

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/25/2024
NAME OF PROVIDER OR SUPPLIER OAKVIEW NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WEST 9TH STREET MOUNT CARMEL, IL 62863		
(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 Complaint Investigations 2459190/IL180687, 2459245/IL180774, and 2458811/IL179979	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610 a) 300.3130c)3) 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 300.3130 Plumbing Systems c) Water Supply Systems 3) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times. This Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the shower	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/10/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>rooms on 200 and 500 hall had hot water. This has the potential to affect all residents residing on halls 200 and 500.</p> <p>Findings Include:</p> <p>On 11/19/24 at 11:00 AM, this surveyor's and the facility's digital metal stemmed thermometer used for taking temperatures for this survey was checked for accuracy using the ice-point method and was accurate within +/- 2 degrees Fahrenheit.</p> <p>On 11/19/24 at 11:03 AM, this surveyor and V1 (Regional Director of Operations) checked the water temperatures in the shower room at the shower head, using a cup to hold the water on the 500 hall, and the reading was 79.7 degrees Fahrenheit.</p> <p>On 11/19/24 at 11:22 AM, this surveyor and V1 checked the water temperature in the shower room at the shower head, using a cup on 200 hall, and the reading was 84.5 degrees Fahrenheit.</p> <p>R3's Admission Record, with a print date of 11/20/24, documents R3 was admitted to the facility on 9/12/23, with diagnoses that include diabetes, morbid obesity, neuromuscular dysfunction, and chronic pain syndrome.</p> <p>R3's MDS (Minimum Data Set), dated 10/18/24, documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R3 is cognitively intact. This same MDS documents R3 requires substantial/maximal assistance with showers.</p> <p>On 11/20/24 at 9:48 AM, R3 stated the water in her shower in her room was warm enough to take</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>a shower some days, and not on other days. R3 stated regional staff and V33 (Maintenance Director) had worked on it recently, and it was currently warm enough to shower, but that it typically would go back to being cold after a few days. R3 stated she was hopeful it was fixed this time. R3 stated when it wasn't working, the facility staff would have to take her to another hall to shower since the common shower room on her hall did not have hot water either. R3 stated when they took her to another hall to shower, she would have to go through the common area where visitors and other residents sat, and it was degrading. R3 stated the shower on her hall hadn't worked for awhile.</p> <p>R11's Admission Record, with a print date of 11/21/24, documents R11 was admitted to the facility on 9/13/24, with diagnoses that include traumatic brain injury, major depressive disorder, need for assistance with personal care, and reduced mobility.</p> <p>R11's MDS, dated 9/20/24, documents a BIMS score of 15, indicating R11 is cognitively intact. This same MDS documents R11 is dependent on staff for showers.</p> <p>On 11/19/24 at 1:51 PM, R11 stated they didn't have hot water in the shower room on his hall. R11 stated the facility staff would take him to another hall to shower.</p> <p>On 11/20/24 at 1:40 PM, V31 (LPN/Licensed Practical Nurse) stated they did have hot water most places, but she had complaints that one hall didn't have hot water.</p> <p>On 11/20/24 at 2:37 PM, V32 (CNA/Certified Nursing Assistant) stated they sometimes have</p>	S9999			

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>hot water. V32 stated she couldn't remember the last time they could use the shower on 500 hall.</p> <p>On 11/20/24 at 2:52 PM, V33 (Maintenance Director) stated they had some issues with the hot water in the shower rooms on the 200 and 500 hall. V33 stated the highest he could get the temperature of the water in the 500 hall shower was 89 or 90 degrees Fahrenheit. V33 stated he has been working on the hot water for the 500 hall shower room for about a month. V33 stated he would get the temperature where it should be and it would stay for a couple of days and then it would get cold again.</p> <p>The facility Matrix, dated 11/14/24, documents 18 residents reside on the 200 hall and 13 residents reside on the 500 hall.</p> <p>The facility Water Temperatures, Safer of Policy dated December 2009 documents, "Tap water in the facility shall be kept within a temperature range to prevent scalding to residents. Policy Interpretation and Implementation 1. Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more than (no temperature documented), or the maximum allowable premature per state regulation..."</p> <p>(C)</p> <p>2 of 2</p> <p>300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6)</p>	S9999			

