

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2021
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NAME OF PROVIDER OR SUPPLIER MARSHALL REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET MARSHALL, IL 62441
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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
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>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>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop, implement, and provide timely interventions resulting in repeat falls for a resident. This failure affects one resident (R13) of five residents reviewed for falls in the sample list of 29. R13 fell, requiring medical intervention resulting in a scalp laceration with 8 sutures.</p> <p>Findings include:</p> <p>R13's undated Face Sheet documents R13's diagnoses as: Difficulty in Walking, History of Falling, Repeated Falls, Age Related Physical Debility, Shortness of Breath. R13's Minimum Data Set (MDS) dated 2/27/21, documents R13 requires extensive assistance with transferring</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and toileting, can only stabilize self with staff assistance when moving, walking, turning around, moving on and off toilet, and surface to surface transfers. This same MDS documents R13 uses a wheelchair and walker for mobility.</p> <p>The facility's Rehabilitation and Nursing Incident by Incident Type Report, documents R13 having 15 falls on the following dates: 10/4/20, 11/9/20, 11/23/20, 11/25/20, 11/29/20, 12/2/20, 1/1/21, 1/4/21, 1/18/21, 1/30/21, 2/19/21, 2/23/21, 4/13/21, 4/20/21, and 5/2/21. R13's falls documented on 11/23/20 - educate resident R13 to ask for assistance with tasks; 12/2/20 - remind resident (R13) not to get up; 1/1/21 - remind resident (R13) to call for help; and 1/4/21 - move resident's (R13) rooms closer to nurse's station, all which proved to be ineffective for R13's falls. R13's fall dated 5/2/21, documents resident (R13) took off alarm and clipped it to the wheelchair. The intervention documented is to try a floor mat alarm which the DON stated on 5/13/21 at 3:30 PM, the new alarm had to be ordered because the facility doesn't have one. The facility's Purchase Order dated 5/7/21, document a 90-day Floor Mat Sensor Pad 24 inches by 48 inches was ordered. This same Purchase Order documents a delivery date of 5/17/21, which shows the floor mat sensor pad intervention was ordered 5 days after the fall and to be delivered 15 days after R13's fall on 5/2/21.</p> <p>The facility's Incident Audit Report dated 2/23/21, documents R13's alarm was sounding, R13 had a fall noting R13 seated, on buttocks, on the floor near the bathroom, bleeding profusely from R13's head, a half-dollar sized laceration noted front of scalp, bleeding from left side of head, and dark bruising noted on left hand along fingers. This same report documents the following factors for</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R13's fall - fall alarm, confused, gait imbalance, impaired memory, incontinence, weakness, and ambulating without assistance. The discharge instructions from the Emergency Room visit on 2/23/21, document R13's diagnoses from this visit as: fall, scalp laceration, fracture of cervical vertebra. There was no documentation specific to after care treatment of fracture. R13's Nursing Notes dated 2/23/21, document resident (R13) arrived back by ambulance with 8 stitches to left forehead and hematoma to left forehead.</p> <p>R13's fall on 1/30/21, documents an intervention to assist R13 to the bathroom every two hours and as needed. On 5/14/21, at 12:04 PM, V4, Assistant Director of Nursing (ADON) stated there is no documentation of when R13 was toileted prior to the fall on 2/23/21. On 5/13/21, at 1:20 PM V4 ADON confirmed R13 has had multiple falls and the interventions prior to 2/23/21 were not adequate and did not prevent R13 from falling and sustaining injuries.</p> <p>The facility's Policy and Procedure Fall/Accident/Incident Protocol dated 11/1/2015, documents the policy of this facility is to provide guidelines for the appropriate handling of a resident fall, accident, or incident.</p> <p>(B)</p>	S9999		