

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003677	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2017
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN - FLANAGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 205 NORTH ADAMS FLANAGAN, IL 61740
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations	S9999		

STATEMENT OF LICENSURE VIOLATIONS:

300.1210b)5)
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. Restorative measures shall include, at a minimum, the following procedures:

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.

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 Continued From page 1 S9999

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 nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

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 are not met as evidenced by:

Failures at this level required more than one deficient practice statement.

A. Based on interview and record review, the facility failed to safely transfer one of two residents (R1) reviewed for falls in the sample of eight. This failure resulted in R1 obtaining an acute displaced fracture of the distal one-third of the femoral diaphysis of the left leg.

B. Based on observation, interview and record review, the facility failed to properly apply a knee brace for ambulation and implement interventions after resident injury for one of four residents (R3)

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S9999	<p>Continued From page 2</p> <p>reviewed for increased need for activities of daily living in the sample of eight.</p> <p>C. Based on observation and interview, the facility failed to secure unused sharps/needles. This failure has the potential to affect all 13 residents who reside in the facility.</p> <p>A. According to the facility investigation report dated 1-10-17, on 1-9-17 R1 was transferred with the sit to stand mechanical lift from a wheelchair to the toilet by E6, Certified Nurse Aide. During the transfer, R1 started to slip out of the sling and E6 reported to the E3, Licensed Practical Nurse (LPN) that E6 eased R1 to the floor. The report states E6 also reported that R1 unexpectedly let go of the hand grips. R1 denied any complaints of pain or discomfort, range of motion intact at that time. Z1, R1's Physician and family were notified. E3 stated on 6-21-17 at 10:45 A.M., that the fall occurred after lunch around 1:00 P.M.</p> <p>The report goes on to state that after a nap on 1-9-17, R1 complained of left leg pain and was rubbing R1's leg while transferred to wheelchair with the lift. E9, LPN was notified. Z1 was called and R1 was transferred to the Hospital Emergency Room for evaluation, The X-ray results dated 1-9-17 revealed an acute displaced fracture of the distal one-third of the femoral diaphysis of the left leg.</p> <p>According to the R1's June 2017 Physician Order Sheet (POS), R1's diagnoses include Alzheimer's Disease, Osteoarthritis, Osteopenia, Chronic Heart Failure, Senile Dementia, and Lack of Coordination.</p> <p>R1's 10-16-16 Resident Assessment Instrument (RAI) lists that R1 was severely cognitively</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>impaired with unclear speech. The RAI states R1 required extensive assistantance of two person to transfer. R1's balance assessment concludes that R1 was not steady and only able to stabilize self with staff assistance when moving on and off toilet and from surface to surface.</p> <p>R1's 10-12-16 Mechanical Lift Assessment documents that R1 is not able to stand unassisted for at least 5 seconds, unable to bear weight, poor upper extremity strength, and R1 was confused, unable to follow directions. The assessment recommendation was to use full weighting bearing mechanical lift to transfer R1.</p> <p>The undated sit to stand lift operator's instructions on page 2 states "Patients should be able to bear some weight, have upper body strength and be able to follow simple commands."</p> <p>E6 confirmed on 6-20-17 at 11:30 A.M., that E6 transferred R1 with a sit to stand mechanical lift and did not have any additional staff help. E6 stated that R1 pulled R1's arm out of the sling and slipped down toward the floor. E6 stated following the 1-9-17 incident, the facility used a mechanical lift and two people to transfer R1.</p> <p>B. 1. R3's undated Kardex documents R1 ambulates with assist of one with right knee brace to be in place to and from toilet.</p> <p>R3's Care Plans dated 4/25/17 document R3 is unable to walk due to unsafe spastic type gait with interventions including to wear knee brace for transfer/walking with one assist and walker to and from bathroom.</p> <p>On 6/19/17 at 3:40pm, E6, Certified Nursing Assistant (CNA) assisted R3 in ambulation to and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>from the toilet. R3 stood up from the reclining chair. R3's brace was positioned with the top two straps directly over the top of R3's right knee, impeding movement of the knee. The hinge was positioned midway over the outside of the right calf, half way between the right knee and ankle. The bottom of the brace was resting on the top of R3's tennis shoe at the level of the ankle. R3's gait was unsteady while ambulating and R3 attempted to bend R3's right knee unsuccessfully to pick the right leg up to take steps. E6 stated R3 was having a difficult time bending the right knee and that the proper position of the brace hinge is at the knee level. E6 stated R3's brace slides down and that Z3, Physical Therapy Assistant (PTA) was aware and was going to get new Velcro to fix the straps of the knee brace.