

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OSF ST ANTHONY'S HEALTH CENTER SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 915 E 5TH STREET ALTON, IL 62002
---	--

(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 Annual Certification Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210c) 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

01/05/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OSF ST ANTHONY'S HEALTH CENTER SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 915 E 5TH STREET ALTON, IL 62002
---	--

(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	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by: Based on record review and interview, the facility failed to provide supervision to prevent a fall for one resident (R8) reviewed for falls in the sample of 8. This failure resulted in R8 sustaining a displaced fracture of the left posterior lateral sixth rib.</p> <p>Findings include:</p> <p>R8's EMR (electronic medical record) documents, diagnoses, in part, as Macular Degeneration, Pneumonia, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Arthritis. The Minimum Data Set (MDS) dated 1/12/2016, documents R8 is moderately impaired with cognition and decision making, ambulates with a wheeled walker with an unsteady balance, and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

OSF ST ANTHONY'S HEALTH CENTER SNF **915 E 5TH STREET**
ALTON, IL 62002

(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	<p>Continued From page 2</p> <p>requires assistance with toileting and transfers.</p> <p>The FIM (Functional Independent Measure) dated 1/26/2016 for toileting and transfers scores R8 as "4" (1=total dependence and 7= complete independence. The FIM documents R8 "requires steadying or incidental assistance" for toilet transfers. R8's Physician's Orders (PO) for 12/2016 document an order as "Oxygen, 3 L (liter) inhalation continuous."</p> <p>The Fall Risk Assessment, dated 1/12/2016, documents R8 is at risk for falls.</p> <p>The Interdisciplinary Note for R8, dated 2/02/2016 at 11:02 AM, documents, in part, "Patient (R8) was walked to restroom with staff. Staff left the room and pt. (patient) lost balance and fell on her left side. Pt. was found on the floor by staff. Pt. was complaining of pain to left flank area and rib area. Pt. helped to chair and bed by staff. Pt. assessment performed and redness noted to left back. Pt. is complaining of pain."</p> <p>R8's X-ray Report, dated 2/02/2016 documents, in part, "Patient fell today on the left side. Left-sided rib pain. There is a displaced fracture of the left posterior lateral sixth rib. Opacities in the left lung base could represent artifact, hemorrhage, or pulmonary contusion or atelectasis."</p> <p>On 12/21/2016 at 8:50 AM, E2, Manager of Post Acute Services identified the Certified Nurse 's Aide (CNA) that left R8 in the bathroom on 2/02/2016 as E7. E2 stated, "This CNA was transferring (R8) without a gait belt. This was the first time this CNA transferred a patient without a gait belt. She was disciplined for it. She (E7) put her (R8) by the toilet and turned. (R8) started to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER OSF ST ANTHONY'S HEALTH CENTER SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 915 E 5TH STREET ALTON, IL 62002
---	--

(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	<p>Continued From page 3</p> <p>fall, and the CNA couldn't catch her."</p> <p>The facility's Positive Discipline Formal Discipline Form, dated 2/05/2016 for E7 documents, in part, "(E7) was not using gait belt or providing physical assistance to patient, resulting in patient fall with injuries. Patient safety will be priority. (E7) will follow unit protocol in providing patient care, including using gait belt and following recommended transfer and ambulation precautions individualized for each patient."</p> <p>R8's Care Plan, initiated 1/13/2016, documents, in part, "Is at risk for falls related to deconditioning, psychoactive drug use, vision/hearing problems, gait/balance problems."</p> <p>On 12/22/2016 at 9:15 AM, E2 stated, "We consider all residents a high risk for falls." E2 reported all of the residents are admitted for skilled therapy, usually after a fall.</p> <p>The facility's policy and procedure, dated 11/01/2016 and entitled, 'Fall Prevention' documents, in part, "Medium Risk-Stay outside the bathroom door to assist the patient back to bed or chair. Use gait belt when assisting with activity. High risk-do not leave alone when toileting. Use gait belt and assistive devices with patient ambulation and transfers."</p> <p>(B)</p>	S9999		