

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2024
NAME OF PROVIDER OR SUPPLIER ARC AT STREATOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1525 EAST MAIN STREET STREATOR, IL 61364		
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S 000	Initial Comments Complaint Investigation: 2429955/IL182062	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 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	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/27/24

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S9999	<p>Continued From page 1</p> <p>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. (Section 3-202.2a of the Act)</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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide supervision and implement fall interventions for a resident at risk for falls for one resident (R1) of three reviewed for falls in a sample of three. This failure resulted in R1 sustaining multiple falls and acquiring a displaced fracture of the left lesser trochanter.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>The facility's Fall Prevention Program, dated 10/2024, documents the facility is 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.</p> <p>R1's Fall Risk Assessment, dated 11/19/24, documents that R1 is at risk for falls.</p> <p>R1's Comprehensive Incident Fall Assessment, dated 11/8/24, documents that R1 was sitting on the floor next to her bed. R1 stated that she was trying to go to breakfast. R1 didn't realize it was bedtime. This form documents that safety interventions are already in place. No new fall interventions were implemented.</p> <p>R1's Comprehensive Incident Fall Assessment, dated 11/10/24, documents that R1 was sitting on the floor with her back against her roommate's recliner. R1 stated that she was walking out of the bathroom without her walker or wheelchair, tripped over the catheter bag. R1's skin assessment documents a skin tear 3.7cm (Centimeters) on her right shin and a 5cm by 1.1cm skin tear on her right forearm. No new immediate fall interventions were put into place.</p> <p>R1's Comprehensive Incident Fall Assessment, dated 11/12/24 at 10:15am, documents that R1 was yelling out for help. R1 was sitting on her buttocks on the floor upon entering the room. R1</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>stated that she was getting up for lunch and fell. R1's call light was off. R1's wheelchair with her catheter bag was next to R1. R1 sustained a 2cm by 2cm lump and a bruise to her left forehead. R1 also sustained a 0.5cm by 0.2cm bruise to her left elbow and a 4cm by 4cm skin tear to her left lower extremity. R1's fall intervention was to keep R1 within nurses' sight.</p> <p>R1's Comprehensive Incident Fall Assessment, dated 11/30/24 at 11:00am, documents that V5 (Registered Nurse/RN), and V6 (RN) and V7 (Licensed Practical Nurse/LPN), were at the southwest nurses' station when they heard a loud yell, upon exited the nurses' station, R1 was noted lying on her back on the floor in the middle of the southeast hallway. Upon assessment R1 was eliciting pain to her left hip area with movement. R1 was able to move all other extremities without difficulty. R1's left hip was maintained in a neutral position, denies pain everywhere except her left hip. V11 (R1's Power of Attorney) was notified and requested that R1 be sent to the emergency room for an evaluation.</p> <p>R1's left hip/left femur x-rays, dated 11/30/24 at 1:23pm, documents an acute minimally displace fracture involving the left femur lesser trochanter with suggestion of extension through the femoral neck. R1 will be transferred to another hospital for further management.</p> <p>R1's Hospital Course/Reason for Admission, dated 12/5/24, documents that R1 had a left hip fracture, status post left hip cephalomedullary nailing on 12/2/24.</p> <p>R1's Progress Notes, dated 12/5/24, documents that R1's left hip has three incisions with staples 13 in one, 6 in another and 5 in the third. R1's</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>incision remains well approximated with no signs and symptoms of infection.</p> <p>On 12/18/24 at 9:00am, V5 (RN) stated that attempts were made to keep R1 within sight while she is up in the chair. V5 stated that R1 was following staff down the hall, while they were doing care. V5 was not sure why R1 was left alone in the hall.</p> <p>On 12/18/24 at 9:30am, V8 (Certified Nursing Assistant/CNA), stated that she was in a room providing assistance to another, when she heard R1 yell. V8 stated that she ran out and R1 was on the floor. V5, V6 and V7 were already running to R1. V8 stated that R1 was attempting to get up and down most of the morning. V8 also stated that R1 was confused, mumbling for a few days prior to her fall. V8 stated that staff try to sit with R1, but it is hard to do when staff are on breaks, and call lights are going off. V8 verified that she was the only one CNA on the floor at the time of the fall. V8 also stated that V5, V6 and V7 were at the nurses' station for report and shift change.</p> <p>On 12/18/24 at 10:10am, V6 (RN) stated that she was at the nurses' station and heard R1 yell. V8 stated that R1 was on the floor in front of her wheelchair. V6 stated that when R1 is anxious, attempts are made to keep her at the nurses' station and within arm's reach. V6 verified that R1 was unable to be redirected.</p> <p>On 12/18/24 10:20am, V2 (Director of Nursing) stated that R1's Fall Risk Assessment, dated 11/19/24, is inaccurate. V2 verified that R1 was a high risk for falls.</p> <p>On 12/18/24 at 10:45am, V9 (CNA) stated that R1 was wandering everywhere on the day she</p>	S9999			

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S9999	Continued From page 5 fell. V9 verified that she was on break at the time of R1's incident. V9 verified that during breaks there is only one CNA on the unit to answer call lights and provide care. "B"	S9999			