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
	IL6003677	A. BUILDING: _____ B. WING _____	C 01/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN - FLANAGAN	205 NORTH ADAMS FLANAGAN, IL 61740

(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	S9999		

Incident Report Investigation to Incident of 10-10-15/IL82726-F225, F323, F329, F354

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.

Attachment A
Statement of Licensure Violations

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S9999	Continued From page 1	S9999		

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 are not met as evidenced by:

Based on interview, observation and record review, the facility failed to implement safe transfer methods and fall interventions for one of three residents (R2) reviewed for falls in the sample of three. This failure resulted in a New Impacted Fracture of the Left Femoral Neck requiring surgical intervention for R2.

Findings include:

The facility ' s untitled lists documenting falls documents R2 had a fall on 12/22/15 at 5:15pm. This list also documents R2 began complaining of pain, " later in the evening ... MD (medical doctor Z1) ordered x-ray ... broken Left Hip. "

R2's hospital continuity of care sheet dated 12/22/15 at 8:10pm, documents R2 has diagnoses of a Left Closed Hip Fracture, Parkinson Disease, and Falls.

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R2 ' s Occupational Therapy Discharge Note dated 10/25/15 documents R2 ' s discharge status for balance as " fair " and that R2 had " reached (R2 ' s) max (maximum) potential ... "

R2 ' s Fall Scale assessment dated 10/31/15 documents R2 as a high fall risk.

R2 ' s Minimum Data Set (MDS) dated 11/1/15 documents R2 ' s " Balance During Transitions and Walking " as, " Not Steady, only able to stabilize with staff assistance for walking, turning around ... surface to surface transfer. "

R2 ' s incident report dated 12/22/15 documents R2 ' s fall resulting in minor pain to the left thigh which R2 had fallen on. This report also documents R2 ' s " Predisposing Physiological Factor of Gait Imbalance. "

R2 ' s Progress Notes dated 12/22/15 at 5:15pm document, " (R2) was standing in room, (E5 Certified Nurse Aide) put w/c (wheelchair) behind (R2) and (R2) fell to the left ... "

R2 ' s Progress Notes dated 12/22/15 at 7:22pm document, " c/o (complains of) inability bear weight on the left leg ... (Z1, physician of R2) notified ... to be evaluated in ED (Emergency Department) ... "

R2 ' s Progress Notes dated 12/22/15 at 10:00pm document, " ... (R2) has a Left Femoral Head Fracture. Being admitted and evaluated by Orthopedic Surgeon tomorrow ... "

R2 ' s Surgical Report dated 12/24/15 documents that R2 had a Left Hip Hemiarthroplasty.

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The facility ' s document titled, " IDPH (Illinois Department of Public Health) Final Notice Form dated 12/28/15 documents that, " ... on 12/22/15 (R2) was ambulating without assist ... (R2) lost his balance and fell to floor ... (R2) stated (R2) was fine. Later (R2) complained of mild discomfort in left thigh ... Conclusion: Final x-ray results disclosed, Impacted fracture of the left femoral neck ... "

On 1/19/16 at 3:00pm, E4, Certified Nursing Assistant (CNA) stated E4 had approached R2 and asked what he was doing in the hallway. E4 stated E5, CNA and E7, Licensed Practical Nurse (LPN) came on to the hall at that time and took over caring for R2 and were going to take R2 to get a gait belt. E4 stated, " (R2) did not have a gait belt on ... "
On 1/19/16 at 3:20pm, E5, CNA stated, " ... I saw (R2) at the nurse ' s station, no walker, no nothing ... started walking (R2) back to (R2 ' s) room when E7 had to go to the nurse ' s station. (E5) got (R2) in to his room and had the wheelchair right behind (R2) ... (E7) tried to grab (R2) too but we (E5 and E7) couldn ' t get (R2) (before he fell) ... (R2 ' s) anxiety gets bad and (R2 ' s) Parkinson ' s shuffling of his feet gets worse in the evening so (R2) is more unsteady when up. "
On 1/19/16 at 12:20pm, E7, LPN stated, " ... (E5, CNA) went to go take care of (R2) while (E7) went to the nurse ' s station ... " (E7) stated when (E7) got back to (R2 ' s) room to assist E5, (R2) started to fall while (E7) was in the doorway. E7 stated, " ... (R2) did not have a gait belt on ... (R2) was not independent... (R2) is unsteady. "
On 1/19/16 at 4:25pm, E2, Assistant Director of Nursing (ADON), stated, " ... (R2) had been sitting in his chair ... I am sure (R2) did not have a gait belt on when (R2) fell ... "
On 1/20/16 at 11:40am, Z1, R2 ' s physician,

