

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005722	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2021
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NAME OF PROVIDER OR SUPPLIER LOFT REHABILITATION & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET EUREKA, IL 61530
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S 000	Initial Comments Annual Licensure and Certification Complaint Investigation #2120898/IL#130868	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to	S9999	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>meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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. Restorative measures shall include, at a minimum, the following procedures:</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 and assistance to prevent accidents.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on observation, interview and record</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>review, the facility failed to evaluate each resident fall to determine the root cause analysis and implement interventions to reduce the risk of future falls for one of three residents (R4) reviewed for falls in the sample of 33. This failure resulted in R4 falling on 1/17/21 and landing on her face, which resulted in the following facial fractures: mildly displaced anterior and posterior maxillary sinus wall fractures, mildly displaced left lateral orbital wall and orbital floor fractures, and a zygomatic arch fracture.</p> <p>Findings include:</p> <p>The Facility's Incident's Accidents and Supervision policy dated 1/1/20, states "The resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistive devices to prevent accidents. This includes: 1. Identifying hazard(s) and risk(s); 2. Evaluating and analyzing hazard(s); 3. Implementing interventions to reduce hazard(s) and risk(s); 4. Monitoring for effectiveness and modifying interventions when necessary. 2. Evaluation and Analysis- the process of examining data to identify specific hazards and risks and to develop targeted interventions to reduce the potential for accidents. Interdisciplinary involvement is a critical component of this process. a. Data collection includes documents that are for review of the Quality Assurance and Performance Improvement (QAPI) Committee only; Risk Management Report, Post Fall Huddle Summary, etc. b. Analysis may include, for example, considering the severity of hazards, the immediacy of risk, and trends such as day, location, etc. C. Both the facility-centered and resident-directed approaches include evaluation hazard and accident risk data, which includes</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>prior accidents/incidents, analyzing potential causes for each hazard and accident risk, and identifying or developing interventions based on the severity of the hazards and immediacy of risk; d. Evaluations also look at trends such as time of day, location, etc. Implementation of Interventions- Using specific interventions to try to reduce a resident's risk from hazards in the environment. The process includes: a. communicating the interventions to all relevant staff; b. Assigning responsibility; c. Providing training as needed; d. Document interventions (such as plans of action developed by the QAPI Team or care plans for the individual resident); e. Interventions are based on the results of the evaluation and analysis of information about hazards and risks and are consistent with relevant standards, including evidence based practice."</p> <p>R4's Fall Scale dated 2/12/20, documents R4 is at high risk for falls.</p> <p>R4's Minimum Data Set assessment dated 11/12/20, documents R4 has severely impaired cognitive skills, requires assistance with transfers and ambulation, and had two falls since the previous assessment.</p> <p>R4's Fall Report dated 11/5/20 at 2:11 p.m., documents R4 fell while ambulating outside and tripped over her feet. R4's medical record did not document the root cause analysis or implementation of new interventions to reduce the risk of future falls.</p> <p>R4's Fall Report dated 12/7/20 at 11:43 a.m., document R4 fell forward to the ground while standing by a chair. R4's medical record did not document the root cause analysis or</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>implementation of new interventions to reduce the risk of future falls.</p> <p>R4's Fall Report dated 1/17/21 at 9:40 a.m., documents R4 was found on the floor face down. R4 was sent to the hospital where X-rays dated 1/17/21, revealed R4 had the following facial fractures: mildly displaced anterior and posterior maxillary sinus wall fractures, mildly displaced left lateral orbital wall and orbital floor fractures, and a zygomatic arch fracture.</p> <p>R4's Medical Record did not document any further investigation into R4's falls on 11/5/20 and 12/7/20.</p> <p>On 2/18/21 at 10:21 a.m., V2 (Acting Director of Nursing) stated "I don't have any evidence that we discussed (R4's) falls on 11/5/20 and 12/7/20. I don't know if we missed them or what. I usually have my own documentation also but I don't have a follow up on either of those falls. I know we should evaluate and analysis each fall and try to determine the cause to help prevent it from happening again. I'm not sure what happened with (R4's) falls. I do understand (R4) had a fall with serious injury on 1/17/21. The two prior falls should have been addressed."</p> <p>(A)</p>	S9999		
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