

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007595	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2017
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NAME OF PROVIDER OR SUPPLIER PRAIRIEVIEW LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 4, 403 NORTH FOURTH STREET DANFORTH, IL 60930
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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 Incident Report Investigation to Incident of 5/25/17/IL94908	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210b) 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: 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	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/14/17

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S9999	<p>Continued From page 1</p> <p>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.</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. (A, B) (Section 2-107 of the Act)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to implement a physician-ordered breakaway lap cushion for one of three residents (R2) reviewed for falls in the sample of three. This deficient practice resulted in R2 falling from her wheelchair and sustaining a fractured left femur.</p> <p>The findings include:</p> <p>R2's Incident Report states R2 fell on 4/13/17 at 6:30 PM. Progress Note, dated 4/13/17 at 8:04 PM, states R2 was found sitting on the floor in front of her wheelchair with her left leg bent and looking displaced. R2 was unable to recall how she fell. R2 was assessed by nurse and staff and had pain with movement to her left leg. Z1 (Physician) was notified and gave orders to send R2 to the hospital for evaluation and treatment. R2 left facility at 7PM via ambulance. At 9:27 PM, R2 was admitted to the hospital for fracture to</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>distal end of left femur.</p> <p>On 6/22/17 at 2:00 PM, E2 (Director of Nurses) stated on 4/13/17 about an hour before R2 fell, E4 (Registered Nurse) obtained an order from Z1 for use of a breakaway lap cushion for R2. E2 stated the breakaway lap cushion was never put on because R2 was going to the dining room and it was going to be removed anyway. E2 confirmed that following the meal, R2 left the dining room on her own and fell out of her wheelchair.</p> <p>R2's Physician Telephone Order, dated 4/13/17, states "a breakaway lap cushion to wheelchair for positioning and safety as needed. Remove and reposition every two hours. Remove at meals" was ordered by Z1 and signed by E4.</p> <p>Radiology/Diagnostics Consultation for Z2 (Radiologist) for lower left leg X-ray completed on 4/14/17 states E2 fell out of her wheelchair and complained of pain to her left knee to mid shaft of the left lower leg. X-ray impression: "Minimally displaced comminuted periprosthetic fracture involving the distal left femur." Z2's consultation report dated 4/14/17 states "(R1) presents after a fall and noted injury to her left lower extremity. X-rays demonstrate there is a supracondylar fracture above the well-fixed femoral component of the left knee."</p> <p>(B)</p>	S9999		
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