

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/05/2021
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NAME OF PROVIDER OR SUPPLIER GARDENVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834
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S 000	Initial Comments	S 000		
S9999	<p>Revisit to Complaint Investigation #2069316/IL129016</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 a) 300.1210 b) 300.1210 d)6)</p> <p>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.</p> <p>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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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 regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement a care plan, including individualized resident specific fall interventions, failed to assess and implement interventions to prevent a fall for three residents (R3, R4, R6), and failed to investigate/complete root cause analysis for two residents (R3, R4) of three residents reviewed for falls in a sample list of five.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>These failures resulted in R3 experiencing an unwitnessed fall on 12/2/20, when R3 sustained a laceration requiring three staples, a hematoma to R3's head, and a brain bleed requiring admission to the hospital neurology unit.</p> <p>Findings Include:</p> <p>The facility's "Fall Prevention Policy, dated 11/2017, states, "Fall prevention program will be implemented to assure the safety of all residents in the facility whenever possible. This program should include measures which determine the individual needs of each resident by assessing the risk for falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary." This policy also states, "As a part of initial assessment, identify individuals with a history of falls and risk factors for subsequent falling." This policy also states, "Identify the root cause of the fall incident which could be related to the resident's current or declining medical condition or worsening behavior."</p> <p>1. R3's progress notes document R3 was first admitted to the facility 11/30/20. R3's Physician's Order Sheet (POS) for December 2020 includes the following diagnoses: Intracranial Injury (12/2/20), Unspecified Dementia Without Behavioral Disturbance, Urinary Tract Infection, Weakness, Vitamin D deficiency, Iron Deficiency, Delirium, Major Depressive Disorder, Essential Hypertension, Cerebral infarction, Gastro-esophageal Reflux Disease, Diverticulosis, and Osteoarthritis.</p> <p>There is no documentation of a fall risk assessment or an initial Care Plan.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R3's progress note, dated 12/02/20, documented at 2:00PM by V3, Registered Nurse (RN), documents, "(V3) was at nurses station & heard a 'bang' come from (R3's) room, along with a loud 'gasp' sound. (V3) ran into (R3's) room and found (R3) lying on her right side on the floor. (R3) was lying between the tray table (next to the bed), and the wood dresser with the top part of her head facing the wall. (R3) had right leg brace and both tennis shoes on, as resident was working with physical therapy earlier in the am. (There was no documentation of a physician's order for a leg brace or any documentation as to the rationale for the leg brace.) (R3's) bed was noted to be in lowest position with brakes locked and call light within reach on tray table next to bed. (R3) was noted to have a pool (large amount) of blood underneath her head. (R3) was unconscious, with a faint radial pulse. (V3) yelled for help & grabbed a towel to stop bleeding. Upon assessment, (R3) noted to be bleeding profusely from right side of head/temporal area. Area was noted to have a large "bump" along with a laceration to right temporal area. (V3) held pressure to site. After approximately 30-45 seconds, (R3) began making a "snoring" sound and breathing. As help began to arrive, (R3) started to become aroused and opened eyes. (R3) able to speak. When asked 'do you know what happened?' (R3) stated, 'I don't know.' 911 had been called to transport (R3) to hospital."</p> <p>R3's progress note, dated 12/02/2020 at 4:34PM, by (V3) documents, "Spoke with nurse Emergency Department, stated (R3) positive for brain bleed, and received three (3) staples to right side of head/eye area. (Hospital nurse) stated resident is Alert & Oriented x 2 & vitals are stable at this time. (Local hospital) is waiting transportation to (local higher acuity hospital) for</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>neurology."