

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2017
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NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE ELMS	STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210b) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</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>	S9999	<p style="text-align: center;">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 03/24/17
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S9999	Continued From page 1 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS EVIDENCED BY: Based on observation, record review, and interview the facility failed to implement new fall interventions after a fall, initiate neurological checks and timely report and investigate a fall for two of three residents (R1 and R2) reviewed for falls in a sample of three. This resulted in R1 sustaining a subsequent fall on 10/21/16 and resulted in R1 sustaining a "Parasymphysis and Rami fracture of the pelvis on 10/20/16. Findings include: The Facility's Fall Procedure Policy dated 6/8/15 documents: "(The facility) provides interventions to reduce risk factors for falling...each shift is to assess the resident: 72 hour post event assessment including neurological checks if a head injury occurred or is suspected." 1. The Facility's August, September and October 2016 Incident logs did not document any falls had occurred for R1. R1's electronic medical record documents R1 was admitted to the facility on 12/16/10 and expired on 10/21/16. R1's MDS (Minimum Data Set) dated 8/15/16 section B, documents R1 has "unclear	S9999		

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S9999	<p>Continued From page 2</p> <p>speech-slurred mumbled words." The same MDS documents under section C that R1 demonstrates the following behaviors that are present and fluctuate: inattention, disorganized thinking, altered level of consciousness and psychomotor retardation. This same MDS documents under section G: R1 walks in room with supervision and 1 person physical assist.</p> <p>R1's current electronic care plan documents "(R1) is at risk for falls r/t (related to) unaware of safety needs, confusion, poor communication/comprehension."</p> <p>R1's Accident/Incident Report dated 10/7/16 and completed by E3 LPN (Licensed Practical Nurse) documents R1 sustained an unobserved fall on 10/7/16 at 3:30 a.m. R1 "was on bedroom floor fitting in between bed and w/c (wheelchair)...stated he did not hit his head when asked...neurochecks and vs (vital signs) within normal limits...A & O (alert and oriented) x1...refer to Ortho (orthopedics)..." The same form documents R1 is memory impaired and "decision making impaired." The same form documents R1 had 1 other fall in the past 30 days. The facility was unable to provide an incident report for R1's fall that occurred 30 days prior. R1's electronic medical record documents a Morse Fall Scale was completed on 9/7/16 at 4:10 a.m. for post fall. The facility was unable to provide documentation for a fall investigation from 9/7/16. Administrative Investigation Notes dated 10/7/16 document on 10/9/16 and 10/10/16 (R1) observed ambulating with unsteady gait and a limp. R1's electronic medical record documented an order on 10/7/16" "ortho consult for difficulty walking, limping..." R1's Consultation Report dated 10/20/16 documents: "reason for visit, hip/pelvic pain, parasymphysis fx/Rami fx</p>	S9999		
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S9999	Continued From page 3 (fracture.)" R1 sustained another unobserved fall on 10/21/16 at 3:30 a.m. R1's Accident/Incident Report completed by E3 LPN documents: (R1) was sitting on floor between bed and w/c. A & O (alert and oriented) x 1, Neuro checks in normal limits, able to move all extremities equal. No injury noted...Recommended to prevent occurrence: (R1) expired 0530 (5:30 a.m.)." R1's electronic medical record did not document Neurological checks were completed for the falls on 10/7/16 or 10/21/16. R1's electronic progress notes document a late entry with a created date of 10/12/16 for the fall of 10/7/16 written by E3 LPN that documents: "Neuro checks within normal limits...no injury noted." R1's electronic medical record contains another late entry by E3 LPN. The Late entry was created on 10/21/16 at 8:03 a.m. (after R1's death occurred at 5:30 a.m.) regarding R1's 10/7/16 fall and documents: "continues FVS (fall vital signs), Neuro checks within normal limits...no injury." R1's electronic medical record documents a late entry created on 10/21/16 at 7:48 AM by E5 LPN regarding R1's 10/8/16 care. This note documents R1 "ambulates to shower several times he appeared to have a limp." E12 (former ADON) created a late entry electronic progress note for R1 that was created on 10/20/16 regarding R1's 10/10/16 care. This note documents that (R1) continues to ambulate with a limp. R1's medical record contained an x ray report for "right hip, unilateral with pelvis...impression no acute fracture or dislocation dated 10/6/16. No additional x ray reports were found in R1's	S9999		

