

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/24/2023
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NAME OF PROVIDER OR SUPPLIER PRAIRIE ROSE HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH CHESTNUT PANA, IL 62557
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S 000	Initial Comments Complaint Investigation: 2344125/IL159983 2344205/IL160092	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b)5) 300.1210d)3)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1 notification.</p> <p>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.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>This REQUIREMENT is not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>A. Based on observation, interview and record review, the facility failed to provide safe transfers for 2 of 3 residents (R2, R6) reviewed for falls in a sample of 6. This failure resulted in R2's fall during a transfer sustaining a left leg fracture requiring surgical repair.</p> <p>B. Based on interview and record review, the facility failed to ensure timely treatment for a change in condition for 1 of 3 residents (R2) reviewed for quality of care in the sample of 6. This failure resulted in a delay in treatment for left femur fracture around a previous left knee replacement.</p> <p>Findings include:</p> <p>1. R2's Fall Risk Assessment, dated 4/27/23 prior to fall incident date of 5/10/23, documented R2 was at High Risk for falls.</p> <p>R2's Minimum Data Set (MDS), dated 4/27/23, documented mild impaired mental cognition.</p> <p>R2's Physical Therapist Progress and Discharge Summary, dated 2/18/22, documents, "Discharge summary, patient progressed in muscle strength from start of care but was with limited progress due to poor safety with use of mechanical sit to stand Lift. Ultimately it was decided that patient is safer transferring with (full mechanical transfer lift) versus sit to stand (partial transfer lift) and CNAs (Certified Nurse Assistants) were instructed to continue to use (full mechanical transfer lift) with resident."</p> <p>R2's Physician Order Sheet (POS) dated 4/25/23, documented, may use (full mechanical lift) for</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>transfers. R2's Nurse's Notes, dated 5/10/23 (Wednesday) at 9:00PM, documents, "resident lowered to floor in sit to stand (partial mechanical lift for transfers), no apparent injury."</p> <p>R2's Quality Care Reporting Form, dated 5/10/23 at 9:00PM, documented R2's fall location was in R2's room and reported by V7 (Certified Nurse Assistant/CNA) to V13 (Licensed Practical Nurse/LPN), with pain located to the left leg and knee with slight bruising to left knee. Physician notified on a date of 5/12/23.</p> <p>R2's Investigation Report for Falls, undated, documented R2 was transferred from a shower chair to bed using a partial standing mechanical lift (sit to stand), the lift belt buckle was not secure and R2 was barefoot after returning from a shower during the transfer.</p> <p>R2's Nurse's Note, dated 5/11/23 (Thursday) at 1:30AM, documents, "resident c/o (complained of) left leg pain. Light bruising noted to left knee. Res (resident) yelling out in pain when left leg straightens."</p> <p>R2's Fax Transmittal Form to V14 (R2's physician), dated 5/11/23 at 1:19 PM, documents "(R2) had to be lowered to the ground from the sit to stand machine and is c/o left knee and left leg pain-can we get an X-ray (radiology imagining)?" with V14 documenting "OK" with a stamp date of 5/12/23 when re-faxed back to the facility. Also, a handwritten note from unknown nurse, documents, "Xray needs scheduled Sat AM (Saturday morning-5/13/23)."</p> <p>R2's Nurse's Note, documented by V6 (LPN), dated 5/13/23 (Saturday) at 8:00 AM,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documented Xray scheduled for left knee and leg and residents was yelling out before breakfast.</p> <p>R2's Nurse's Note, dated 5/13/23 at 6:00 PM, documented R2 yells out in pain at times when moved or touched, outside Xray company is scheduled to come for Xray of left lower extremity.</p> <p>R2's Nurse's Note, dated 5/13/23 at 10:30 PM, documented, outside Xray company arrived at the facility to perform the Xray.</p> <p>R2's Radiology Report, dated 5/13/23 and faxed 5/14/23 at 01:?? AM (time cut off), documents, "left knee replacement is identified. A fracture is noted involving the distal (lower part of thigh) femur. The posterior lateral (back of knee on the outer side) displacement of fracture fragment is noted."</p> <p>R2's Nurse's Note, dated 5/13/23 [sic] at 2:30AM, documented report received of a left fracture of distal femur and faxed to the physician.</p> <p>R2's Nurse's Note, dated 5/14/23 at 6:30 AM, V6 documents, "slight bruising to knee area noted."</p> <p>R2's Nurse's Note, dated 5/14/23 at 7:00 AM, documents, "writer (V6) called Doctor, left message for the doctor to call the facility." At 7:05 AM, continues to document, V1 (Administrator) was made aware of Xray report. Nurse's Note continues to document at 8:15AM, a telephone physician order was received to send R2 to emergency department for evaluation and treatment and at 9:00 AM, R2 was transferred to Emergency Department.