</p> <p>R3's progress note, dated 12/7/20 at 8:20PM, documented, "(R3) returned to facility this afternoon. Was admitted to the hospital status/post fall with laceration to Right side of head and petechial hemorrhages seen on CT scan (of brain). Three staples in place to Right side of head, small bump and bruising still present. Antibiotic x 10 days for UTI (Urinary Tract Infection).</p> <p>On 1/4/21 at 12:48PM, V1, Acting Administrator, stated, "There was no fall assessment or initial care plan for (R3) when she was admitted (11/30/20), but we did a care plan after she came back from the hospital (12/7/20). There was no root cause analysis. The Director of Nursing and I are actively working on these issues."</p> <p>On 1/4/21 at 12:50PM, V2, the acting Director of Nursing, stated, "There was no fall assessment completed for R3 at admission on 11/30/20 or readmission on 12/7/20."</p> <p>On 1/4/21 at 2:00PM, V5, Nurse Practitioner, stated, "I am aware that a fall (R3) had shortly after she was admitted to the facility caused a head injury. (R3) was in the hospital for several days. The fall 12/2/20 did cause this injury."</p> <p>The facility's policy "Care Plans Preliminary", dated 11/2017, states, "To assure the residents care needs are met and maintained, a preliminary care plan to meet the resident's immediate needs shall be developed for each resident within forty eight hours of admission."</p> <p>2. R4's Physician's Order Sheet (POS) for December 2020 includes the following diagnoses:</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Protein Deficiency Anemia(Admission), Multiple Sclerosis, Multiple Pressure Ulcers, Dysphagia, Gastrostomy, Major Depressive Disorder, Sepsis due to Methicillin Resistant Staphylococcus Aureus.</p> <p>R4's Event report, dated 12/8/2020 at 5:25AM, documented, "Upon Temporary Nurse's Aide (TNA) doing rounds, TNA noted Res lying on floor next to bed. Res denies pain. TNA called for Nurses' assistance. When (V4) entered (R4) room Nurse noted Res lying on floor in supine position next to bed. When asked R4 stated, 'I was trying to turn et rolled OOB (Out of Bed).' No apparent injuries noted at this time. Skin intact. (R4) is able to move upper extremities. (R4) moves lower extremities involuntary due/to Multiple Sclerosis (MS). Prior to falling, (R4) was lying in bed sleeping. Call light was in reach. Res alert with/ confusion. Low bed in place. Neuros (Neurological checks) initiated. Neuros Within Normal Limits. (R4) unable to do Handgrips. Speech is aphasic due/to MS. After being assessed by Nurse, both CNA and TNA transferred Res onto bed per (sling type mechanical) Lift. Res is unaware of safety. Needs total assist."</p> <p>On 1/4/21 at 12:48PM, fall investigation for R4's 12/8/20 was requested from V1, Acting Administrator. V1 stated, "We can't go back and correct that. There were no witnesses interviewed and there is no root cause analysis. We are working on it."</p> <p>3.) R6's electronic Face Sheet, dated 1/5/21, documents R6 was admitted to the facility on 11/15/20 with diagnoses including Cerebral Palsy, Hypertension, Other Seizures, Bipolar Disorder and Anxiety Disorder.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R6's Care Plan, dated 12/1/20, documents R6 has the potential for falls and injuries related to R6's diagnoses of Cerebral Palsy, Hypertension, Bipolar Disorder and Anxiety Disorder. This Care Plan documents fall interventions, dated 12/1/20, of keeping personal items within reach, wear non-skid footwear, observe for medication side effects, R6 to call for assistance with transfers, walker as an assistive device, keep call light in reach and keep environment free of clutter.</p> <p>R6's Fall Risk Assessment, dated 11/24/20, documents R6 is at a moderate risk for falls. R6's Minimum Data Set (MDS), dated 11/22/20, documents R6 requires limited assistance of one staff for transfers and toileting.</p> <p>R6's Event Report, dated 12/6/20, documents R6 fell in R6's room and received a bump on R6's forehead above R6's right eye. R6's Care Plan does not document a new intervention to help prevent future falls. R6's Fall Risk Assessment, dated 12/6/20, documents R6 is at a moderate risk for falls.</p> <p>R6's Event Report, dated 12/12/20, documents R6 fell in R6's room and hit R6's head again. R6 complained of discomfort in R6's right eye and increased weakness. R6 was sent to the hospital for evaluation. The only injury documented for R6 is bruising above the right eye. R6's Care Plan does not document any new interventions developed to prevent further falls. R6's Fall Risk Assessment, dated 12/12/20, documents R6 is at a high risk for falls.</p> <p>On 1/4/21 at 1:15 PM, V2, Director of Nursing, confirmed there were no new interventions on R6's Care Plan after the 12/6/20 and 12/12/20</p>	S9999		

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S9999	Continued From page 7 falls. (B)	S9999		