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stated, " Yes ... If (R2) is unsteady on his feet he should have help. The gait belt definitely would have helped to keep (R2) from falling. "
R2 ' s Risk Team Report Sheet dated 11/9/15 and Kardex sheet dated 1/8/16 document R2 is to have a motion sensor alarm in R2 ' s room on the table/nightstand near the door.
R2 ' s Care Plan dated 1/6/16 documents R2 is at high risk for falls and includes intervention of " ... Motion alarm on nightstand at doorway. Ensure devices are in place ... "
On 1/19/16 at 2:38pm, R2 was sitting in his wheelchair in R2 ' s room unattended. The motion sensor alarm switch was off and the sensor did not activate with motion.
On 1/19/16 at 2:40pm, E3, Certified Nursing Assistant (CNA) went in to R2 ' s room and stated the motion alarm was not on. E3 stated, " I just turned it on now ... His motion alarm should have been on. Someone must have forgot to turn it on. "
On 1/20/16 at 9:20am, R2 was sitting in his wheelchair in R2 ' s room unattended. The motion sensor alarm switch was off and the sensor did not activate with motion.
On 1/20/16 at 9:25am, E6, CNA went in to R2 ' s room and stated, " The motion alarm is not on; It should be ... " E6 also stated if a resident is supposed to have a sensor alarm, it should be on at all times when the resident is in their room. "
The facility ' s Resident Handling Guidelines/Policy dated 11/10/15 documents, " ... All staff is aware of the appropriate safe transfer method for each resident ... 2) Gait belts are mandatory for resident movement/transfers ... "
The facility ' s Fall Prevention Policy dated 3/2010 documents, " ... Personal Alarms: Use personal alarm as indicated ... "

(A)

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Good Samaritan - Flanagan

DATE AND TYPE OF SURVEY: Incident Report Investigation of 10/10/2015 conducted January 21, 2016

300.610a)
300.1210b)
300.1210d)6)
300.3240a)

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This will be accomplished by:

I. The facility will conduct an investigation of all fall incidents and take appropriate actions. The assessments for all residents identified as high risk for falls and all residents requiring supervision will be reviewed for accuracy of the assessment. These assessments will be revised as necessary based on the outcome of the review. The facility will evaluate their method of communicating resident supervision and safety needs to staff and make revisions, as necessary, based on this evaluation.

II. All staff will be in-serviced on resident supervision and all policies regarding fall prevention, safe transfers and ambulation, the use of gait belts, and the use of personal alarms. The in-service will cover a review of the deficiency and address interventions that would have prevented or diminished the resident's injury. Staff will demonstrate

III. The Director of Nursing and/or designee will monitor and oversee staff to ensure they are following facility policies, that all resident supervision and safety needs are accurately assessed, communicated, and implemented in a timely manner, and all direct care staff are proficient in the use of gait belts and personal alarms.

IV. Documentation of in-service training, assessments, and related follow-up actions will be maintained by the facility.

V. The Administrator and Director of Nurses will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within 10 days of receipt of this notice.

3/1/16/lo

Attachment B
Imposed Plan of Correction