</p> <p>On 6/19/17 at 3:50pm, Z3, PTA stated he was not aware of any concerns related to R3's right knee brace. Z3 stated he had educated the staff on instructions of brace placement and use including the proper positioning of the hinge at the axis (outside) of the knee at the knee level. Z3 stated R3's gait had improved with the proper positioning of the right knee brace. Z3 also stated that the positioning of the hinge midway between the knee and the ankle at the calf is improper and could impede her ability to bend that knee to take steps. Z3 looked at the brace and stated the Velcro was okay.</p> <p>The manufacturer's undated Knee brace fitting instructions document to position the device with the knee centered between the hinges and to center the hinge at the knee joint.</p> <p>B. 2. R3's Physician Communication Form dated 12/15/16 documents R3 caught the right great toe on the non skid strip on the bathroom floor</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>causing a 1 centimeter (cm) by 0.2 cm skin tear to the top of the toe.</p> <p>R3's undated Kardex and Care Plans dated 4/25/17 do not include interventions that were implemented after R3 had obtained the skin tear to the right great toe on 12/15/16.</p> <p>R3's Physician Communication Form dated 6/14/17 documents R3 was up to the bathroom and "scraped the right great toe" on the floor strip while transferring causing it to bleed. R3's Progress Notes dated 6/12/17 at 10:55pm document R3 was up to the bathroom per self transfer and the right toe was injured. There is no documentation Z4, R3's family, was notified of the injury to the right great toe that occurred on 6/12/17.</p> <p>R3's undated Kardex and Care Plans dated 4/25/17 do not include any interventions implemented after R3 had obtained the skin tear to the right great toe on 6/12/17.</p> <p>On 6/21/17 at 9:55am, E3, Quality Assurance (QA) Nurse stated the intervention implemented after R3's right great toe injury on 12/15/16 was to make sure R3 had shoes and socks on while R3 was up. E3 stated the intervention is not documented on R3's Care Plans or Kardex and it should be. E3 stated R3's second incident occurred on 6/12/17, not 6/14/17. E3 stated R3 was not wearing socks or shoes when the incident with injury occurred on 6/12/17. E3 also stated there is no documentation Z4 was notified of R3's injury that occurred on 6/12/17.</p> <p>On 6/21/17 at 4:00pm, E2, Director of Nursing stated Z4 should have been notified of R3's right great toe injury that occurred on 6/12/17.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>The facility's Change in a Resident's Condition or Status policy dated 3/17/09 documents unless otherwise instructed by the resident, the nurse services will notify the resident's next of kin or representative when the resident is involved in any accident or incident.</p> <p>C. On 6/20/17 at 11:10 am, there was an unlocked tackle box in an unlocked cabinet above the sink at the nurses station. The tackle box contained blood drawing equipment, including butterfly needles. At this time, E3 QA (Quality Assurance) Nurse stated, "this should not be in here. It is normally kept in the locked clean utility room."</p> <p>On 6/20/17 at 1:45 pm, E2 DON (Director of Nursing) stated all sharps (needles) need to be kept in a locked cabinet.</p> <p>The Resident Census and Conditions of Residents for dated 6/20/17 documents 13 residents reside in the facility.</p> <p>(B)</p> <p>300.1230 k) 300.1230 l)1)2)3)4</p> <p>Section 300.1230 Direct Care Staffing</p> <p>k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act)</p> <p>1) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used:</p> <p>1) The facility shall determine the number of residents needing skilled or intermediate care.</p> <p>2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category.</p> <p>3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility.</p> <p>4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period.</p> <p>This Requirement is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide sufficient hours of care provided by a Registered Nurse (RN) for eight of 14 days reviewed. This failure has the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>The facility provided a spread sheet which</p>	S9999		
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includes census, RN hours worked and other staff hours for 5/28/17 through 6/10/17. The average resident census for this time period is 12.5 requiring intermediate care and one requiring skilled care. This census calculates as requiring 48.04 total hours of care for 24 hours, with 4.8 hours of care to be provided by an RN.

According to the staffing schedule for the above dates, E2 (Director of Nursing/DON) was the only RN working during that time. Allowing for 50% of hours worked as the DON, the following days did not have sufficient RN coverage of 4.8 hours:
5/28/17 - 2.5 hours;
5/30/17 - 4.0 hours;
5/31/17 - 4.0 hours;
6/1/17 - 0 hours;
6/3/17 - 4.0 hours;
6/6/17 - 4.0 hours;
6/7/17 - 1 hour;
6/9/17 - 0 hours.

