

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/17/2023
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NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554
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S 000	Initial Comments Facility Reported Incident of 11/3/23/IL166724	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 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. 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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</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>300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent a fall for one (R4) of three residents reviewed for accidents in a sample of three. This failure resulted in R4 being transferred to the Emergency Department/ED</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>with injuries to face, sustaining a hematoma and an uncontrolled nose bleed.</p> <p>Findings include:</p> <p>The facility's Fall Prevention Policy, dated 11/10/18, documents: "Policy: To provide for resident safety and to minimize injuries related to falls; decreases falls and still honor each resident's wishes/desires for maximum independence and mobility. 2. Identify, on admission, the resident's risk for falls. 5. Immediately after any resident fall the unit nurse will assess the resident and provide any care or treatment needed for the resident."</p> <p>R4's diagnoses included: "Adult Failure to thrive, Iron deficiency anemia, hypertension, osteoarthritis, major depressive disorder, obstructive sleep apnea, syncope, chronic subdural hematoma, diabetes mellitus, encephalopathy, unsteady gait, recurrent falls."</p> <p>R4's Minimum Data Set (MDS) dated 8/23/23 documents R4 has a BIMS (Brief Interview of Mental Status) score of 6. (MDS indicates that on a scale of 0 - 15, 13 to 15 cognitively intact; 8 to 12 moderate impairment; and 0 to 7 severe impairment.)</p> <p>R4's Progress Note dated 11/3/23 documents: "Patient sent to (Local Hospital Emergency Room/ER) due to unwitnessed fall to her face down prone position."</p> <p>R4's November Incident/Accident Log documents: "11/3/23 R4 fell at 10:00am by rolling out of bed and sustaining a hematoma to head. Interventions bariatric bed."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R4's Facility Incident Log report to (State) Department of Public Health, dated 11/6/23, documents: "Final Report: Intervention put into place to contact hospice company and request a bariatric bed to give her more room to reposition herself while laying down."</p> <p>R4's Hospital documentation dated 11/3/23 documents: "Diagnosis of ground-level fall; contusion of face. Chief Complaint: Fall. Laceration on the inside of her upper lip. (Facility Staff) reported that they found (R4) face down on the floor this morning. Both rails were down on her bed and it appeared that (R4) had rolled out of bed. (R4's) nose had been bleeding and swelling was noted to the left side of her face."</p> <p>R4's current Care Plan documents: "Self-care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete Activities of Daily Living Skills/ADLS. (Full Mechanical Lift); transfer; problem/need inability to transfer safely without assistance related to musculoskeletal impairment, physical deconditioning due to history of falls, osteoarthritis, unsteady gait, fatigue/weakness. Patient does not understand mobility limits due to cognitive limitations. Resident has been known to attempt to get out of bed unattended."</p> <p>On 11/15/23 at 2:20pm, V11 Registered Nurse/RN/Hospice stated R4 fell on 11/3/23 and was sent to (local Hospital Emergency Room/ER) for evaluation. V11 stated, "(The facility) couldn't get the nose bleeding to stop."</p> <p>At this same time, V11 stated that prior to R4's fall on 11/3/23, R4 was on a standard sized bed and demonstrated increased movement while in bed. V11 stated, "The facility staff called and we</p>	S9999		

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TIMBERCREEK REHAB & HEALTHCARE CENT **2220 STATE STREET**
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S9999	<p>Continued From page 4</p> <p>discussed providing (R4) with a larger mattress, a bariatric bed and mattress, and fall mats."</p> <p>On 11/15/23 at 12:00pm, V2 Director of Nursing/DON stated R4 was on hospice because of having a decline. V2 stated R4 would get restless in bed and somehow had rolled herself out of bed on 11/3/23.</p> <p>On 11/15/23 at 12:00pm, V2 DON stated, "(R4) moves more in the bed and slings her legs over the sides of the bed. When I worked on the floor, I noticed her hovering close to the side of her bed, I'd get her an extra blanket and reposition her to the middle of bed. When (R4) fell, she burst her lips and then a bruise around her nose developed a couple of days later."</p> <p>(B)</p>	S9999		