Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001291 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 NORTH SECOND STREET** MARSHALL REHAB & NURSING MARSHALL, IL 62441 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Required Incident of 8/28/2021/IL138646 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610b) 300.1210b)5) 300.12010d)6) Section 300.610 Resident Care Policies b) All of the information contained in the policies shall be available to the public, staff and residents, and for review by the Department. 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 d) Pursuant to subsection (a), general nursing

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Certified Nurse's Aide (CNA) transport aide documents "We (R1 and V7) hit the bump pretty hard and (R1) came out of the chair and back

R1's progress note dated 8/11/21 at 9:51AM documents "Text to Doctor: (R1) went to Champaign for an appointment and during

down in her chair again."

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6001291 B. WING 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET MARSHALL REHAB & NURSING MARSHALL, IL 62441 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 really hard. I felt a pop in my back. I didn't go anywhere for a couple of weeks after that. I was in so much pain. Back pain is one of the worst pain you can have. I kept telling the CNA's and nurses I was hurt, but they didn't listen to me. I was taking Vicodin as often as I could. It was so bad sometimes I took so much I would sleep all day. I did not have the belt on that goes through the wheel chair arm rests like I should have. Every time I have gone anywhere since that they always use that belt but they never did before I got hurt. The back brace they got for me helps and I am getting therapy now and that helps too. It has gotten some better over time." On 9/29/21 at 11:52 AM V5, Licensed Practical Nurse (LPN) stated (R1) has always complained of pain at times, but I would say it got a lot more frequent and worse after the day they hit the bump in the van. She used her Vicodin pretty much every time she could after that. On 9/29/21 at 12:00PM V6, Certified Nurse's Aide (CNA) stated "(R1) complaint of a lot of pain almost all the time after the time she came out of the chair on the van. (R1) never really complained of pain to me before that." On 9/29/21at 12:30PM V7, Certified Nurse's Aide (CNA) transportation Aide stated "On 8/9/21 I was driving (R1) back to the facility after an appointment in Champaign. They had been working on the road. There was a huge bump where there had not been before. I tried to slow down, but we hit it hard. (R1) bounced up and came down hard. (R1) said her back kind of hurt. The lap belt probably should have been on, but it wasn't. I had never been trained that it should be.

needed."

I alway use the lap belt now that I know it is

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learned." The policy also states "5. Reporting of incident, accidents and abuse to state and federal agencies shall be in compliance in accordance

with agency guidelines.states."