

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/13/2020
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NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034
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S 000	Initial Comments Complaint #2040021/IL118841-F689	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 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 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. Restorative measures shall include, at a minimum, the following procedures:	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/30/20
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S9999	<p>Continued From page 1</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 evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure residents to be free from accidents, injuries and to prevent falls with injuries, for 2 of 2 residents, (R2 and R3) reviewed for falls in the sample of 6.</p> <p>This failure resulted in R2 falling forward from wheelchair without being assessed for wheelchair foot pedals, sustaining a laceration to the forehead requiring Emergency Room, (ER), care and 20 stitches. R3 sustaining a rib fracture from a fall.</p> <p>Findings include:</p> <p>1.R2's Fall Report, dated 12/17/19 at 11:10 AM, documents, R2 located in the hallway, sitting in wheelchair. The report further documented, R2 has poor short-term memory loss, poor safety awareness, and requires extensive assistance for all ADL's (Activity of Daily Living), uses a wheelchair for mobility.</p> <p>The Progress Note, dated 12/17/19 at 11:15 AM, documented by V4, LPN, (Licensed Practical Nurse), documented, R2 stated, "she wanted to</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>have a bowel movement, after repeatedly yelling "Help" to nursing passerby. At 11:10 AM, (V4) was pushing (R2) to room, (R2) put feet down and fell forward out of her wheelchair to the floor, (R2) has visual impairment and did not put arms or hands to block fall." R2 sustained a laceration to right side of forehead and was sent out per EMS, (Emergency Medical Service), to ER and received 20 stitches.</p> <p>The Fall Report Evaluation Notes, documented, R2's diagnoses as Dementia, Legal blindness, hearing loss to both ears, history of nondisplaced closed fracture of right lower leg.</p> <p>R2's Emergency Room Report, dated 12/17/19 at 12:04 PM, documented, R2 with a large laceration to forehead as a result of R2 falling out of her wheelchair while being pushed down hallway. The Physicians exam documented a 7 cm, (centimeters) laceration to forehead resulting in 3 stitches to the subcutaneous layer, (tissue beneath the skin), and 17 stitches at the skin level, a total of 20 stitches.</p> <p>R2's Minimum Data Set (MDS), dated 11/22/19, documented severely impaired cognition, short term memory problems, requires extensive assistance from staff with all ADL's, including transfers. R2's balance during transitions and walking documented, not steady, requires staff assistance, including Surface-to-Surface transfer with wheelchair and impairment on one side of lower extremity that places resident at risk of injury.</p> <p>R2's Care Plan, dated 11/22/19, documents R2 at risk for falling related to history of falls with an old right ankle fracture, weight bearing as tolerated to right ankle, although R2 does not tolerate weight</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>bearing well. Also, requires Passive Range of Motion to all extremities 5-7 day per week to maintain her Range of Motion. Also, documents R2's fall incident of 12/17/19, that R2's had no attempts to protect self during fall.</p> <p>R2's Fall Risk Assessment, dated 11/22/19, documented, intermittent confusion, poor recall, judgment, safety awareness, legally blind requires use of wheelchair device, impaired hearing and vision representing a score of 19, indicating high risk for falls.</p> <p>On 01/08/20 at 1:12 PM, R2 had two wheelchair foot pedals lying on the floor of R2's closet.</p> <p>On 01/08/20 at 2:25 PM, V4 stated, if R2 would have had the foot pedals on her wheelchair, she would have never fallen from her wheelchair during transfer.</p> <p>On 01/08/20 at 2:10 PM, V3, CNA, (Certified Nurse Assistant), stated, R2 could sometimes move feet while in wheelchair. Usually transported by staff and unsure if R2 had wheelchair foot pedals.</p> <p>On 01/08/20 at 3:00 PM, V5, CNA stated, R2 could not propel self, and always needed pushed in her wheelchair by staff.</p> <p>On 01/08/20 at 3:20 PM, V6, CNA stated, R2 could not propel self when in her wheelchair. Required staff to transfer her and V6 did not recall R2 using foot pedals.</p> <p>On 01/13/20 at 2:00 PM, V8, Physical Therapy, (PT), stated, with R2's assessment, she would have benefited with the use of wheelchair pedals regarding her contributing medical conditions;</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>right side lower leg immobility, severely cognitively impaired, impaired hearing loss and unable to propel self in wheelchair.</p> <p>On 01/13/20 at 3:45 PM, V2, Director of Nursing, (DON), stated, if foot pedals placed on R2's wheelchair or not. R2's foot still could have slipped down, and R2 still could have fallen.</p> <p>On 01/13/20 at 4:05 PM, V9, Physician stated, he would have expected, R2 to be assessed for foot pedals, this could have helped and possible prevent R2 from falling forward from the wheelchair.</p> <p>2. R3's Fall Scene Investigation Report, dated 11/09/20 (error, year to be 2019), at 5:50 PM, documented, unwitnessed fall found on the floor in resident's room, attempting to self-transfer and was alone an unattended. Investigation Report continues to document, contributing factors; alert with confusion, forgetful, foot ware used at time of fall, checked as "bare feet", bed alarm used at the time of fall, checked as "No".</p> <p>R3's Fall Event Report, dated 11/09/19 at 5:50 PM, documented non-ambulatory, found on floor at bedside. Complaints of pain in rib area, and X-ray was obtained.</p> <p>R3's Radiology report, dated 11/09/19 at 9:46 PM, documented R3 sustained an anterior (front) lateral (side) right sixth rib fracture.</p> <p>R3's Fall Risk Assessment, dated 08/19/19, documented, intermittent confusion, poor recall, judgment, safety awareness, balance problems while standing, decreased muscular coordination, requires use of wheelchair, impaired mobility, history of falls evaluated as a score of 17,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>indicating high risk for falls.</p> <p>R3's MDS, dated 11/19/19, documents R3, was severely impaired memory cognition and assistance of one staff with all ADL's. The use of a wheelchair for mobility and not steady with balance during transitions and walking, requiring staff assistance.</p> <p>R3's Care Plan, date range of 08/19/19 through 01/09/2020, documented, multiple falls, related to dementia progression with decreased safety awareness that occurred on; 08/30/17, 07/04/18, 08/19/18, 09/20/18, 02/03/19, 02/14/19, 05/11/19, 06/14/19 and 11/19/19, all in relation to self-transfer from wheelchair.</p> <p>R3's Physician Order Report, dated from 12/09/2019 through 01/09/2020, documented R3 with diagnoses of dementia, fracture of one rib to right side, dependence on wheelchair, unsteadiness on feet, utilize bed and wheelchair alarm, related to poor safety awareness and weakness.</p> <p>On 01/13/20 at 3:55 PM, V2, DON, could not comment how to ensure R3's safety from falls. However, V2 did state that the CNA's electronic charting is located by R3's room and staff could, visual check on R3 more often, but that's if the CNA's are charting. Also, V2 stated, evening meals are served at 6:00 PM and staff probably were getting residents ready to send to dining room.</p> <p>On 01/13/20 at 4:05 PM, V9, Physician stated, if R3 was provided extra supervision, this could lessen R3's fall occurrence and lessen the chance of injury.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>The Facility's Policy and Procedure, entitled, Fall Prevention Program, dated 03/01/18, documents, incorporate fall risk prevention interventions within the resident's Plan of Care, reduce the risk of resident falls and possible injury and to include; The Restorative Nurse, MDS Coordinators, or the Nurse Facilitator shall reassess each resident quarterly and who demonstrates deterioration in health.</p> <p style="text-align: right;">(B)</p>	S9999		