Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005615	A. BUILDING: _____ B. WING _____	C 12/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(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
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) 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.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/15/16

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S9999	Continued From page 1 Section 300.1210 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on interview and record review the facility failed to follow fall interventions outlined in the care plan for one (R1) of three residents for falls. This failure resulted in R1 falling and sustaining a hip fracture that required surgical repair. Findings include: R1's care plan dated 11/18/15 documents one of the interventions as, "I am unable to pull cord in bathroom for assistant due to my decreased cognition. Please do not leave me in the bathroom unattended."	S9999		

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S9999	Continued From page 2	S9999		

The facility's Incident Review Form dated 12/08/15, notes that on 12/08/15, (R1) was found on bathroom floor after an unwitnessed fall.

R1's Radiology Report dated 12/08/15, and signed by Z2(Radiologist), documents, "Reason: Pain in right hip from a fall; Conclusion: Fracture of the right hip."

On 12/23/15 at 11:45 AM, R4(R1's roommate), stated, "(R1) was taken to the bathroom and staff left the room. I heard (R1) yell and I turned on my call light and the nurse and CNA came running in the room into the bathroom. No one was in the room or bathroom with (R1)." R4's Admission MDS (Minimum Data Set) Assessment, documents that R4 has no cognitive impairment.

On 12/23/15 at 10:00 AM, Z1(R1's family), stated, "(R1) and (R4) both told me what happened the morning of the fall. Both confirmed that (R1) was left on the toilet unattended and fell when (R1) stood up. (R4) turned on the call light when (R4) heard (R1) yell, and a nurse and Certified Nurses Assistant/CNA came running into the room. (R4) confirmed no one was in the room or bathroom with (R1) when the fall occurred. (R1) had an xray that showed a right hip fracture, (R1) was transferred to a local hospital and had a surgical repair to the right hip on 12/10/15."

On 12/23/15 at 2:08 PM, E2(Registered Nurse/RN), confirmed R1's fall on 12/08/15 was reported as an unwitnessed fall.

On 12/23/15 at 12:15 PM, E1(Administrator), stated, "If I remember correctly, (R1) fell while trying to self transfer. The CNA that was with (R1) heard another fall alarm across the hall and went

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S9999	Continued From page 3 to check on it." (A)	S9999		

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: The Lutheran Home

DATE AND TYPE OF SURVEY: December 23, 2015

Complaint Investigation

1526967/IL82315

Attachment B
Imposed Plan of Correction

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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.

Section 300.1210 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.

Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.* (A, B) (Section 2-107 of the Act)

THIS WILL BE ACCOMPLISHED BY:

I. A committee consisting of, at a minimum, the Medical Director, Administrator and Director of Nursing (DON) will review and revise the policies and procedures regarding abuse and neglect. This review will ensure that the facility's policies and procedures address, at a minimum, the following:

A. Recognition of situations that could be interpreted as abusive or neglectful.
B. Appropriate reporting procedures for staff.
C. Appropriate and thorough investigations of alleged abuse or neglect.
D. The facility's responsibilities to prevent further potential abuse while investigation is in progress.
E. The facility taking appropriate corrective action when an alleged violation is verified.

II. The facility will conduct mandatory in-services for all staff within 30 days that addresses, at a minimum, the following:

A. Any new or revised policies and procedures, including actions needed to follow them that are developed as a result of this plan of correction.
B. All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
C. Documentation of these in-services will include the names of those attending, topics covered, location, day, and time. This documentation will be maintained in the administrator's office.

III. The following action will be taken to prevent re-occurrence:

A. The above in-service education will be reviewed with all staff on a regular basis.
B. Supervisory staff will ensure that the State Regulations regarding abuse/neglect allegations (reporting and follow-up) are followed.

IV. The Administrator and Director of Nursing will monitor items I through III to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten days from receipt of the Imposed Plan of Correction.

AA/2/18/2016