

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008684</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUSHVILLE NURSING &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>135 SOUTH MORGAN STREET RUSHVILLE, IL 62681</b>		
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S 000	Initial Comments  Complaint Investigations: 2429403/IL181088 2429485/IL181220	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210a) 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  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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/21/24

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S9999	<p>Continued From page 1</p> <p>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 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>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 Requirements were not met evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview, and record review the facility failed to utilize a gait belt during ambulation, for one resident (R2) of three residents, in a total sample of three residents reviewed for supervision. This failure resulted in R2 being hospitalized, with a femur fracture which required surgical intervention.</p> <p>Findings Include:</p> <p>Facility Policy, entitled "Gait Belts", dated 4/13, document, "Gait belts are used to help prevent injury of staff or residents during transfers and ambulation; 1. Gait belts should be used by all staff when ambulating or transferring a resident with an unsteady gait."</p> <p>R2's Electronic Medical Record/EMR document R2's diagnosis to include: Displaced supracondylar fracture with intracondylar extension of lower end of left femur, Muscle wasting and atrophy, Muscle Weakness, Chronic obstructive pulmonary disease, Heart Disease, Hypertension, Peripheral vascular disease, Displaced fracture of proximal phalanx of left lesser toe, Displaced fracture of proximal phalanx of right little finger, Legal blindness, and osteoporosis.</p> <p>R2's Quarterly, Minimum Data Set, dated 10/24/24 [seven days before R2's fall], document: Section GG "The resident is dependent-helper does all of the effort. Resident does none of the effort to complete the activity [For transfers] chair/bed to chair transfer, toilet, transfer, and tub/shower transfer. [And the resident is a] partial/moderate assist to walk 10 feet and to walk 50 feet with two turns. Positioning sit to lying, lying to sitting on the side of the bed, and sit</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>to stand, resident requires substantial/maximal assistance-helper does more than half the effort".</p> <p>R2's progress notes document: 10/29/24 3:35 p.m., Called to resident room. Resident noted to be sitting on floor left leg turned inward from hip to knee, Resident complaining of pain. Right ankle turned inward. Complaining of pain, no pulse noted. Aide to back of resident sitting behind her. States resident went to pivot and tried to sit too soon and fell to floor. Called for assistance. VS [Vital Signs] obtained. Called 911. POA [Power of Attorney] called. Resident to be transported to [hospital] for eval[uation]; 10/29/24 3:50 p.m., Ambulance left with resident to transport to [hospital]; 10/29/24 7:07 p.m., [hospital] called, and states resident is being flown out to [another hospital] for multiple fractures; 10/30/24 11:25 a.m., This nurse called [hospital] and had her x-ray reports faxed to the facility. X-ray reports resulted in resident having a left acute, comminuted fracture of the distal femur with intra-articular extension in the knee, and a right interval splining of the comminuted fractures of the distal tibia and fibula diaphysis; 11/4/24 4:16 p.m., [R2], an 88 year old female, was readmitted from hospital after her recent hospitalization for orthopedic surgery. During the resident's hospitalization, [R2] has experienced a decline in her ability to function.</p> <p>R2's x-ray result, dated 10/29/24, document findings as "commuted, displaced distal, femoral shaft/metaphysis fracture."</p> <p>R2's hospital surgical report, dated 10/30/24, document the procedure performed was "open reduction, internal fixation, left supracondylar distal femur fracture with intracondylar extension; and intramedullary fixation of a right tibial shaft</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>fracture."</p> <p>On 11/26/24, at 11:55 a.m. V2/Director of Nursing confirmed a gait belt was not used while V4/Certified Nursing Assistant was ambulating R2 at the time of R2's fall.</p> <p>On 11/26/24, at 12:40 p.m., V5/Director of Rehabilitation confirmed R2 is blind and can only see shadows; ambulates with a front-wheeled walker; Requires one assist during ambulation; a gait belt was used during therapy and "Everyone should have a gait belt used unless they are independent."</p> <p>On 11/26/24, at 12:50 p.m., V3/Assistant Director of Nursing confirmed R2 was not wearing a gait belt at the time of her fall; R2 is blind; R2 has a fear of falling; and R2 needs assistance ambulating.</p> <p>On 11/26/24, at 1:30 p.m., R2 confirmed not wearing a gait belt when she fell and fractured her leg.</p> <p>On 12/4/24, at 11:40 a.m., V1/Administrator confirmed, prior to R2 falling, R2 required one assist with a gait belt and walker. V1 also confirmed V4 was terminated for not following the facility Gait Belt Policy as V4 did not use a gait belt when assisting R2.</p> <p>On 12/4/24, at 12:07 p.m., V5 confirmed, prior to R2's fall, R2 required one assist, a gait belt, and a walker, for ambulation.</p> <p>On 12/4/24, at 12:25 p.m., and 12:35 p.m., V9/Certified Nursing Assistant and V10/Certified Nursing Assistant confirmed R2 required one assist/gait belt/walker when up ambulating.</p>	S9999		

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