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S9999	<p>Continued From page 4</p> <p>medical record between 10/6/16 and 10/19/16.</p> <p>R1's Certificate of Death Worksheet dated 11/8/16 by the local coroner documents "significant contributing conditions contributing to death...pelvic fracture."</p> <p>On 3/8/17 at 5:00 a.m. E4 RN (Registered Nurse) stated R1 "would not voice that he was in pain, could not voice if he hurt something.</p> <p>On 3/8/17 at 5:20 a.m. E5 LPN (Licensed Practical Nurse) stated R1 was not "a reliable historian in regards to saying if he was having pain or hurt."</p> <p>On 3/8/17 at 11:15 a.m. E2 DON (Director of Nursing) stated R1's orthopedic consult ordered on 10/7/16 and completed on 10/20/17 was obtained due to R1 being "unsteady related to falls." E2 stated frequent checks should have been listed as an intervention on R1's 10/7/16 incident report but were not. E2 was unable to provide documentation that R1's frequent checks were being done following R1's 10/7/16 fall. E2 stated the only falls E2 was aware of for R1 were on 10/7/16 and 10/21/16. E2 verified R1's medical record did not contain documentation that neurological checks were completed for R1 on 10/7/16 or 10/21/16. E2 also verified R1's medical record did not contain fall vital signs for the fall on 10/7/16.</p> <p>2. On 3/7/17 at 2:30 PM and 3/8/17 at 2:25 PM, R2 was lying in R2's bed resting with R2's eyes closed. R2's bed was pushed against the wall and R2's call light was within reach.</p> <p>The facility's Incident Log (dated 10/2016) documents that R2 had one fall on 10/23/16 and</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>two falls on 10/29/16.</p> <p>R2's Nursing Progress Notes (dated 10/29/16; created date 11/2/16) documents the following: "Late Entry: It was reported to me (E12, Former Assistant Director of Nursing) by (E10, Registered Nurse) that (R2) had fallen that morning in (R2)'s room and that there were no injuries, states that staff have been keeping an extra close eye on (R2) and that they fed (R2) breakfast after the falls and put (R2) to bed because (R2) had been awake most of the night... the falls had occurred at 7:05 AM and 7:15 AM this morning."</p> <p>R2's Accident/Incident Reports (dated 10/31/16) document that R2's 10/29/16 falls at 7:05 AM and 7:15 AM were not investigated until 10/31/16. R2's Accident/Incident Report for R2's 10/29/16 at 7:05 AM documents the following: "Observed (R2) on (R2)'s right side with (R2)'s head at the bottom of the bed. (R2)'s right arm was under (R2)'s body. (R2) was positioned between the bed and the chair. (Neurological checks within normal limits)." R2's Accident/Incident Report for R2's 10/29/16 at 7:15 AM documents the following: "Observed (R2) on (R2)'s right side with (R2)'s head at the top of the bed with (R2)'s right arm under (R2)'s body. (R2) was positioned between the bed and the chair. (Neurological checks within normal limits)."</p> <p>An untitled document (dated 11/1/16) in E10's personnel file completed by E2 (Director of Nursing) documents the following: "On 11/1/16, it was reported to me (E2) by (E12, Former Assistant Director of Nursing) the following issues regarding (E10) during my absence: Failure to complete an incident report on (R2) for multiple falls and initiate (Neurological) checks on</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>10/29/16. Failure to notify (E13, R2's Physician/Medical Director) of the fall</p> <p>On 3/8/17 at 2:20 PM, E2 (Director of Nursing) verified that R2 had two falls on 10/29/16 and that E10 did not report those falls, document neurological checks in R2's medical record or complete an incident report for R2's falls on 10/29/16. E2 stated that E10 should have reported R2's falls on 10/29/16, documented neurological checks and completed incident reports for both of R2's falls on 10/29/16.</p> <p>(A)</p> <p>300.690c)</p> <p>Section 300.690c) Incidents and Accidents</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Findings include:</p> <p>Based on record review and interview the facility failed to follow policy and procedures on reporting to the local state agency for one of three residents (R1) reviewed for incidents in a sample of three.</p> <p>The facility's undated Abuse Prevention Program Facility Procedures manual documents: "within 24 hours after the occurrence, a written report shall be sent to the (local state agency)...the facility shall immediately contact local law enforcement authorities...in the following situations...when a resident death has occurred."</p> <p>R1 electronic medical record documents R1 was admitted to the facility on 12/16/10 and expired on 10/21/16.</p> <p>R1 sustained an unobserved fall on 10/21/16 at 3:30 a.m. R1's Accident/Incident Report completed by E3 LPN (Licensed Practical Nurse) documents: (R1) was sitting on floor between bed and w/c (wheelchair). A & O (alert and oriented) x 1, (Neurological) checks in normal limits, able to move all extremities equal. No injury noted...Recommended to prevent occurrence: (R1) expired 0530 (5:30 a.m.)"</p> <p>On 3/7/17, the local state agency did not have record of R1's incident or death that occurred on 10/21/16.</p> <p>On 3/8/17 at 12:10 p.m. E1 Administrator verified the incident for R1 that occurred on 10/21/16 was</p>	S9999		
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S9999	Continued From page 8 not reported to the local state agency and stated that this should have been reported to the local state agency. (AW)	S9999		