4, and R1 was transferring towards R1's bad side (right side). V4 stated R1 had right sided weakness, and R1's prior room was set up to where R1 would transfer out of bed towards R1's left side. V4 stated V4 did not use a gait belt during the transfer. V4 stated R1 lost R1's balance and fell to the floor, hitting R1's right ear on the corner of the night stand. V4 stated V4 received a written warning for not using a gait belt during R1's transfer, and gait belts should be used for any transfers that are not mechanical lifts. V4 stated using a gait belt may have lessened R1's impact.</p> <p>On 10/17/23 at 2:45 PM, V2 Director of Nursing (DON) stated fall risk assessments are completed by the nursing staff. V2 reviewed R1's fall risk assessment dated 9/16/23 and confirmed the assessment does not accurately document R1's impaired balance, diagnoses, and medication use which affects the fall risk score. V2 stated V4 CNA was assisting R1 with transferring out of bed on 10/1/23, R1 lost balance and fell, and R1 had a laceration to the right ear from hitting the night stand. V2 stated</p> | S9999        |                                                                                                                 |                    |

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| S9999              | <p>Continued From page 5</p> <p>the root cause of R1's fall was that R1 lost R1's balance and V2 stated V4 was not using a gait belt during R1's transfer. V2 stated after R1's fall, V4 was educated to use a gait belt and was given disciplinary action. V2 stated a gait belt should be used for all resident transfers that is not a mechanical lift transfer.</p> <p>On 10/17/23 at 3:48 PM, V16 Physician confirmed R1's right ear laceration would be consistent with R1 falling and hitting R1's head on the night stand. V16 stated V16 would defer to physical therapy in regards to whether a gait belt should have been used for R1's transfer. V16 stated if therapy recommends a gait belt be used, then one should have been used for R1's transfer.</p> <p>On 10/18/23 at 8:45 AM, V15 Certified Occupational Therapy Assistant stated R1 was evaluated for therapy services on 9/14/23 and was receiving physical and occupational therapy until R1's discharge on 10/1/23. V15 stated R1 transferred with assistance of two staff, hemiwalker, and gait belt. V14 Physical Therapist/Director of Rehab stated R1 had fair balance and confirmed R1 required hands on assistance with gait belt during transfers to maintain balance.</p> <p>2.) R2's MDS dated 8/30/23 documents R2 requires extensive assistance with transfers and ambulation, has impaired range of motion to one upper and lower extremity, and has impaired balance during transfers/walking and requires staff assistance to stabilize. R2's Care Plan dated 10/5/21 documents R2 has impaired physical mobility and includes an intervention dated 7/14/23 to transfer with two assist and use of gait belt.</p> | S9999        |                                                                                                                 |                    |

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| S9999                                                                 | <p>Continued From page 6</p> <p>R2's October 2023 MAR documents R2 receives the following medications: Atenolol (antihypertensive) 50 mg, Bupropion Hydrochloride (antidepressant) Extended Release 100 mg, Enalapril Maleate (antihypertensive) 2.5 mg, Furosemide (diuretic) 10 mg, Norvasc (antihypertensive) 2.5 mg, Sertraline Hydrochloride (antidepressant) 100 mg, Lantus insulin (hypoglycemic) 44 units, and Insulin Aspart (hypoglycemic) 10 units.</p> <p>R2's Fall Risk Assessment dated 10/17/23 documents a score of 9 and indicates R2 is not at risk for falls. This assessment is inaccurate. The section for gait/balance does not document R2's impaired balance with standing and walking. This assessment incorrectly documents R2 takes 1-2 of the types of medications listed (Anesthetics, Antihistamines, Antihypertensives, Antiseizure, Benzodiazepines, Cathartics, Diuretics, Hypoglycemics, Narcotics, Psychotropics, Sedative/Hypnotics).</p> <p>On 10/18/23 at 11:17 AM, V2 DON reviewed R2's Fall Risk Assessment dated 10/17/23 and confirmed this assessment was not completed accurately to reflect medication use and impaired balance, which would create a higher score and higher risk for falls.</p> <p>3.) R6's MDS dated 9/14/23 documents R6 has severe cognitive impairment, is dependent on two staff for transfers, is dependent on one staff for toileting assistance, and is frequently incontinent of bowel and bladder. This MDS documents R6 has impaired balance during surface to surface transfers and requires staff assistance to stabilize.</p> | S9999                                                                                        |                                                                                                                 |                                                                 |

