

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016786	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/21/2019
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NAME OF PROVIDER OR SUPPLIER SPRING CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 777 DRAPER AVENUE JOLIET, IL 60432
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(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
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S 000	<p>Initial Comments</p> <p>Complaint Investigations #1974314/IL113061 #1973820/IL112536</p> <p>Statement of Licensure Violations</p>	S 000		
S9999	<p>Final Observations</p> <p>300.1210b) 300.1210d)6) 300.3240a)</p> <p>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:</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>	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

06/27/19

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to implement safe bed mobility practices to prevent falls.</p> <p>This applies to 1 of 3 residents (R2) reviewed for falls with injuries in a sample of 15.</p> <p>This failure resulted in R2 incurring a left femur fracture.</p> <p>Findings include:</p> <p>An Incident Report dated 6/9/19, completed by V5 (Nurse), documents R2 fell over side of the bed while receiving care.</p> <p>On 6/19/19 at 1:46 PM R2 laid in bed with a left leg immobilizer in place.</p> <p>On 6/19/19 at 1:46 PM V7 (Nursing Assistant) stated R2 required 2 staff assistance for bed mobility at the time of R2's 6/9/19 fall.</p> <p>On 6/20/19 at 11:30 AM, V15 (Nursing Assistant) stated on 6/9/19 V15 was providing incontinence care which required R2 to be turned from side to side. As V15 turned R2, R2 reached for a purse which was bedside. V15 stated R2 began to fall from the bed and V15 grabbed R2's shirt to keep her upper body from falling but R2's legs and feet still fell from the bed. V15 stated she lowered R2 to the floor because R2 was too heavy to hold</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>onto. V15 confirmed she was providing care to R2 alone.</p> <p>On 6/19/19 V5 (Nurse) stated V15 called V5 into R2's room because R2 had fallen from the bed while providing incontinent care. V5 stated V15 was the only staff member providing care to R2 and R2 required the assistance of 2 staff members to safely turn R2 from side to side.</p> <p>R2's Care Plan for ADL (Activities of Daily Living) Functional/Rehabilitation Potential dated 4/2/2017 documents R2 requiring 2 staff assistance to aid in turning/repositioning in bed.</p> <p>R2's Minimum Data Set dated 6/4/19 documents R2 as moderately cognitively impaired and requiring the extensive assistance of 2 staff persons for bed mobility.</p> <p>On 6/20/19 at 12:58 PM, V4 (Nurse Practitioner) stated R2 incurred a fracture of the left femur after reaching for something bedside and falling from the bed. V4 confirmed she expects staff to implement basic safety measures while turning a resident in bed. V4 stated if it was documented to use 2 staff for bed mobility the facility should have used 2 staff while providing care to R2 to prevent injury.</p> <p>A hospital Orthopedic Consultation report dated 6/10/19 documents R2 with an evaluation due to left leg pain after a fall from bed. This consultation note documents R2 with a left femur fracture and to use a left knee immobilizer.</p> <p>(B)</p>	S9999		