Illinois Department of Public Health

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S9999	Continued From page 4 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 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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.	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 5</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were free from falls with serious injury, transferred safely with a mechanical lift using two staff members, and fall interventions were implemented to prevent falls for 4 of 4 residents (R3, R4, R8, and R9) reviewed for falls in a sample of 42. This failure resulted in R9 falling backwards out of the transport van approximately three feet onto the ground, which resulted in a fracture of her back in two places.</p> <p>Findings Include:</p> <p>1. R9's Admission Record, with a print date of 11/20/24, documents R9 was admitted to the facility on 7/10/24, with diagnoses that include diabetes, fibromyalgia, hypertension, and difficulty in walking.</p> <p>R9's MDS (Minimum Data Set), dated 10/11/24, documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R9 is cognitively intact.</p> <p>A facility Initial Report, with an incident date of 11/11/24 for R9, documents, "(R9) was transported per facility vehicle to doctors appointment. Upon returning to facility when exiting vehicle resident fell out of van onto concrete." Initial report, investigation and final report in 5 days...Investigation: "On 11/11/24, resident was being assisted from the transportation van when she fell backwards from the exit door, coming to land on the ground. Upon</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 6</p> <p>interview with the Transportation Aide, it was noted that the ramp was on ground level and not engaged with the van exit door. Further investigation noted the Transportation Aid had just unloaded one of the two residents and did not engage the ramp to the exit door prior to attempting to unload the second resident. The resident was assessed for injury including neuro-checks which were within baseline for resident. Related to complaints of pain, the resident PCP (primary care physician) was notified and orders received to send to the hospital for evaluation. While at the hospital, the resident was noted to have fx (fracture) of T7 and T8. Resident was admitted to the hospital and returned to the facility on 11/14/24. Resident has orders for pain management and immobilization brace to be worn per PCP orders. Education on transportation safety was provided to all individuals involved in transportation and any disciplinary action needed has been completed. This is the final report."</p> <p>On 11/20/24 at 1:31 PM, V30 (CNA/Certified Nursing Assistant/Transport Aide) stated she was working the day R9 fell. V30 stated there were two residents in the van. V30 stated she unloaded one of the residents then went back into the van to unload R9. V30 stated she assumed the staff member on the ground raised the lift, but she didn't. V30 stated she pushed R9 out of the van and R9 fell onto the ground back first. V30 stated she jumped out of the van and the other staff member ran to get assistance.</p> <p>On 11/20/24 at 3:14 PM, V34 (Assistant Director of Nursing) stated she was working when R9 fell, but wasn't outside when the incident occurred. V34 stated she came outside afterwards to wait with R9 until the ambulance arrived. V34 stated</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 7</p> <p>R9 was laying and talking with the staff until the emergency medical technicians started to move her, and then R9 was screaming and yelling in pain.</p> <p>On 11/20/24 at 12:54 PM, R9 stated she had been transported to the hospital for an iron transfusion, and when she returned to the facility, there was another resident in the van with her. R9 stated the other resident was in a motorized wheelchair and was gotten off the van first. R9 stated she was facing forward in the van and couldn't see behind her. R9 stated she was pushed out of the van and fell three feet backwards onto the concrete. R9 stated when her head hit the ground it felt like it exploded. R9 stated she still gets dizzy when she gets up. R9 stated she was in a lot of pain when she fell and still is. R9 stated she broke her back in two places. R9 stated she had bruises everywhere. R9 stated they decided not to do surgery, but to try the brace first.</p> <p>R9's Progress Note, dated 11/11/24, documents, "Note Text: Resident was being unloaded from wheelchair van after appointment, wheelchair ramp was still lowered to the ground, transportation began helping resident to the ramp, not realizing wheelchair ramp was still on the ground, resident than fell in wheelchair backwards off the van to the wheelchair ramp and concrete. EMS (emergency medical services) was contacted immediately for transport, Staff assisted resident to remain in position while awaiting for the (local ambulance company) EMS, vitals obtained, no bleeding noted. (local ambulance company) arrived, stabilized resident to back board, resident was transferred to (local hospital) ..."</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>R9's local hospital record documents a CT (computed tomography) of R9's lumbar spine, dated 11/11/24. This report documents under "Findings: An acute fracture is seen along the superior endplate of T8 extending posteriorly to involve bilateral pedicles are resulting in mild anterior displacement of the vertebral body. There is also a fracture of the anterior osteophyte at T7-8 disc space level. Fracture is unstable. Remaining thoracic and lumbar spine, appears intact. No significant neural compromise is seen. Moderate to marked spondylotic changes are seen in the lower lumbar spine."</p> <p>2. R3's Admission Record, with a print date of 11/20/24, documents R3 was admitted to the facility on 9/12/23, with diagnoses that include diabetes, morbid obesity, neuromuscular dysfunction of the bladder, anxiety disorder, chronic pain syndrome, and pressure ulcer of right buttock.</p> <p>R3's MDS (Minimum Data Set), dated 10/18/24, documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R3 is cognitively intact. This same MDS documents R3 is dependent on staff for toileting hygiene.</p> <p>R3's current Care Plan documents a Focus area of, "The resident has an ADL (Activities of Daily Living) Self Care Performance Deficit. Date Initiated: 07/30/2024." This Focus area includes the following interventions. "Transfer: Mechanical Lift with staff assist x (times) 2 with all transfers."</p> <p>On 11/4/24 at 8:50 AM, R3 stated they don't have enough staff to meet the needs of the residents. R3 stated she is currently using a mechanical lift for transfers, but is learning how to use the sliding board. When asked if they had ever only had one</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>staff to transfer her when using the mechanical lift, R3 stated, "Unfortunately." When asked if she knew why they only had one staff for the transfer, R3 stated, "lack of staff."</p> <p>3. R4's Admission Record, with a print date of 11/20/24, documents R4 was admitted to the facility on 6/19/24, with diagnoses that include diabetes, morbid obesity, hypertension, unstageable pressure ulcer of left heel, and acute osteomyelitis of left ankle and foot.</p> <p>R4's MDS, dated 11/8/24, documents a BIMS score of 15, which indicates R4 is cognitively intact.</p> <p>R4's current Care Plan documents a Focus area of, "The resident has an ADL Self Care Performance Deficit Activity Intolerance, Pain. Date Initiated: 07/30/2024." This Focus area includes an intervention of, "Transfer: Mechanical lift with assist x 2 for transfers. Date Initiated: 07/30/2024."</p> <p>On 11/4/24 at 9:01 AM, R4 stated he uses the mechanical lift to transfer. R4 stated sometimes they only have one staff to do it. R4 stated one night one staff came in and got him rolled with the mechanical lift pad under him, laying flat on the bed, left to get help, and didn't come back for 45 minutes. R4 stated his back began to hurt from laying flat so long. R4 stated yesterday they only had one staff to transfer him. R4 stated sometimes they will hand him the control to hit the button while they pull him back in his chair, when they only have one staff for the transfer.</p> <p>On 11/4/24 at 5:05 AM, V7 (CNA/Certified Nursing Assistant) stated he has had to transfer residents who use a mechanical lift by himself at</p>	S9999			

