

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/20/2017
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 EAST ASH STREET CANTON, IL 61520
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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>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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 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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/03/17
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S9999	<p>Continued From page 1</p> <p>EVIDENCED BY:</p> <p>Based on record review, observations, and interviews the facility failed to keep one of three residents (R1) from falling during during bed linen change. R1 suffered fracture to C1 vertebrae and two hematomas to his head.</p> <p>Findings including:</p> <p>R1 current face sheet notes that R1 has diagnosis including: Hx left femur fracture, falls, and hypertension.</p> <p>Facility report dated 1/10/17 notes that on 1/7/17, E3 (Certified Nurse's Aide) was assisting R1 with a bed pan. R1's linens needed to be changed, so E3 assisted R1 with rolling back and forth in the bed. When E3 rolled R1 away from E3 towards R1's left side, R1 rolled off the bed onto the floor. R1 was immediately sent to the local emergency room for an evaluation. R1 was diagnosed with a displaced C1 fracture and bilateral subdural hematomas.</p> <p>On 1/19/17 at 10:00 A.M. E3 stated that on 1/7/17 while changing R1's linens, she rolled R1 away from her towards R1's left side and R1 rolled off the bed onto the floor. E3 stated that R1 was to have one or two staff assisting him with positioning while in bed. E3 stated that there was no specific method to determine when R1 would need one or two staff for assistance. E3 stated that R1 did not have any side rails on his bed, so there was nothing for R1 to grab onto. E3 stated that before this fall, she had asked management for side rails for R1 but nothing was ever done about E3's request. E3 stated that R1 would have been able to use side rails to assist with turning if he would have had them on his bed.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1's care plan dated 12/27/16 reads, "Bed Mobility: Resident requires staff assistance X 1-2 to reposition and turn in bed." Care plan gives no explanation on how to determine when to use one or two staff with this task.</p> <p>On 1/19/17 at 3:45 P.M. R1 was observed lying in bed in the local hospital. When R1 was asked if he was able to use side rails, R1 grabbed the side rail and pulled himself more onto his left side. R1 verified that at the time of the fall, the facility bed did not have side rails. R1 stated that E3 rolled R1 away from her, instead of towards E3 when the fall occurred. R1 was noted to be wearing a neck brace due to the C1 fracture.</p> <p>(A)</p>	S9999		
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