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
	IL6009567	A. BUILDING: ______ B. WING ______	C 12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW MANOR	14792 CATLIN TILTON ROAD DANVILLE, IL 61834

(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 Complaint #1666720/IL 90058- F157 Incident Report Investigation to Incident of 11/8/16/IL90146 -F323	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 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	S9999	Attachment A Statement of Licensure Violations	

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
	IL6009567	A. BUILDING: ____ B. WING ____	C 12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW MANOR	14792 CATLIN TILTON ROAD DANVILLE, IL 61834

(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	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:	S9999		

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
	IL6009567	A. BUILDING: ______ B. WING ______	C 12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW MANOR	14792 CATLIN TILTON ROAD DANVILLE, IL 61834

(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	Continued From page 2 Based on record review and interview, the facility failed to evaluate potential risk for injury and implement interventions to prevent falls for one resident (R2) of four residents reviewed with a history of falls in a sample of 5 residents. This resulted in a subsequent fall with serious injury and death. Findings include: R2's Physician's Order Sheet (POS) dated 9/16 documents diagnoses including: Urinary Incontinence, Long Term Use of Anticoagulants, Chronic Pain, Arthritis, Anemia, and Atrial Fibrillation. R2's POS for 9/16 documents physician's orders for Warfarin 4 milligrams (mg) daily by mouth on Sunday, Tuesday, and Thursday and 5 mg daily by mouth on Monday, Wednesday, and Friday. R2's POS also document's a physician's order for aspirin 325mg daily. R2's emergency department discharge summary dated 9/29/16 at 6:29PM documents that R2 was evaluated for "back contusion and fall". R2's Computerized Axial Tomography (CT) scan results on 10/1/16 documents "fell two days ago". There were no nurse's notes or other facility documentation related to a fall or emergency department visit by R2 on 9/29/16. On 12/7/16 at 9:30 AM E2 Director of Nursing (DON) provided a "Fall Occurrence Investigation Report" dated 9/30/16 signed by E3 Registered Nurse (RN), Care Plan Coordinator which documented "Tripped over walker." E2 stated that there is no further documentation for the 9/30/16	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009567	A. BUILDING: ______ B. WING ______	C 12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW MANOR	14792 CATLIN TILTON ROAD DANVILLE, IL 61834

(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	Continued From page 3	S9999		

fall.

There is no documentation of a fall assessment following the 9/29/16 fall. R2's plan of care 10/13/16 stated R2 "at risk for falling related to incontinence, potential for knee pain, needs assistance with interventions including 1/2 side rail for mobility, wears glasses, assure floor is free of glare, use handrails, keep bed in lowest position, provide stand by assistance with transfers. These approaches were dated 11/20/15. There was no documented updated interventions added to the care plan following the 9/29/16 fall. There was no root cause analysis documented for the 9/29/16 fall.

The facility's "Falls-Clinical Protocol" revised 10/2010 documents "For an individual who has fallen, staff will attempt to define possible causes with in 24 hours of the fall...the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling."

On 10/13/16 Physical Therapist documented " (R2)presents to therapy with a decline of gait and transfers due to weakness and poor balance." Physical Therapy was discontinued on 10/27/16.

On 11/6/16 at 6:20 PM E20 RN documented in nurse's notes and event report that E20 checked on R2 who had been eating dinner in R2's room after E20 heard a loud crash. R2 was found lying partially behind the door with bleeding from R2's head. The tray table and walker were documented as laying on their sides not far from R2. Nurse's note documents that E20 applied direct pressure to head wound to stop bleeding and that E20 delegated a Certified Nurse Aide (CNA) to call an ambulance. Nurse's note by E20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009567	A. BUILDING: ______ B. WING ______	C 12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW MANOR	14792 CATLIN TILTON ROAD DANVILLE, IL 61834

(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	Continued From page 4	S9999		

also documents that R2 was alert, and oriented when ambulance arrived and transported R2 to the emergency room.

On 12/5/16 at 3:50 PM E20 stated that E20 was a float nurse on the evening of 11/6/16. At around 6:15 PM E20 heard a crash in R2's room. E20 found R2 lying on her left side partially blocking the entrance door. R2's head was lying on the tray with a small amount of blood under R2's head. E20 donned gloves and put pressure on the area of R2's head that was bleeding with a damp wash cloth. E20 dispatched a CNA (can't remember who) to call 911 and tell the operator that there was a head wound with bleeding. E20 remembered that R2 was taking Warfarin. E20 stated E20 did not hear a personal alarm and E20 doesn't remember if R2 had one or not. E20 stated that R2 told E20 at that time that R2 was trying to push her dirty dishes out in the hall when R2 fell.

The CT scan report of R2's head on 11/6/16 documented "2 centimeter by 1.5 centimeter epidural hematoma right hemisphere involving temporal and parietal region. Appears to be a subdural component also."

On 11/6/16 at 11:45 PM E21 Licensed Practical Nurse (LPN) documented in R2's nurse's notes "admitted to hospital traumatic head injury and concussion."

Nurse's note 11/7/16 at 15:07 PM documents that R2 returned to the facility with a diagnosis of intracranial bleed. The note stated R2's family did not want any extra ordinary measures taken. R2 had physician's order for hospice care.

On 11/8/16 at 4:28 AM nurse's note documents

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
	IL6009567	A. BUILDING: ______ B. WING ______	C 12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW MANOR	14792 CATLIN TILTON ROAD DANVILLE, IL 61834

(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	Continued From page 5 that R2 expired at the facility. On 12/7/16 at 9:20 AM Z2 Medical Doctor (MD) stated that the fall R2 sustained on 11/6/16 at the facility was the cause of R2's Epidural Hematoma and that the Epidural Hematoma was the cause of R2's death. Z2 stated that R2 was at high risk for bleeding related to R2's anticoagulant medication and should have been on fall precautions. R2's death certificate dated 12/01/16 documents cause of death (11/08/16) as acute intracranial and epidural hemorrhage. (AA)	S9999		

Imposed Plan of Correction
NAME OF FACILITY: Gardenview Manor
DATE AND TYPE OF SURVEY: December 7, 2016
Complaint # Incident Report Investigation to Incident of 11/08/2016/IL90146

300.610a)
300.1210b)
300.1210d)6)
300.1220b)3)
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.

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 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect

Attachment B
Imposed Plan of Correction

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

This will be accomplished by:

I. Provide education for all departments on facility's policy and procedures for prevention of incidents/accidents safe environment, and resident's at high risk for falls.

II. Director of Nursing or Designee will conduct audits of resident assessments, update care plans accordingly and provide staff education and updates as changes arise.

III. Director of Nursing will be responsible for seeing assessments for residents at high risk for falls are complete, and continue to be in compliane.

IV. Facility Administrator to provide oversight for continued compliance.

Date of completion: Ten days from receipt of the Imposed Plan of Correction