

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2017
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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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	Initial Comments IRI 1/15/17/IL92089	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.1210b) 300.1210c) 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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 03/09/17
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S9999	<p>Continued From page 1</p> <p>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</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a safe transfer using assessed needed equipment to avoid a serious injury for one of three residents (R3) reviewed for falls in the sample of four. This failure resulted in an avoidable fall for R3 that caused a Tibial Fracture.</p> <p>Findings include:</p> <p>The facility's form "Situation Background Assessment and Recommendation (SBAR) Communication Form" dated 1-27-17 documents R3 was "being inappropriately transferred and was lowered to the floor. When assessed resident (R3) (complained of right) knee pain. (Medical Director) called (and) ordered x-ray."</p> <p>On 2-28-17 at 1:35pm E2, Resident Care Coordinator, stated "(R3's) Fall Investigation documents (R3) was being inappropriately transferred by (E4), Certified Nursing Aide (CNA), when she used a gait belt and one assist for the transfer for this resident (R3) when (E4) was actually going into transfer (R4), the roommate. The document identifies (R3) is a lift transfer (sit to stand) and (E4) used the gait belt to help ease (R3) down to the floor. . .(E4) transferred (R3) with the wrong lift. (E4) was confused as to the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>resident and what she was to use to transfer (R3)."</p> <p>On 3-1-17 at 1:24pm Z1, R3's Physician stated "(R3's) fracture was the result of the fall. . . not pathological."</p> <p>On 3-1-17 at 12:38pm E4 CNA, stated she went into R3's room on 1-27-17 to transfer R4, (R3's roommate) from bed to wheelchair using a gait belt. E4 stated she spoke to the resident and called her R4's first name saying Good Morning. Then after they had a little conversation she continued with the gait belt transfer (without the use of a mechanical lift). E4 stated with the gait belt on R3 she was able to slowly lower R3 down to the floor when she started going down. E4 stated she was not aware she had the wrong resident until E6, Licensed Practical Nurse (LPN) came in and said you've got the wrong resident.</p> <p>On 2-28-17 at 1:16pm E3, LPN stated before the fall of 1-27-17 R3 would cooperate with staff during transfers and staff were using a sit to stand lift for all transfers.</p> <p>The Radiology Report of 1-27-17 of R3's right knee shows "acute fracture proximal right tibia."</p> <p>R3's Fall Risk Assessment dated 1-3-17 documents R3 is a high fall risk.</p> <p>On 12-19-16 the Rehabilitation Screen Rehab Care form for R3 documents ". . .Resident requires sit to stand lift due to no lift policy here. As she is a heavy lift of 2."</p> <p>R3's Minimum Data Set dated 1-3-17 documents R3 being assessed as needing extensive assistance of 2 person physical assist.</p>	S9999		
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S9999	Continued From page 3 R3's Care Plan dated 1-3-17 documents "(R3) is a sit to stand (mechanical lift) for all transfers." (B)	S9999		