Illinois Department of Public Health

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S9999	<p>Continued From page 10</p> <p>times due to not having enough staff.</p> <p>On 11/4/24 at 5:15 AM, V8 (CNA) stated she has had to transfer residents who use a mechanical lift by herself at times.</p> <p>On 11/4/24 at 5:19 AM, V9 (CNA) states she transfers residents who use a mechanical lift by herself quite often, due to not having enough staff.</p> <p>On 11/14/24 at 1:52 PM, when asked if he had ever transferred a resident who required a mechanical lift by himself, V18 (CNA) stated he signed papers on Tuesday night that he wouldn't.</p> <p>On 11/20/24 at 3:14 PM, V34 (Assistant Director of Nursing) stated there should be two staff transferring residents who require a mechanical lift for transfers.</p> <p>On 11/21/24 at 1:51 PM, V2 (Director of Nursing) stated there should be two staff present when transferring a resident using a mechanical lift. V2 stated she wasn't aware staff were transferring residents with only one staff, and once she became aware of it she retrained staff.</p> <p>The facility Safe Lifting and Movement of Residents policy, dated 7/2017, documents, "In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate technique and devices to lift and move residents." The policy does not address how many staff should be present to transfer a resident requiring a mechanical lift.</p> <p>4. R8's Admission Record, with a print date of 11/14/24, documents R8 was admitted to the facility on 10/08/24 with diagnoses that include</p>	S9999			

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S9999	<p>Continued From page 11</p> <p>fracture of right femur.</p> <p>R8's MDS, dated 10/31/24, documents a BIMS score of 13, indicating R8 is cognitively intact.</p> <p>R8's current Care Plan documents a Focus area of, "I have a closed displaced fracture of the right femoral neck r/t (related to) fall prior to entering the facility....Date Initiated: 10/09/24." This Focus area documents an intervention of, "non skid strips in front of commode. Date Initiated 10/21/2024."</p> <p>On 11/14/24 at 11:37 AM, this surveyor observed R8 sitting on the edge of her bed with a bedside commode sitting next to her bed. The bedside commode had urine and feces in it. There were no non-skid strips on the floor next to or near the bedside commode.</p> <p>On 11/21/24 at 1:51 PM, when asked why there weren't any non-skid strips in front of R8's commode, V2 (Director of Nursing) stated R8 wasn't using the commode; she was using the bedside commode and they were on the Maintenance Directors list to get put down, but they just hadn't been yet.</p> <p>The facility Falls and Fall Risk, Managing policy, dated 3/2018, documents, "Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to prevent the resident from falling and to try to minimize complications from falling....Resident-Centered approaches to managing falls and fall risk. 1. The staff, with input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls...."</p>	S9999			

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S9999	Continued From page 12 (A)	S9999			