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| S9999                                                                 | <p>Continued From page 7</p> <p>R6's Care Plan with revised date 9/28/21 documents R6 is at risk for falls related to spinal stenosis, osteoporosis, osteoarthritis and weakness, and includes interventions for a low bed, use of floor mat beside R6's bed (initiated 8/30/23), and staff were educated to ensure the floor mat is in place (9/15/23).</p> <p>R6's October 2023 MAR documents R6 receives the following medications: Furosemide 20 mg, Loratadine (antihistamine) 10 mg, Spironolactone (diuretic) 12.5 mg, Metoprolol Tartrate (antihypertensive) 12.5 mg, and Norco (narcotic) 5-325 mg</p> <p>R6's Fall Risk Assessment dated 10/9/23 documents a score of 15 indicating R6 is at risk for falls. This assessment is inaccurate and documents R6 takes 1-2 of the types of medications listed.</p> <p>R6's Nursing Note dated 10/8/2023 at 11:11 PM documents nurse (V8 Registered Nurse (RN)) heard R6 yelling, upon entering R6's room there were two nurses (V18 RN and V19 Licensed Practical Nurse) assisting R6 who was lying on the floor. This note documents R6 was found holding onto R6's bedrail yelling, with R6's lower body on the floor. The nurses assisted R6 to the floor and R6 had no injuries. This note documents R6's floor mat was not in place when R6 was assisted into bed.</p> <p>R6's 10/8/23 Fall Investigation, provided by V2, includes staff witness statements but there is no documentation as to what time R6 was last checked on or toileted prior to R8's fall. The documented root cause of R6's fall was that R6 was trying to get out of bed without assistance.</p> | S9999                                                                      |                                                                                                                 |                    |                                                                 |



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| NAME OF PROVIDER OR SUPPLIER<br><br>GOLDWATER CARE GIBSON CITY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS CITY STATE ZIP CODE<br>620 EAST FIRST STREET<br>GIBSON CITY, IL 60936 |                                                                                                                 |                                                   |
| (X4) ID PREFIX TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D PREFIX TAG                                                                         | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE                                |
| S9999                                                          | <p>Continued From page 8</p> <p>On 10/17/23 at 12:49 PM, R6 was sitting in a wheelchair in R6's room and there was a full mechanical lift sling positioned underneath of R6. At 1:48 PM and 1:53 PM R6 was lying in a bed that was low to the floor. There was no fall mat positioned besides R6's bed. R6's fall mat was standing up next to the closet.</p> <p>On 10/17/23 at 2:13 PM, V9 CNA stated R6 uses a fall mat when R6 is in bed. V9 stated hospice staff laid R6 down earlier and did not put the floor mat down.</p> <p>On 10/17/23 at 3:35 PM, V8 RN stated on the evening of 10/8/23 V8 heard R6 yelling and other nurses were already in R6's room when V8 entered. V8 stated R6 was lying on the floor and had no injuries. V8 stated there were two nurses (V18 and V19) in R6's room assisting R6. V8 stated R6's fall mat was not beside R6's bed when R6 fell. V8 stated the CNA forgot to put the fall mat down when R6 was assisted to bed. V8 stated "It is a large mat and obvious to see in (R6's) room."</p> <p>On 10/17/23 at 2:45 PM, V2 DON referenced R6's 10/8/23 fall investigation and stated R6 tried to crawl out of R6's bed which was in low position. V2 stated R6's fall mat was not placed beside R6's bed. V2 stated following R6's fall we obtained a concave mattress from hospice and increased frequent checks on R6 to ensure R6's fall mat is down and check R6 for positioning needs. On 10/18/23 at 11:17 AM, V2 reviewed R6's Fall Risk Assessment dated 10/8/23 and confirmed this assessment was not completed accurately to reflect medication use which affects the total score. V2 confirmed all of the documentation for R6's fall investigation was provided, and confirmed there is no</p> | S9999                                                                                |                                                                                                                 |                                                   |

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6003560 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>10/18/2023 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>GOLDWATER CARE GIBSON CITY | STREET ADDRESS CITY STATE ZIP CODE<br>620 EAST FIRST STREET<br>GIBSON CITY, IL 60936 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D 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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| S9999              | <p>Continued From page 9</p> <p>documentation to indicate when R6 was last checked on or toileted prior to R6's fall.</p> <p>The facility's Fall Prevention Program dated as revised 11/21/17 documents: "The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary." "A Fall Risk Assessment will be performed by a licensed nurse at the time of admission. The assessment tool will incorporate current clinical practice guidelines. A Fall Risk Assessment will be performed at least quarterly and with each significant change in mental or functional condition and after any fall. Safety interventions will be implemented for each resident identified at risk." "All assigned nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained. Accident/Incident Reports involving falls will be reviewed by the Interdisciplinary Team to ensure appropriate care and services were provided and determine possible safety interventions." "Transfer conveyances shall be used to transfer residents in accordance with the plan of care." "The fall risk interventions will be identified on the plan of care." "Residents at risk of falling will be assisted with toileting needs as identified during the assessment process and as addressed on the plan of care." "Residents will be observed approximately every two hours to ensure the resident is safely positioned in the bed or a chair and provide care as assigned in accordance with the plan of care."</p> <p>The facility's Transfers-Manual Gait Belt and Mechanical Lifts policy revised 1/19/18 documents a gait belt will be used for one and</p> | S9999        |                                                                                                                 |                    |

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| S9999              | Continued From page 10<br>two person assisted transfers.<br><br>B                                                      | S9999        |                                                                                                                 |                    |