

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/12/2024
NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644		
(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 Facility Reported Incidents of 10/6/24 and 10/10/24 IL181530	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/20/24

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S9999	<p>Continued From page 1</p> <p>meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>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>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 requirements were not met as evidence by:</p> <p>Based on observation, interview and record review the Facility failed to initiate resident specific fall interventions for one of four Residents (R1) reviewed for falls in a sample of</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>four. This failure resulted in R1 requiring laceration treatment and radiography testing, on two separate occasions, at the local hospital Emergency Department.</p> <p>Findings including:</p> <p>Facility Fall Prevention Program Policy, revised 5/2022, documents: to assure the safety of all Residents in the Facility when possible; the program will include measures which determine the individual needs of each Resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary; methods to identify risk factors and identify Resident's at Risk; use and implementation of professional standards of practice; addresses each fall; interventions are changed with each fall, as appropriate; preventative measures; and Accident/Incident Reports involving falls will be reviewed by the Interdisciplinary Team to ensure appropriate care and services were provided and determine possible safety interventions.</p> <p>R1's Incident Report Form to the local State Agency, dated 9/23/24, documents R1 was found on the floor after a self-transfer, with a cut on the skull/bleeding and R1 was sent to the local hospital for treatment of the skull laceration (three staples to head). The Report Form documents a fall intervention of staff in-service and R1 was educated on fall prevention and assessed for a new wheelchair.</p> <p>R1's Physician Order Sheet, dated 12/10/24, documents R1's diagnoses including Pneumonia, Dysphagia, Traumatic Brain Injury, Seizures, Bipolar Disorder, Muscle Wasting and Atrophy,</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>Lack of Coordination, Abnormal Gait and Mobility. R1's diet order of Regular texture thin consistency and pleasure feedings was discontinued on 12/3/24 and a new order, on 12/10/24, for Regular, pureed texture and nectar liquids.</p> <p>R1's Minimum Data Set/MDS, dated 11/26/24, documents a Brief Interview for Mental Status (BIMS) score of moderate/severe cognitive impairment (0/15). The MDS Functional Abilities documents upper and lower limited range of motion and requires substantial/maximal assistance with activities of daily living.</p> <p>R1's current Care Plan documents: that R1 is at risk for decreased mobility, impaired mobility related to a history of weakness; has a history of falls; impaired cognitive function related to Traumatic Brain Injury/TBI and unable to answer BIMS questionnaire; communication problem; mood fluctuations related to TBI and Bipolar diagnosis; and has risk factors that require monitoring and intervention to reduce potential for self-injury related to TBI, unsteady gait and fall history. The Care Plan does not document specific Resident fall interventions for the individual falls for R1.</p> <p>R1's AIM for Wellness Event Record, dated 9/16/24, documents R1's 9/16/24 at 8:15 pm, fall out of the wheelchair onto the floor, while "trying to open bathroom door to empty urinal." R1 sustained a hematoma and abrasion to the Right Forehead (2.5 centimeter/cm in length and superficial depth). No intervention is documented.</p> <p>R1's AIM for Wellness Event Record, dated 9/23/24, documents R1's 9/23/24 at 1:00 pm, "unwitnessed fall with head injury and (R1) states</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(R1) was putting (R1) to bed and fell, hitting (R1's) head on (R1's) end side table." R1 was transferred to the local Hospital Emergency Department for treatment of a scalp laceration (7.0 by 0.1 centimeter/cm) and the fall intervention was to "not applicable (NA) to be determined (TBD)."</p> <p>R1's AIM for Wellness Event Record, dated 10/5/24, documents R1's 10/5/24 at 3:00 am, "fall in room from bed" and the intervention was to "re-educate (R1) on importance of using call light when assistance is needed."</p> <p>R1's AIM for Wellness Event Record, dated 10/10/24 at 3:15 pm, documents R1's 10/10/24 at 3:15 pm, fall when transferring from the wheelchair to the bed" and R1 sustained a laceration to the forehead. R1 was transferred to the local Hospital Emergency Department for treatment of the forehead laceration (2.0 cm by 1.0 cm) and the intervention was to "remind (R1) to ask for assistance with transfers."</p> <p>R1's local Hospital Discharge Disposition, dated 9/23/24, documents R1 sustained a minor closed head injury and superficial laceration, requiring staples to the scalp after a fall/tripping. The Disposition documents "staple removal in ten days.</p> <p>R1's local Hospital Discharge Disposition, dated 10/10/24, documents R1 was treated for a superficial laceration to the Forehead after a "fall from a chair on the same level by slipping."</p> <p>On 12/10/24 at 9:55 am, attempts to interview R1 were unsuccessful. R1 was unable to communicate. R1 was sitting in the middle of R1's room, in a wheelchair, leaning to the right</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>side and drool/saliva on mouth. R1 did not have a call light within reach.</p> <p>On 12/11/24 at 10:44 am, R1 was in R1's room and R1 did not have a call light within reach.</p> <p>On 12/10/24 at 10::00 am, R5 (Resident Council President/R1's Roommate) stated, "He (R1) has fallen many times and a lot lately. I am not sure what exactly they are doing to help him, because look at him, he definitely needs their help with everything. He just keeps getting up on his own."</p> <p>On 12/11/24 at 9:50 am, V3 (Assistant Director of Nursing/ADON) stated, "(R1) is pretty much nonverbal and has had falls with injury that required (R1) to go to the hospital. I know that (R1) had some lacerations from the falls and also had to have a Comminuted Tomography (CT scan), but that was negative. I do not think that all the fall interventions have been appropriate for (R1). I completely understand that the interventions we have been using are not working."</p> <p>On 12/11/24 at 9:50 am, V2 (Director of Nursing/DON) stated, "(R1) does have a brain injury and is impulsive. (R1's) communication is also impaired. On 9/16/24 the intervention for (R1) was to encourage (R1) to use the call light. On the 9/23/24 fall, the intervention was to stay in common area and remind (R1) to use the call light. On the 10/10/24 fall, the intervention was to remind (R1) to ask for assistance to transfer and for (R1) to stay in sight. I can see that these interventions are not appropriate for (R1). (R1) does continue to be impulsive and continues to fall and injury himself. We will start looking at the interventions for our falls a little more now and make them more appropriate."</p>	S9999			

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