

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004261 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 07/18/2024 |
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| NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE BLOOMINGTON | STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST WALNUT BLOOMINGTON, IL 61701 |
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| (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 |
|--------------------|---|---------------|---|--------------------|
| S 000 | Initial Comments Complaint Investigation 2465441/ IL175429 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations 300.1210 b) 300.1210 c) 300.1210 d)6) 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. 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 are not met as evidenced by: Based on observation, interview, and record | S9999 | | |

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

Electronically Signed

TITLE

(X6) DATE

08/06/24

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| S9999 | <p>Continued From page 1</p> <p>review, the facility failed to respond to a resident requesting to be put to bed in a timely manner. This failure affected one (R1) out of three residents reviewed for falls in a sample list of six residents, resulting in R1 falling and sustaining a left rib fracture.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R1's Minimum Data Set (MDS), dated 04/12/24, documents R1 as mildly cognitively impaired. This same MDS documents R1 as requiring substantial/maximum assistance for toileting, upper and lower body dressing and chair/bed to chair transfer. R1's undated Face Sheet documents Medical diagnoses of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Muscle Weakness (Generalized), Abnormalities Of Gait And Mobility, Symptoms And Signs Involving The Musculoskeletal System among others. <p>R1's Careplan, dated 10/26/24, documents R1 is at risk for falls due to hemiplegia and weakness and lists an intervention to make sure call light is always within reach. R1's Fall Risk Assessment, dated 3/4/2024, documents R1 is at risk for falls.</p> <p>R1's Fall Investigation, dated 7/8/24, documents R1 had an unwitnessed fall at R1's bedside at 11:15 PM on 7/8/24. This same fall investigation documents R1 was oriented to person and place and called for help prior to the fall. This fall investigation documents R1 complained of left sided extremity pain. R1's fall investigation documents, "(R1) stated 'I was leaning over in my chair and slipped out of my chair and hit the floor.' " This same fall investigation documents first aid initiated to Left forearm by elbow; site cleansed</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>with wound cleanser and 3 steri-strips applied and wrapped with gauze dressing. This fall investigation documents "per (R1) request, narcotic pain medication administered."</p> <p>R1's X-Ray of the chest report, dated 07/09/2024 at 3:22 PM, documents, "Clinical indication: Pain. Impression: Stable radiograph with no evidence of acute cardiopulmonary disease."</p> <p>R1's Computerized Tomography Scan of Chest, dated 7/10/24, documents, "Impression: Left sixth rib fracture."</p> <p>R1's Nurse Progress Note, dated 07/08/2024 at 11:15 PM, documents, Resident had an un-witnessed fall 07/08/2024 11:15 PM Location of Fall: Resident's room. This nurse was summoned to the resident's room due to complaint of resident lying on his bedroom floor. Upon entering resident found on floor in a left side lying position. Resident complained of left sided extremity pain. Resident able to move upper and lower extremity equally on Right side of body. Resident strengths equal to baseline weakness prior to fall. Four centimeter curved skin tear noted to Left outer forearm proximal to elbow. Resident denies headache, dizziness, nausea at this time.</p> <p>On 7/16/24 at 10:50 AM R1 stated R1 fell from his wheelchair later in the night after R1 had requested to go to bed earlier in the evening. R1 stated he is in the hospital at this time due to pain from a fractured rib.</p> <p>On 7/16/24 at 10:50 AM V3 R1's Family Member stated V3 was notified that R1 fell from the wheelchair in his room and received skin tears to the arm. V3 stated the nurse told V3 that R1 was</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>watching television and fell from his wheelchair. V3 stated that their son was visiting R1 on 7/8/24 and left the facility around 6:30 PM due to R1 requesting to go to bed.</p> <p>Hospital Records dated 7/10/24 at 11:25 AM state that R1 presented to the ER today after falling out of his wheelchair yesterday landing on his chest and sustaining what was found after evaluation to be a left sixth rib fracture. The Hospital Records document R1 had had a chest X-ray at the nursing home where he resides which did not reveal a fracture but the Computed Tomography in the Emergency Department did. The Hospital Records document R1 was admitted for pain control.</p> <p>On 7/18/24 at 1:41 PM V1 and V2 state that care plans are updated after a fall. V1 and V2 acknowledged at R1's care plan was updated on 7/8/24. R1 care plan now states "On 7/8/24, I had a fall from my wheelchair. CNA staff will be educated on my bedtime preferences."</p> <p>On 7/18/24 at 1:57 PM V15 stated R1 was up in the wheelchair upon V15 arrival to shift at 7:30 PM. V15 stated R1 wanted to go to bed. V15 stated 30 min later, V15 checked on R1 and R1 was napping in the chair. V15 stated V15 next saw R1 laying on the floor, on his left side facing the door. V15 stated the nurse assessed R1. V15 stated R1's hemi-walker was in a different position, as if R1 attempted to transfer self to bed and fell. (B)</p> | S9999 | | |