

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003552	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2017
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NAME OF PROVIDER OR SUPPLIER GIBSON COMMUNITY HSP ANNEX	STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST 19TH GIBSON CITY, IL 60936
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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 IRI 1/2/17/IL91103	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)6 300.3240a) 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 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/02/17
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S9999	<p>Continued From page 1</p> <p>resident</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to safely transfer one of three residents (R1) reviewed for falls in a sample of three which resulted in the resident (R1) falling causing a humerus and femur fracture.</p> <p>Findings include:</p> <p>The Incident Report dated 1/6/17 documents on 1/2/17 R1 was being assisted by E3 Certified Nursing Assistant CNA from the commode to her bed. R1 was standing with her walker when she lost her balance and fell. R1 complained of pain to her right arm and right leg. X-rays revealed a fractured right humerus and fractured right femur. R1 was admitted to the hospital and underwent surgery to repair the right femur fracture.</p> <p>The Minimum Data Set MDS dated 11/14/16 documents R1 required extensive assistance of at least one staff member for transfers and toileting. The MDS documents R1 is not steady and is only able to stabilize self with staff assistance when moving from a seated to standing position or moving on and off the toilet.</p> <p>The Care Plan dated 11/28/16 documents R1 required one assist with transfers and is at high risk for falls.</p> <p>On 1/18/17 at 4:05 PM E7 Care Plan and MDS Coordinator stated the documentation in the Care Plan of R1 requiring one assist with transfers, means that R1 requires one staff member to assist her (R1) using a gait belt and keeping their</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>hands on her at all times. E7 stated the MDS documentation of extensive assistance of one staff member means R1 required the staff member to do 50% or more of the work and should be using a gait belt while actively supporting the resident. E7 stated that the CNA (E3) who was helping R1 transfer on 1/2/17 should have been using a gait belt and should have been hands on at all times while the transfer was in process.</p> <p>On 1/18/17 at 10:19 AM E3 CNA confirmed she was the CNA that was assisting R1 with transferring back to bed from the commode when she fell on 1/2/17. E3 stated she did not use a gait belt during the transfer and that she was not aware that she needed to use a agit belt with R1 during transfers. E3 stated that she turned to move the commode away from R1's bed and she did not have hands or eyes on R1 at the time of her fall.</p> <p>On 1/18/17 at 11:15 AM Z1 Physician confirmed R1 sustained a right femur fracture and right humerus fracture from the fall that occurred on 1/2/17.</p> <p>The X-ray test dated 1/3/17 documents the indication for the test to be, "pain and deformity after falling". The x-ray results document an, "acute oblique fracture involving the mid shaft of the right femur" and a "fracture through the surgical neck of the right humerus with mild impaction".</p> <p>On 1/19/17 at 9:00 AM E1 Administrator acknowledged that E3 CNA should have put a gait belt on R1 while transferring her and stated E3 was disciplined for not using the gait belt when assisting residents with transfers and mobility.</p>	S9999		

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