

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2015
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NAME OF PROVIDER OR SUPPLIER EASTERN STAR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9890 STAR LANE, P.O. BOX 317 MACON, IL 62544
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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
S 000	Initial Comments Incident Investigation of 5/17/15 IL#77518	S 000		
S9999	Final Observations Statement of Licensure Violations Section 300.1210 d) 6) General Requirements for Nursing and Personal Care 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. (Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011) This requirement is not met as evidenced by: Based on observation, record review and interview the facility failed to identify, assess and analyze the risk of injury to residents, and failed to evaluate alternative methods to reduce the risk of injury to residents. This failure resulted in R1, being pushed in a wheelchair without foot pedals causing R1's right leg to be bent beneath the wheelchair and R1 sustaining two right lower leg fractures. This failure has the potential to affect three of three sampled residents (R1, R2, R3) and two observed supplemental residents (R4, R5). Findings Include: The facility's undated roster documents R1, R2, R3, and R4 can propel their own wheelchairs with their feet, while R5 does not propel (R5's) own	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>wheelchair at all.</p> <p>The facility's self-reported incident dated 5/17/15 documents R1 was propelled in a wheelchair with one pedal on the left side along the second floor hallway by E3, Certified Nursing Assistant (CNA). During this transport, R1 could not extend (R1's) lower right extremity which contacted the floor and was pulled under the wheelchair resulting in two fractures of the right lower leg.</p> <p>On 6/2/15 at 9:45 AM, E3 CNA stated, "I have pushed R1 in the wheelchair without pedals before and R1 never had a problem keeping R1's right leg elevated." E3 stated, "On 5/17/15, while (E3) was pushing R1 down the hall, R1's right leg fell to the ground and stopped the wheelchair abruptly. R1 yelled out and stated (R1) was in pain."</p> <p>The current CNA Care Kardex for R1 documents R1, "uses a wheelchair with two assist post right ankle fracture." The facility's Resident Services Evaluation dated 4/30/15 documents R1, "self propels wheelchair with right foot and both hands, when right foot gets tired, R1 rests it on the left foot pedal." The Nursing Monthly Summary dated April 2015 documents R1, "uses wheelchair- self propels at time- assist at times."</p> <p>On 5/29/15 at 12:00 PM, E2, Director of Nursing, stated, "Prior to the 5/17/15 incident, E2's expectation was for staff to assist residents who self propel themselves in their wheelchairs when they needed it by asking them to lift their feet off the floor and push them to their desired location."</p> <p>On 5/29/15 at 9:55 AM E4, Licensed Practical Nurse, stated, "Staff will put pedals on wheelchairs when they push residents outside or</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>sometimes inside the building."</p> <p>On 5/29/15 at 9:55 AM E5, CNA, stated, "I always put pedals on the wheelchairs when I push residents, it's too dangerous not to."</p> <p>On 5/29/15 at 11:36 AM, E6, CNA, propelled R4 in a wheelchair along the first floor hallway 125 feet, from the elevator to the dining room. R4 was unable to keep (R4's) legs extended and R4's feet were visibly and audibly dragging on the floor.</p> <p>On 5/29/15 at 11:36 AM, E7, CNA/Rehab Aid, propelled R5 in a wheelchair without pedals along the first floor hallway 125 feet from the elevator to the dining room. R5 does not propel R5's own wheelchair with R5's feet or hands.</p> <p>The facility's current CNA Care Kardex for R2 documents "wheelchair-self propels". The facility's Resident Services Evaluation dated 11/18/14 documents R2 "continues to demonstrate decreased range of motion in bilateral lower extremities, leaning forward in the wheelchair, and is receiving restorative services two to five times per week." The facility's Nursing Monthly Summary dated 5/18/15 documents R2 "uses wheelchair- self propels- assist at times."</p> <p>On 5/29/15 at 9:40 AM R2 stated, "I move my own wheelchair with my feet. The staff push me sometimes, I just hold my feet up."</p> <p>On 5/29/15 at 11:36 AM R2 was propelled in a wheelchair without pedals by E9 Dietary Manager, 125 feet along the first floor hallway from the elevator to the dining room.</p> <p>The facility's current CNA Care Kardex</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents R3 "ambulatory with wheelchair and assist of two staff members." The facility's Resident Services Evaluation dated 3/31/15 documents R3 "limited knee extension of left lower extremity, ankle-foot brace on the right ankle." The facility's Nursing Monthly Summary dated 5/18/15 documents R3 "uses wheelchair-propels self- assist at times." The facility's nursing notes document R3 had made recent complaints of pain in the right hip and had received an x-ray on 5/7/15.</p> <p>On 5/29/15 at 11:36 AM R3 was propelled in a wheelchair, with one foot on the left foot wheelchair pedal (only left wheelchair pedal on chair) and holding the right foot up, by E8, Dietary Assistant, 125 feet along the first floor hallway from the elevator to the dining room.</p> <p>On 5/29/15 at 12:00 PM, E2, Director of Nursing, stated, "The incident on 5/17/15 helped to identify a potential hazard and her current expectation on how staff should assist a resident who propels themselves in their wheelchair is that staff would put foot pedals on the wheelchair prior to assisting in order to keep the resident's feet off the floor." E2 stated, "There has not been any education or training on the new expectation for safe transferring as of yet (12 days after the incident occurred) but I plan on conducting an in-service next week."</p> <p style="text-align: right;">(B)</p>	S9999		