

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/23/2016
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NAME OF PROVIDER OR SUPPLIER  SHARON HEALTH CARE ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604
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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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S9999	<p>Final Observations</p> <p><b>STATEMENT OF LICENSURE VIOLATIONS</b></p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p><b>Section 300.610 Resident Care Policies</b></p> <p>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><b>Section 300.1210 General Requirements for Nursing and Personal Care</b></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</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		12/14/16

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S9999	<p>Continued From page 1</p> <p>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review, and interview the facility failed to properly position a resident in a mechanical lift sheet for one (R1) of three residents reviewed for falls in a sample of three . This failure resulted in R1 sustaining a subdural hematoma, a facial laceration, and right femur fracture when R1 fell out of the lift sheet during a transfer.</p> <p>Findings Include:</p> <p>The (undated) Facility Policy, "Using Portable Lifting Machine" instructs staff to "Place the sling, fan-folded, along the back of the resident. (Make sure the top of the sling is at the head of the resident and the bottom at the resident's knees.)"</p> <p>On 11/22/2016 at 8:15 A.M., R1 was laying in bed with eyes closed, a laceration and contusion was noted near mid forehead with eight sutures in place, and bilateral lower extremities were</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>contracted.</p> <p>Z1 (R1's Primary Physician) Progress Notes dated 11/22/2016 at 3:34 P.M., documents the following: " (R1) recently fell off the hoyer lift and sustained a right femur fracture and laceration to the mid-forehead; patient (R1) was taken to the local emergency room; she (R1) also sustained a subdural hematoma; patient (R1) is not a surgical candidate and will not have Ortho (Orthoscopic) surgery; (R1) returned to the facility later in the day; and (R1's)laceration was repaired with 8 sutures and on bedrest."</p> <p>R1's local hospital emergency room notes dated 11/21/2016, documents the following: "Chief Complaint: Fall, Facial Laceration; and Diagnoses: Closed Fracture of the Distal End of Right Femur, and Forehead Laceration."</p> <p>R1's CT (Computerized Tomography) of the head and brain from the local emergency room ,dated 11/21/2016 at 7:20 P.M., documents "Small acute cerebral convexity subdural hematoma. Frontal scalp contusion, laceration and likely containing foreign debris.</p> <p>R1's Imaging exam of the right femur from the local emergency room,dated 11/21/2016 documents, "Closed fracture of the distal end of the right femur."</p> <p>R1's Accident/Incident report, dated 11-21-16, documents the following: "CNA notified me (E3) that resident (R1) was on the floor; when I (E3) walked into room, I observed resident (R1) laying prone (face down) with her head by the foot of the bed; I (E3) rolled resident (R1) over and performed an assessment; MAE (Moves All Extremities) without difficulty; I (E3) observed</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>blood on resident's (R1) face and when I (E3) cleansed resident's (R1) face, I (E3) observed a laceration to the middle of (R1's) forehead; and I (E3) requested the assistance of eight other staff members."</p> <p>E1 DON (Director of Nursing) investigation synopsis, faxed to the local state department undated, documents the following on R1: "Please be advised that on 11/21/2016 at approximately 1:42P.M., resident (R1) was being transferred from a recliner chair to the bed via hooyer lift, and resident (R1) slid out of the hooyer sling landing on her (R1's) feet face first on the floor as reported by (E2) and (E4) both CNA's; (E3)LPN (Licensed Practical Nurse) reports that when (E3) entered the room (E3) observed resident (R1) laying in the prone (face down) position with head by the foot of the bed; resident (R1) then was rolled over and an assessment was performed to determine that the resident (R1) had a laceration to the forehead that needed sutured; (Z1) R1's Primary Physician was notified and resident (R1) was sent to the local emergency room; resident (R1) was found to have a Left Cerebral Subdural Hematoma, frontal scalp contusion, and laceration; resident (R1) also diagnosed with Closed Fracture Distal End of Right Femur and no surgical repair to femur at this time due to the risks outweigh the benefits for repair; resident (R1) received six sutures to the laceration for repair and returned to the facility on 11/22/2016; employees involved in this have received a refresher in-service on the proper use of the hooyer lift; and both will receive disciplinary action related to the incident."</p> <p>On 11/22/2016 at 11:10 A.M., E1 DON (Director of Nurses) stated the following: "The mechanical lift sling was positioned too far up on resident's</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER  SHARON HEALTH CARE ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604		
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S9999	Continued From page 4  (R1) body; as the CNA's lifted (R1) in the mechanical lift sheet up, R1 slipped out of the sling; R1's feet touched the floor and then R1 landed on R1's face; and if the hoyer sheet was positioned around R1's hips and down near R1's knees, R1 would not have slipped out of the sling."  On 11/23/2016 11:12 A.M., E2 CNA stated "The hoyer sling that goes underneath (R1) to transfer (R1) was positioned too high up near R1's head and buttocks, and it (hoyer sling) should be positioned close to R1's neck and go down near R1's back of the knees."  (A)	S9999		

## IMPOSED PLAN OF CORRECTION

SHARON HEALTH CARE ELMS  
DATE OF SURVEY: 11/23/2016  
COMPLAINT INVESTIGATION:  
1626667/IL90005 & 1626639/IL89977

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

The facility will have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies will be available to staff, residents and the public. These written policies will be followed in operating the facility and shall be reviewed at least annually.

Direct care personnel will be trained in, but are not limited to, basic skills required to meet the health needs and problems of the residents.

The facility will provide all services necessary to maintain each resident in good physical health.

The facility owner, licensee, administrator, employee or agent will not neglect a resident.

This will be accomplished by the following:

1. Mandatory in-services will be conducted with direct care staff to address, at a minimum, proper techniques for the use of mechanical device to transfer residents. Documentation of these in-services shall be maintained by the facility.
2. Each employee whose duties might include transfer of residents using a mechanical device shall provide a return demonstration of the skills covered in the above in-services not more than ten days after the in-service. These demonstrations shall be monitored by the facility's Director of Nursing Services who shall maintain documentation of staff performance.
3. Any new facility employee will be required to review the in-service and demonstrate competency prior to being allowed to transfer residents using a mechanical device without direct supervision.
4. The DON shall be responsible for making periodic observations of mechanical device transfers, re-in servicing staff as necessary, and documenting any problems observed and corrective action taken.

**Attachment B**  
**Imposed Plan of Correction**

5. The Administrator responsible for ensuring that all aspects of this plan of correction are implemented.

**COMPLETION DATE:** Within ten (10) days of receipt of this plan of correction

