

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2016
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NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PERU	STREET ADDRESS, CITY, STATE, ZIP CODE 3230 BECKER DRIVE PERU, IL 61354
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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 Statement of Licensure Violations	S 000		
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	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</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.</p> <p>These Regulations were not met as evidenced</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>by:</p> <p>Based on record review and interview the facility failed to maintain safety measures during a transfer for one resident (R1) of three residents reviewed for falls in a sample of three. This failure resulted in R1 sustaining a fracture of the distal right 11th rib.</p> <p>Findings Include:</p> <p>The Facility Policy titled "Gait Belts" dated 12/02, documents, " It is the policy of the facility that all direct care staff shall use a gait belt when transferring or ambulating residents. All direct care staff will have a gait belt available for use with transfers. No staff will transfer or ambulate a resident by his/ herself if the transfer takes the assist of two."</p> <p>R1's MDS (Minimum Data Set) dated 11/8/2016 (R1's look back period), documents a BIMS (Brief Interview for Mental Status) of 15, R1 is alert and oriented and capable of answering questions appropriately.</p> <p>R1's MDS (Minimum Data Set) dated 11/8/2016 documents, "R1 is extensive assistance of two physical assist to transfer.</p> <p>R1's Care Plan dated 11/2/2016 documents, "(R1) is at risk for falls. The approach is to transfer and ambulate with assist of two at this time."</p> <p>On 11/6/2016 at 11:56 A.M., E3/ Registered Nurse documents in R1's Progress Notes, "Noted to have a fall during transferring to W/C (Wheelchair) with staff, sat poorly on w/c, then fell to floor landing on right buttock and right elbow.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Did not hit head and denies. AROM (Active Range of Motion) performed with eases and equally. Denies any pain with ROM (Range of Motion). Assisted to wheelchair with full body lift. No injury noted at this time. Believes he (R1) fell due to wheelchair moved when sitting down. (R1) states is having pain to right buttock and left rib cage. Request to have an X-ray (Electromagnetic radiation).Call made to emergency contact and PCP (Primary Care Physician) for orders.</p> <p>On 11/6/2016 at 12:08 P.M., E 3/Registered Nurse documents in R1's Progress Notes," Z1/Primary Physician, return call to have X-ray (Electromagnetic radiation) done to right hip and left rib cage. "Have them come out tomorrow to do them. As long as (R1's) vitals are stable, they can be done tomorrow."</p> <p>R1's Patient Report dated 11/7/2016 documents findings of X-ray (Electromagnetic Radiation). " Acute Fracture of Distal Right 11th Rib with mild angulations"</p> <p>On 11/7/2016 at 4:06 P.M., E5/LPN (Licensed Practical Nurse) documents in R1's Progress Notes, "Received order from R1's MD/ Medical Doctor due to noted fracture 11th right rib, "continue to monitor there is nothing else we are able to do."</p> <p>On 12/12/2016 at 12:00 P.M., E4/CNA (Certified Nursing Assistant) stated," I feel I got screwed over from this deal. I was dismissed because I had no gait belt. It was just me (E4) transferring him (R1) and he (R1) had a poofy pillow on his (R1) wheelchair seat. When (R1) went to sit down (R1) slipped out of the wheelchair and landed on the floor. I understand (R1) fell and fractured a rib because I (E4) was not using the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>gait belt. It wasn't my fault, the pillow slipped from the wheelchair causing (R1) to fall to the floor."</p> <p>On 12/12/2016 at 12:37 P.M., E2/ADON (Assistant Director of Nurses) stated, "I interviewed the CNA/ Certified Nursing Assistant that was involved with this incident on 11/6/2016. CNA was not using a gait belt, and did not have any other staff member to assist with resident's (R1) transfer from the toilet to the wheelchair. R1's wheelchair brakes, the left side was locked and the right brake was not fully engaged causing the wheelchair to move, and causing the resident to fall on the floor landing on his (R1) right side, leaning against shower bench. He (R1) sustained a fracture of the right rib."</p> <p>On 12/12/2016 at 12:33P.M., E1/DON (Director of Nurses) stated, I expect the CNA's (Certified Nursing Assistant) to use a gait belt when transferring resident's and use two CNA'S when needed for transfer at all times."</p> <p>On 12/13/2016 at 11:08 A.M., Z1/Primary Physician stated, "I think it is entirely possible that falling out of the wheelchair and landing on the floor, on right side, would cause him (R1) to sustain a fracture of the right rib. I am going to say "Yes" (R1's) fall caused R1 to fracture R1's rib."</p> <p>(A)</p>	S9999		
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