

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>IL6005888</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>02/07/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MATTOON REHAB &amp; HCC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2121 SOUTH NINTH<br/>MATTOON, IL 61938</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)  | 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<br><br>Investigation of Facility Reported Incident of 1/17/24/IL169328   | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.1210b)5)<br>300.1210c)<br>300.1210d)6)<br>300.2210b)5)<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. Restorative measures shall include, at a minimum, the following procedures:<br><br>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.<br><br>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.<br><br>d) Pursuant to subsection (a), general | S9999         |   |                    |

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

TITLE

(X6) DATE  
02/23/24

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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>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to prevent falls by failing to assist with ambulation and ensure a bed's wheel locks were in working order for two (R1, R2) of three residents reviewed for falls on the sample list of nine. These failures resulted in R1 sustaining a laceration to the forehead requiring emergency services and a subdural hemorrhage requiring hospitalization. These failures also resulted in R2 sustaining a left hip fracture which required surgical repair.</p> <p>Findings include:</p> <p>1. R1's hospital records dated 2/1/24 documents on 1/17/24, R1 became dizzy while walking at the facility and fell. R1 sustained a right frontal scalp laceration with contusion and a small acute subdural hemorrhage along the right side of the</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>anterior falx as a result of the fall.</p> <p>R1's medical record documents R1 was admitted to the facility on 1/12/24.</p> <p>R1's Physical Therapy notes dated 1/13/24 documents R1 was evaluated and has poor balance. These notes document R1 has a history of falls. These notes document that R1 requires one assist with a walker with transfers and ambulation.</p> <p>R1's Physical Therapy Communication form dated 1/13/24 documents R1 requires one assist with a walker for transfers and ambulation.</p> <p>R1's Nurse's note dated 1/17/2024 at 6:27 PM documents, "(R1) was found face down in (R1's) room from a fall in a pool of blood. (R1) had a laceration on (R1's) head and the bridge of (R1's) nose. Glasses were broken due to the fall. (R1) was sent to the hospital for injuries and evaluation."</p> <p>R1's Nurse's note dated 1/17/2024 at 8:56 PM documents, "Called (hospital) for report on (R1) nurse was unable to give report but did inform writer that (R1) was transferred to (another hospital) with a brain bleed."</p> <p>V17's Licensed Practical Nurse's Witness statement dated 1/17/24 at 5:45 PM documents, "(R1) left the dining room independently with (R1's) walker after supper at 5:15 PM. This statement documents the staff heard loud noise and upon entering room R1 had fallen and had bleeding from R1's head. This statement documents, R1 stated R1 got dizzy and fell to the floor hitting R1's head. This statement documents R1 was sent to the hospital.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3</p> <p>On 2/6/24 at 3:24 PM, V17 stated she saw R1 leave the dining room with his walker and next thing she knows a Certified Nurse's Assistant came running down the hall and stated R1 fell in his room. V17 stated R1 told her he fell because he felt dizzy. V17 stated it appeared he hit his head on the bed frame. V17 stated he had a laceration on his forehead area. V17 stated she did not know R1 and it was the first day she had taken care of him. V17 stated she did not know his transfer status. V17 stated she did not help him walk to his room. V17 stated he walked independently with his walker to his room.</p> <p>On 2/7/24 at 11:29 AM, V16 Physical Therapy Assistant stated R1 was assessed by Physical Therapy on 1/13/24. V16 stated due to R1's balance it was determined that he should be a one assist with a walker for ambulation. V16 stated the staff should have used a gait belt, walker, and assisted R1 with walking in case he lost his balance. V16 stated these interventions would have helped prevent R1's fall on 1/17/24. V16 stated the nursing staff was provided with the Physical Therapy Communication form on 1/13/24.</p> <p>2. R2's nurse's notes dated 12/11/2023 at 6:29 AM documents, (R2) had an unwitnessed fall. (R2) found lying on her back, stated she fell while trying to move her bed, complains of pain to (left lower extremity)."</p> <p>On 2/5/24 at 9:19 AM, V3 Assistant Director of Nursing stated she was the nurse on duty when R2 fell on 12/11/23. V3 stated R2 is alert and oriented. V3 stated when she entered R2's room she was lying on the floor and complained of hip pain. V3 stated she was trying to move her bed</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 4</p> <p>to make it even with the nightstand. V3 stated when she tried to move the bed, the bed gave way and she fell out of the wheelchair. V3 stated they discovered that the bed was not locked and the bed lock was not working.</p> <p>On 2/5/24 at 9:30 AM, V2 Director of Nursing stated when they investigated the R2's incident they found out that R2 was pushing her bedframe and the wheel was locked but it was stripped so the bed moved when she was pushing it causing her to fall out of her wheelchair.</p> <p>On 2/5/24 at 9:35 AM, V4 Maintenance Director stated he inspected R2's bed after her fall and found out that the locking mechanism on the bed was worn down and past repair. V4 stated that is why the bed moved when R2 was pushing it.</p> <p>R2's hospital records dated 12/11/23 documents R2 sustained a left hip fracture after a fall in the facility. This documents R2's received a left hip fixation to repair R2's left hip.</p> <p>(A)</p> | S9999         |   |                    |