

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/28/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270
--	---

(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>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.1010h) 300.1010i) 300.1210b)4)5) 300.1210d)3)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)</p> <p>i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. (B)</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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
-------	---	-------	---	--

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 03/17/17
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270
--	---

(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>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>3) Objective observations of changes in a</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270
--	---

(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>resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/28/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270
--	---

(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>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. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide care in a safe manner to prevent a resident from sliding out of a shower chair.</p> <p>This failure resulted in the resident having bilateral femur fractures requiring surgical intervention.</p> <p>This applies to 1 of 3 residents (R1) reviewed for safety in the sample of 3.</p> <p>The findings include:</p> <p>R1's February 21, 2017 discharge summary from a local hospital shows she was admitted on February 17, 2017. The hospital order form shows the reason for R1's visit to the hospital was a left femur fracture and a right femoral neck fracture, a urinary tract infection and hyperkalemia.</p> <p>On February 23, 2017 at 2:50 PM, E4 (Certified Nursing Assistant-CNA) said on February 16, 2017 she gave R1 a shower and was standing in front of R1 trying to button her shirt in the back.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/28/2017
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270		
(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 4</p> <p>E4 said when the shower chair with the black seat is wet it is very slippery and R1 started sliding. E4 said because she was standing in front of R1, she could not put her back into the shower chair so she had to lower her to the ground. E4 added "Her legs were together and off to the side. She was sitting upright so I laid her down to her left side."</p> <p>On February 23, 2017 at 12:07 PM, E5 (CNA) said she and E4 were the only CNAs working when R1 fell in the shower, adding that she was on another hall when R1 fell. E5 said she went to help E4 transfer R1 back to her geriatric chair after the fall.</p> <p>On February 23, 2017 at 1:12 PM, E6 (Licensed Practical Nurse-LPN) said she was the nurse working on February 16, 2017 until 6:00 AM. E6 said she was on the other hall when R1 fell at 4:45 AM. E6 said E4 was the only one in the room with R1 during the fall.</p> <p>R1's December 6, 2016 Fall Risk Assessment shows she is a high risk for falls.</p> <p>R1's December 5, 2016 Minimum Data Set (MDS) shows she has severe cognitive impairment with inattention and disorganized thinking. The MDS shows R1 has impaired range of motion bilaterally to her upper and lower extremities and is totally dependent on 2 staff members for bed mobility, transfers, and bathing.</p> <p>On February 23, 2017 at 9:05 AM, R1 was reclined in a geriatric chair on the north hall by the nurse's station. R1's eyes were closed and she appeared to be sleeping. Bruising was noted on R1's left hand and forearm. R1's right arm was under a blanket. At 12:30 PM, E10 and E11</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270
--	---

(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 5</p> <p>(Certified Nursing Assistants-CNAs) transferred R1 from the geriatric chair to her bed using a mechanical sling lift. Bruising was noted on R1's right hand and forearm.</p> <p>On February 24, 2017 at 12:10 PM, Z1 (Emergency Room Doctor) said R1's x-rays showed an oblique displaced left femur fracture and a right impacted subcapital neck femur fracture, the left fracture had bone fragments. Z1 said he spoke with the orthopedic surgeon at another local hospital to inform him of his findings and sent R1 to the other hospital for surgery.</p> <p>On February 23, 2017 between 10:45 AM-11:08 AM E15 (CNA) and E16 (Restorative CNA) said staff can find out what the residents needs are by looking in the resident's care plan or the Kardex in the resident's room. E16 said the bottom portion of the ADL (Activities of Daily Living) flow record shows the assistance needed by each resident. E14 stated, "The ADL flow records used to be filled out for everyone. Now some are and some are not filled out. (R1's) is not filled out." E15 said she is familiar with R1 and she is total care for showers with 2 staff.</p> <p>R1's March 14, 2016 ADL care plan shows "Provide bathing, hygiene, dressing and grooming per resident's preference as able." The care plan does not address how many staff are needed for bathing. R1's January and February ADL Flow Records and the Kardex located in R1's room do not address how many staff are needed for bathing.</p> <p>R1's August 7, 2014 Admission History and Physical shows she was admitted to the facility with diagnoses including Alzheimer's dementia, osteoporosis, osteoarthritis, a history of bilateral</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/28/2017
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET MORRISON, IL 61270		
(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 6 tibial fractures and a femur fracture. The document shows R1 has generalized weakness in her muscles, joints, spine and flank areas and has been unable to walk since 2007. E3 (Regional Nurse Consultant) said she would assume from R1's most recent MDS that R1 should be a 2 assist with bathing and showering. E3 Stated, "I would assume there would be 2 staff members in the room during the shower." The February 16, 2017 5:45 AM Nurse's Notes show "At 4:45 AM resident was in the shower room with CNA. Resident slid out of shower chair when CNA was putting resident's shirt on. CNA lowered resident to floor." The February 21, 2017 hospital progress notes show R1 underwent open reduction internal fixation of the left femoral shaft fracture and cannulated screw fixation for a right femoral neck fracture. <p style="text-align: center;">(A)</p>	S9999			