

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIR HAVENS CHRISTIAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521</b>
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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  
  
Complaint :1763049/IL94186  
Complaint 1763018/IL94145

S 000

S9999

Final Observations  
  
Licensure Violations:  
300.1210b)  
300.1210c)  
300.1210d)6)  
300.3240a)  
  
Section 300.1210 General Requirements for Nursing and Personal Care  
  
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  
  
c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan  
  
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.  
  
6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All

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**Attachment A**  
**Statement of Licensure Violations**

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</p> <p>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</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to safely transfer one resident (R2) in three residents (R1,R2,and R3) reviewed for falls in a sample of nine residents. This failure resulted in a fall which caused a fracture of R2's right fibula and tibia. This past noncompliance occurred from 11/22/16 to 12/13/16.</p> <p>Findings include:</p> <p>R2's Physician's Order Sheet for May 2017 documents diagnoses including: History of Falling, Osteoarthritis, and Muscle Weakness.</p> <p>"Rehab (Rehabilitation) Addendum Note Physical Therapy" dated 11/8/16 for R2 by E12, Physical Therapist documents "due to patient's complaint of pain in multiple joints, patient will benefit from (sling mechanical lift) transfers for safety."</p> <p>R2's Minimum Data Set (MDS) dated 11/15/16 documents R2 as requiring extensive assistance by two staff for transferring.</p> <p>R2's care plan documents an intervention added by E10, Licensed Practical Nurse (LPN),</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Rehabilitation Nurse dated 11/15/16 stating "extensive assistance of two staff and (sling mechanical lift) for the completion of all transfers."</p> <p>The facility's "Incident/Accident Report or Unusual Occurrence to Illinois Department of Public Health" for R2 dated 11/23/16 at 8:00AM reporting the fall of 11/22/16 documents "Diagnosis in Emergency Room is Comminuted Fracture of Distal Tibia and Fibula."</p> <p>"Risk Management Witness Interview Form" dated 11/22/16 at 5:00PM by E13, Certified Nursing Assistant (CNA) documents "me (E13) and coworker (E14) assisted (walked) (R2) to bathroom using gait belt. When it was time to get up (R2) was having a little trouble. We grabbed the sit-to-stand (mechanical lift)." This document also states "Resident said (R2) couldn't stand up and begin going to ground saying my foot." A sling mechanical lift was not used for transfer as indicated R2's Physical Therapy assessment and R2's care plan.</p> <p>"Risk Management Witness Interview Form" dated 11/22/16 at 5:00PM by E14, Certified Nursing Assistant (CNA) documents "me (E14) and coworker (E13) assisted walked (R2) to bathroom with gait belt. This document also states " when we tried getting (R2) up (R2) said (R2's) foot hurt and couldn't stand. So we got sit-to-stand (mechanical lift) and (R2) said (R2) couldn't stand and was gonna' fall and (R2) went down on sit-to-stand and said (R2) twisted foot." A sling mechanical lift was not used for transfer as indicated R2's Physical Therapy assessment and R2's care plan.</p> <p>E13 and E14 were unable to be reached for</p>	S9999		

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S9999	<p>Continued From page 3 interview.</p> <p>On 5/23/17 at 1:00PM E4, Licensed Practical Nurse (LPN), Care Plan Coordinator and E5, Registered Nurse (RN), Care Plan Coordinator acknowledged that (R2) has required a mechanical lift with extensive assistance of two staff since 11/15/16 per care plan. On 5/23/17 at 1:12PM E10, Licensed Practical Nurse (LPN), Restorative Nurse acknowledged that R2 was documented as requiring a sling mechanical lift and staff assist of two persons as of 11/8/16.</p> <p>On 5/23/17 at 1:12PM E10, Licensed Practical Nurse (LPN), Restorative Nurse acknowledged that R2 was documented as requiring a sling mechanical lift and staff assist of two two persons as of 11/8/16.</p> <p>On 5/23/17 at 2:10PM E6, Physical Therapy Assistant (PTA)/Director of Therapy stated "On 11/8/16 (E12) Physical Therapist evaluated (R2) per (Z3), Medical Doctor's order for transfer (ability). At that evaluation E12 found that (R2) required (sling mechanical lift) and extensive assistance of two staff for safety" for all transfers.</p> <p>On 5/24/17 at 8:40AM Z3, Medical Doctor,(MD) stated that R2 "sustained the fracture of R2's distal tibia and fibula during the fall that occurred on 11/22/16."</p> <p>Facility policy "Mechanical Lift and Transfers" dated 5/26/09 states "It is the policy of (the facility) to identify and designate residents who require assistance to transfer by a mechanical lift for the safety of both residents and staff members.</p> <p>The product specifications for the brand of</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>sit-to-stand lift utilized by the facility dated 3/12/12 states "(sit-to-stand lift) is intended for use with patients who are able to actively participate in the raising motion."</p> <p>On 5/23/17 at 4:30PM E1, Administrator acknowledged that the facility is aware that on 11/22/16 R2 fell during an improper transfer which caused a fracture to R2's right distal fibula and tibia.</p> <p>Prior to the survey date of May 24,2017, the facility had taken the following action to correct the noncompliance."</p> <p>R2's post fall "Patient Transfer Status Rehabilitation Department Recommendations" were documented by E12, Physical Therapist on 11/28/16. E12 assessed R2 to require a (sling mechanical lift) for transfer. R2's care plan from R2's readmission to the facility on 11/25/16 to present date reflects this need.</p> <p>A complete audit of care plans for the entire facility was documented on 11/23/16 by E4, Registered Nurse (RN), E17 RN, E18 RN, and E3,RN. This audit included verification that level of transfer for all residents was up to date and correct.</p> <p>In-service education was documented as completed for all staff by E1,Administrator and E10, Licensed Practical Nurse (LPN), Restorative Nurse on 11/23/16 for all personnel involved in direct resident care employed by facility as of date of in-service. The subject of this in-service was "How to Check the (resident care task list) for Transfer Status with Return Demo (demonstration)." A signed attendance sheet was provided to document attendance.</p>	S9999		

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S9999	Continued From page 5  The facility's procedure for "When a Resident's Transfer Status is Changed" was reviewed individually on 11/23/16 by E1, Administrator with E6, Physical Therapy Assistant/Rehabilitation Director and E10, Licensed Practical Nurse (LPN), Restorative Nurse. Both participants are documented to have signed attendance verification.  The facility's updated "Transfer Audit Form" document that three resident transfers were observed and supervised daily from 11/25/16 through 12/13/16. These audits were signed as completed by licensed nursing and therapy staff.  On 5/23/17 at 4:30PM E1, Administrator stated as of 11/23/16 transfer safety was assessed as an issue to follow for the facility's Quality Assurance Committee. Since that time this issue has been tracked and monitored as a part of the facility's quality assurance process. E1 provided Quality Assurance meeting notes and signed attendance records for quarterly quality assurance committee meetings in which resident transfer was identified as a problem. Action plans were formulated and ongoing monitoring is being completed.  ( B)	S9999		