

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001341	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2017
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NAME OF PROVIDER OR SUPPLIER INTEGRITY HEALTHCARE OF BELLEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET BELLEVILLE, IL 62226
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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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S 000	<p>Initial Comments</p> <p>Complaint Investigation</p> <p>1741857/IL92870</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>Section 300.690 Incidents and Accidents</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</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 summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>(Source: Amended at 37 Ill. Reg. 2298, effective</p>	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	

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

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S9999	<p>Continued From page 1 February 4, 2013)</p> <p>This Requirement is Not Met as evidence by:</p> <p>Based on interview and record review, the facility failed to notify the Department of a serious incident/accident for one of one resident (R3) reviewed for serious incidents/accidents in the sample of 10.</p> <p>Findings include:</p> <p>On 03/21/2017 at 11:49 AM. R3 stated "I was at the facility on smoke break walking around someone asked me for a light; I thought my oxygen tank was off and my tubing caught fire and instantly burned the inside of my nose and I was sent out to the hospital. No, I do not remember who I gave the light to."</p> <p>On 03/22/2017 at 3:01 PM, E2, Director of Nursing stated, "No, the incident with (R3) was not reported to the State."</p> <p>On 03/22/2017 at 3:31 PM, E1, Administrator stated E1 stated (R3) had an accident with the oxygen and tubing. He did receive a burn but it was minor and did not feel that it qualified as a serious injury or reportable to the State.</p> <p>R3's Incident Report dated 03/19/2107 document in part at 7:30 AM, "(R3) Burned self when he lit up with cigarette lighter, burned oxygen tubing, nostrils and cheeks, ice and ointment applied. Resident educated on importance of not smoking with oxygen."</p> <p>R3's annual minimum data set dated 01/26/2017 document in part, R3 has a Brief Interview for Mental Status (BIMS) score of 15 out of 15</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>indicating R3 is cognitively intact.</p> <p>R3's Physican Orders dated 03/19/2017 at 7:30 AM, document, "May send to emergency room for evaluation and treatment of burn."</p> <p>R3's Smoking Assessment dated 01/26/2017 document in part, R3's cognitive skills for daily decision making are not severely impaired. R3 has a history of being non-compliant with the facility smoking schedule and/or other facility rules. And (R3) has a history of unsafe smoking practices and requires oxygen.</p> <p>R3's Hospital Records dated 03/20/2017 at 11:25 AM. "(R3) is a 55 year old male with history of chronic obstructive pulmonary disease (COPD), bi-polar depression, anxiety and seizure disorders who presented to (hospital) on 03/19/2017 from (facility) following a flame incident, Per patient, reports he turned off his oxygen and offered a "light" to another facility resident, but then felt a burst of flame in his face and nose. He reports he immediately fell to the floor hitting his knee and his right side lower chest wall, pain, some difficulty taking deep breaths afterwards. He denied headaches, head trauma, loss of consciousness, significant bleeding from the nose or mouth, changes in his vision, difficulty swallowing, and no chest pain on the left side. In the emergency department he was examined for signs of severe burns and determined to require minimal therapy with nasal ocean spray and mild pain control of the nares, Due to his complaint of chest pain, he was worked up for acute coronary syndrome with resulting negative chest x-ray, electrocardiogram and lab findings."</p> <p>Abuse Prevention Policy dated 02/07/2017 document in part, "Any allegation of abuse or any</p>	S9999		
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S9999	Continued From page 3 incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours of the allegations of abuse, Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours. (B)	S9999		
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