

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011571	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2024
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NAME OF PROVIDER OR SUPPLIER ACCOLADE HC OF PAXTON ON PELLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 EAST PELLIS STREET PAXTON, IL 60957
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S 000	Initial Comments Investigation of Facility Reported Incident of 02-24-2024/IL170504	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)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 300.1210 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	S9999		

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

TITLE

(X6) DATE
03/25/24

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility staff failed to provide safe transfer for one resident (R1) when using the mechanical lift for transfer. This failure resulted in R1 sustaining a non-displaced fracture to the Right Humerus. (R1) is one of four residents reviewed for accidents in a sample of four.</p> <p>Findings include:</p> <p>R1's Facility Census dated 3/9/24 documents R1 was admitted to the facility on 1/26/18 and has the following medical diagnoses; Hemiplegia and Hemiparesis Following Cerebrovascular Disease Affecting Right Dominant, Dysphagia, Aphasia, Dysarthria. Type 2 Diabetes Mellitus, Cerebral Infarction, Contracture Right Shoulder, Contracture Right Elbow, Combined Rheumatic Disorders of Mitral Aortic and Tricuspid Valves, Deficiency of Vitamins, Apraxia, Hyperlipidemia,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Anemia, Adjustment Disorder with Mixed Anxiety and Depressed Mood, Muscle Weakness, Abnormal Posture, Personal History of COVID-19, Atelectasis, Presence of Urogenital Implants, Lack of Coordination, Gastrostomy Status, HTN/Hypertension and Osteoarthritis.</p> <p>R1's Facility weights dated 3/6/24 documents R1 weight 188.0 pounds.</p> <p>R1's Minimum Data Set (MDS) dated 2/7/24 documents R1's Brief Interview for Mental Status (BIMS) score 3, severe cognitive impairment, and Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair) is dependent on staff.</p> <p>R1's Care Plan documents R1 has an Activities of Daily Living self-care deficit related to disease process Cerebral Vascular Accident (CVA): right sided weakness. Intervention mechanical lift for transfers with 2 staff assist.</p> <p>R1's Incident Note dated 2/24/24 at 12:49pm documents V3 Licensed Practical Nurse (LPN) was called at 1135 to R1's room by V4 Certified Nursing Assistant (CNA). R1 was observed on the right side (shoulder, hip, feet, and head) touching floor, facing east door between mechanical legs. Mechanical lift strap frayed in half. Checked Range of Motion (ROM), pain, vitals, 129/78,59,98.2,94,20. 1140 called management,1143 called V5 Physician, and V6 R1's Power of Attorney (POA) (left message no answer on either contact). 1147 called 9-1-1. 1153 ambulance arrived. EMT placed resident on back board then to stretcher after assessment. 1215 called emergency department when ambulance left.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R1's Hospital X-Rays dated 2/24/24 documents X-Ray right shoulder 3 views. Impression: Probable nondisplaced fracture of the proximal Right Humerus.</p> <p>R1's Hospital Vascular and Interventional Radiology Procedure Note dated 2/24/24 documents: Impression: Soft tissue swelling with questionable radial head fracture.</p> <p>Facilities Fall Investigation dated 2/24/24 documents R1 had a fall in R1's room at approximately 11:35am on 2/24/24. During transfer from bed to wheelchair the strap on the sling for the mechanical lift broke and the resident fell to the floor. V3 Registered Nurse (RN) was called to R1's room by V4 Certified Nursing Assistant. Upon entering the room V3 observed R1 on the right side with shoulder, hip, foot, and head touching the floor, hanging from the mechanical lift, sling between the mechanical lift legs. During Assessment of range of motion pain was noted to head, right shoulder, and right hip. Contusion to right arm, right knee, and right pinky toe also noted. V5 Physician notified and V6 R1's Power of Attorney (POA) notified of fall. EMS/Emergency Medical Service transferred R1 onto the stretcher from the floor and took to hospital. Conclusion and action Taken: Upon reviewed of the evidence and the statements obtained during investigation, the non-displaced fracture to Right Humerus and Hematoma to right buttocks were sustained at time of fall. The root cause of the fall was the mechanical lift sling broke, and R1 fell to the floor.</p> <p>Mechanical Lift User Instruction Manual documents; Safety Instructions: Always check the sling is suitable for the particular patient and is the correct size and capacity. Never Use a sling,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>which is frayed or damaged.</p> <p>Facilities Hydraulic Lift Policy dated 9/2018 documents: Purpose: to provide staff with proper guidelines for the use of a hydraulic lift. Policy: All nursing staff will be trained on the proper use of the hydraulic lifts that are used within the facility, to ensure safe transfer for residents. Mechanical lifts will be used as ordered and per nursing judgement. Procedure: 1. Assemble Equipment. Obtain assistance from second staff member.</p> <p>On 3/9/24 at V4 Certified Nursing Assistant (CNA) stated, on 2/24/24 at 11:35am V4 was transferring R1 using a mechanical lift from R1's bed to a shower chair located next to R1's bed. V4 stated, V4 was conducting the transfer by V4's self, and there should have been another staff member assisting with the transfer. V4 stated, V4 believes that V4 was using the proper size sling for R1. V4 stated, as R1 was being transferred towards the shower chair, the upper right sling strap snapped and R1 fell to the floor onto R1's right side.</p> <p>On 3/9/24 at 11:24am V3 Licensed Practical Nurse (LPN) stated, on 2/24/24 at 11:35am V4 Certified Nursing Assistant (CNA) called for V3 to come to R1's room. V3 stated, upon entering R1's room, V3 observed R1 lying on the floor on R1's right side between the legs of the mechanical lift. V3 stated, V4 told V3 that the sling strap broke and R1 fell out of the sling onto the floor. V3 stated, V3 observed the strap where it broke, and it was frayed and torn in half. V3 stated, V4 was the only staff conducting the transfer and there should have been another staff assisting with the transfer.</p> <p>On 2/9/24 at 2:00pm V1 Administrator stated, on</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>2/24/24 V1 was notified of R1's fall from the mechanical lift with injuries. V1 stated, V1 interviewed V3 Licensed Practical Nurse (LPN) and V4 Certified Nursing Assistant (CNA). V1 stated, V1 learned that V4 was transferring R1 from R1's bed to a shower chair next to R1's by V4's self. V1 said, V4 should have had another staff member assisting V4 as with all mechanical lift transfers. V1 stated, as V4 was transferring R1 towards the shower chair, the right upper sling strap snapped and R1 fell to the ground onto R1's right side. V1 stated, the hospital later called and informed the facility that R1 sustained a non-displaced fracture to the Right Humerus and Hematoma to the right buttocks. V1 stated, the root cause of the fall was that the sling strap broke, and that V4 should always have another staff member present when transferring with a mechanical lift.</p> <p>(A)</p>	S9999		