</p> <p>R2's Hospital consultation, dated 5/14/23 at</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>6:03PM, documented left knee pain, Xray acute fracture of distal supracondylar femur around the femoral component of the replacement hardware acute comminuted fracture of the supracondylar distal fracture above the cemented femoral knee replacement. It also documents a preop assessment was done and R2 was cleared for surgical repair.</p> <p>On 5/18/23 at 1:50PM, V6 (LPN) stated she was scheduled to work on 5/13/23 (Saturday) morning at 6:00 AM, at 6:30 AM, had noticed a physician fax order for a Xray to be done, dated 5/11/23 on R2 which was located in a filing basket at the nursing station. V6 stated she went through R2's medical records Nurse's Notes and noticed R2 had a fall on 5/10/23 at 9:00PM and documentation on 5/11/23 early morning that R2 complained of left leg pain with bruising and no documentation on 5/12/23. V6 stated that she identified there was no treatment provided or if a nurse followed-up with the fax transmittal order that was submitted on 5/11/23 to V14 (Physician). V6 stated she notified V14 immediately at 8:00 AM, to receive an order that R2 receive a Stat (immediate) Xray due to visible bruising on the left knee and left inner thigh with decrease range of motion to that left leg. V6 continues to state, R2's Xray was not performed till 5/13/23 late at 10:30 PM, with results received on 5/14/23 around 1:00 AM in the morning that identified a fracture to the left femur and was not sent out for treatment till the morning of V6's shift at 8:00 AM.</p> <p>On 5/24/23 at 4:15 PM, V2 (Director of Nursing), stated the physician was notified on 5/11/23 for the Xray. V2 also stated this situation is subjective to the individual nurse.</p> <p>R2's Care Plan, dated 1/13/22, documents,</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>"assist to transfer resident using mechanical device of (full mechanical lift device) and 2 staff members, and a revised handwritten, date of 1/25/23, documents, "may use sit to stand for toileting and shower transfers, as needed."</p> <p>On 5/23/23 at 11:15AM, V8 (MDS Coordinator) stated the Interdisciplinary Team decided that R2 could use a Sit to Stand for transfers, as R2 requested the facility to use. V8 also stated there is no documented assessment of this change in R2's mode of transfer, however, R2 at times does well with a sit to stand but most the times she cannot.</p> <p>On 5/18/23 at 1:50PM, V6 (Licensed Practical Nurse/LPN), stated that R2 is not able to bear weight to her lower legs and requires the use of a full mechanical lift for all transfers.</p> <p>On 5/18/23 at 2:10PM, V7 (Certified Nurse Assistant/CNA), stated R2 had received a shower and was brought back to her room to be placed in bed, using a sit to stand. At this time, R2 was at the edge of the shower chair when being raised with sit to stand and her legs became weak and was lowered down to the floor with the sit to stand.</p> <p>On 5/23/23 at 1:40PM, V9, V10, and V11 (all CNAs) stated that R2 cannot stand, both of her feet are bowed outward, she cannot straighten her feet, she cannot bear weight with her legs, R2 requires a full mechanical lift for transfer.</p> <p>On 5/23/23 at 11:00AM, R2 was lying in bed, the left leg was propped up on a pillow with the leg wrapped in a support brace with dressings. R2's left and right feet were angled out away from her body and was unable to straighten her feet.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>On 5/23/23 at 4:20PM, V1 stated, "so a re-assessment of R2's transfer status needs to be completed."</p> <p>The facility's Notification for Change in Resident Condition or Status policy and procedure, dated 12/7/17, documents, The facility staff shall promptly notify physician of changes in the resident's medical/mental condition and/or status, further documents, a discovery of injuries, abnormal complaints of pain, a need to transfer the resident to a hospital/treatment center.</p> <p>2. R6's POS, dated 4/27/23, documented high back wheelchair, may use (full mechanical transfer lift) as needed.</p> <p>R6's Care Plan dated 05/3/23 documented, dependent with transfer using (full mechanical transfer lift) and 2 staff members.</p> <p>On 5/23/23 at 2:38PM, V7 and V15 (CNAs) transferred R6, from the bed using a full mechanical lift. During the transfer, R6's bed was not locked and R6's high back wheelchair also was not locked when R6 was being lowered into the chair.</p> <p>The facility's Full Mechanical Lift Operating Instructions, dated 7/2014, documented to lift the patient while in bed, ensure the bed brakes are in locked position and lowered into a wheeled chair, ensure the chair wheels are locked.</p> <p>The facility's Fall Prevention policy and procedure, dated 11/18, documented, "to provide for resident safety and to minimize injuries related to falls, decrease falls and still honor each resident's wishes/desires for maximum</p>	S9999		

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S9999	Continued From page 8 independence and mobility." "A"	S9999		