On 6/20/17 at 1:45pm, E2 confirmed that hours on the spread sheet and schedule are accurate, and that E2 is the only RN working at this time. E2 stated she has two to three hours per week in the office, otherwise E2 works on the floor as the Charge Nurse.

The Resident Census and Conditions of Residents report dated 6/19/17 documents a resident census of 13.

(AW)

300.2010 a)
300.2010 I)
300.330

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S9999	<p>Continued From page 9</p> <p>300.2010 Director of Food Services</p> <p>a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>300.330 Definitions: Dietetic Service Supervisor - a person who is a dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or has successfully completed a Dietary Manager's Association approved dietary managers course; or is certified as a dietary manager by the Dietary Manager's Association; or has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third, or fourth paragraph of this definition.</p> <p>These requirements are not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to have a qualified Dietetic Services Supervisor who has completed the required training and works 40 hours per week in the dietary department. This failure has the potential to effect all 13 residents.</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>The finding includes:</p> <p>E4, Dietary Manager stated on 6-19-17 at 9:20 A.M., that E4 was appointed Dietary Manager following last year's annual survey at the facility. E4 stated that E4 is enrolled in an on-line approved Dietary Manager course at Barton Community College. E4 stated that E4 has complete three of the seven courses.</p> <p>E4's personel file was reviewed. The file included a list of approved Dietary Manager courses by the Annual Dietetic Association. Barton College was on the list. According to E4's file, E4 enrolled in the course on 8-23-16.</p> <p>According to the facility's "Resident Census and Conditions of Residents" dated 6-20-17, 13 residents reside at the facility.</p> <p>(AW)</p> <p>300.615e)</p> <p>300.615e) Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>In addition to the screening required by Section 2-201.5(a), of the Act and this Section a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth,</p>	S9999		
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and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)

This requirement was not met as evidenced by the following.

Based on record review and interview, the facility failed to request a criminal history background check within 24 hours of admission for one resident (R12) in a sample of eight residents and seven supplemental residents (R13, R14, R15, R16, R17, R18, and R21).

The findings include:

Admission records for the last eight newly admitted residents since the last annual survey were reviewed. The criminal history background checks were not requested within 24 hours of admission for the eight residents (R12 through R18 and R21).

R12 was admitted on 3-31-17 and the check was requested on 4-4-17. R13 was admitted on 1-20-17 and the check was requested on 2-2-17. R14 was admitted on 10-29-16 and the check was requested on 2-2-17. R15 was admitted on 9-22-16 and the check was requested on 6-20-17. R16 was admitted on 8-26-16 and the check was requested on 2-2-17. R17 was admitted on 8-21-16 and the check was requested on 6-20-17. R18 was admitted on 8-12-16 and the check was requested on 2-1-17. R21 was admitted on 8-11-16 and the check was requested on 2-2-17.

On 6-19-17 and 4:00 P.M., the E7, Director of Resident Enrichment stated that the Resident Criminal Background Checks and the other

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S9999	<p>Continued From page 12</p> <p>required on-line web checks are not being conducted at the facility but are conducted at a sister facility.</p> <p>(B)</p> <p>300.670k) 1), 2), and 3)</p> <p>300.670k) 1), 2), and 3) Disaster Preparedness</p> <p>Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620d), to the local health authority and local emergency management agency having jurisdiction. Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local management agency having jurisdiction. The facility shall inform the local authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.</p> <p>These requirements were not met as evidence by the following:</p> <p>Based on record review and interview, the facility failed to provide copies of the facility's disaster plan, emergency water plan, and the source of emergency power to the local health authority and local emergency agency. This failure has the potential to affect 13 residents.</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003677	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2017
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN - FLANAGAN	STREET ADDRESS, CITY, STATE, ZIP CODE 205 NORTH ADAMS FLANAGAN, IL 61740
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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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S9999	<p>Continued From page 13</p> <p>Findings include:</p> <p>The facility's disaster plan, water plan, and loss of power plan were reviewed and there is no evidence that the emergency disaster plan, emergency water plan and the emergency power plan had been reviewed by the local authorities. E1, Administrator stated on 6-21-17 at 1:25 P.M., E1 could not find evidence that the facility's disaster plan, emergency water plan and the source of emergency power was given to the local health authority and local emergency agency since 2011.</p> <p>According to the facility's "Resident Census and Conditions of Residents" dated 6-20-17, 13 residents reside at the facility.</p> <p>(B)</p>	S9999		
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