

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1L6003024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2021
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NAME OF PROVIDER OR SUPPLIER FAIRHAVEN CHRISTIAN RET CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3470 NORTH ALPINE ROAD ROCKFORD, IL 61114
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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 Survey.	S 000		
S9999	<p>LICENSURE FINDINGS</p> <p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610c)4)C) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>c)The written policies shall include, at a minimum the following provisions: 4) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: C)Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment;</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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</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

(X8) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FAIRHAVEN CHRISTIAN RET CENTER

**3470 NORTH ALPINE ROAD
ROCKFORD, IL 61114**

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S9999	<p>Continued From page 1</p> <p>that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a safe transfer with a mechanical lift for a resident dependent upon staff and a mechanical lift for transfers for 1 of 2 residents (R62) reviewed for safety. This failure resulted in R62 being transferred to the acute care hospital for evaluation of lacerations and hematomas sustained from the incident.</p> <p>The findings include:</p> <p>R62's face sheet showed he was admitted to the facility on 12/22/2017 with diagnoses to include but not limited to Alzheimer's disease, basal cell carcinoma, urinary tract infection, spinal stenosis, anxiety disorder, spondylosis, and right artificial hip joint.</p> <p>R62's facility assessment dated 5/24/21 showed he is dependent upon staff for all cares.</p> <p>R62's nursing progress note dated 8/31/20 showed, "Resident was being hoisted from bed to chair with 2 CNAs (Certified Nursing Assistant) when the strap on the sling broke causing him to fall on the floor. He received a laceration to left side of head with hematoma, a busted lip on left side, and a skin tear to left arm with a hematoma. POA (Power of Attorney) and hospice was notified and DR (doctor) was sent a fax. Sent out to hospital and came back with dressings on head and arm, CT and xray came back OK. Hospice says to change dressings weekly and PRN."</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R62's Emergency Department provider note dated 8/31/20 showed, "... Patient was being lifted out of his bed with a hooyer lift. The lift broke and the patient was dropped onto his face and left elbow. ... Injury location: mouth and shoulder/arm, Mouth injury location: Upper inner lip, Shoulder/arm injury location: left elbow... Impact surface: hard floor..."</p> <p>R25's 8/31/20 Resident Accident/Incident Report showed, "...resident was being hoyered from bed to wheelchair when strap on sling broke causing him to fall face down to the left side... Resident was laying face down toward the left side with a laceration to the left side of head above ear, skin tear to left forearm above elbow with hematoma on arm and head, also busted lip on left side..."</p> <p>On 6/17/21 at 9:50 AM, V3 DON (Director of Nursing) said, R62 had a fall on 8/31/20 from the hooyer lift when one of the hooyer straps snapped. V3 said he nurse on the floor starts the fall investigation and then the restorative nurse gets involved. V3 said when the incident with R62 occurred the Restorative Nurse was V5 LPN (Licensed Practical Nurse). V3 said she was not involved in this incident but would check with V5 for the incident report. V3 said the staff did bring her the hooyer sling that had broken and it was disposed of. V3 said the night shift goes through and checks all of the straps on the slings for any fraying and brings them to her to dispose of. V3 said laundry does the same thing. V3 said this has been the process in place since before R62's incident with the hooyer sling. V3 said for the most part each resident has their own sling which goes by height and weight of the resident per the recommendation of the company. V3 said the facility has a certain number of medium and large size slings, have toilet slings and shower slings.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>V3 said the slings are just labeled with the facility name and a date that it was put into use.</p> <p>On 6/17/21 at 10:21 AM, V5 LPN said she took the incident report to V2 DON. V5 said the incident report was pretty much the whole investigation because it was pretty clear cut as to what happened. V5 said she thinks there was an inspection of all the other slings but she was not really involved in this incident because they were really busy back in that time. V5 said V2 was the one that handled the fall so she can't say if they went through all the slings. V5 said if they did an inspection of all the slings she does not know who was assigned to do all that or if it was documented. V5 said it is the night shift's responsibility to check and make sure the slings are workable. V5 said the slings are labeled with "2nd and 3rd floor". V5 said she she thinks this was a process that was an intervention in response to the incident with R62.</p> <p>On 6/17/21 at 10:35 AM, V6 Laundry Supervisor said the hoyer slings are only labeled with 2nd and 3rd floor. They are not labeled for each resident and are not labeled 1-5 or anything like that. V6 said she is unsure if hoyer slings come in different sizes but does think they probably do.</p> <p>On 6/17/21 at 2:30 PM, V3 DON brought the quality assurance tool dated August 2020 and titled "Check Stand-Lift/Hoyer/Shower Slings Monthly on the 15th for freys" which did not show what floor the slings checked were for and only showed 4 hoyer slings were looked at. The hoyer sling check tool showed, "Hoyer Sling #1 through #4". The hoyer slings were not numbered. V3 said there are more than hoyer slings than 4 on each unit.</p>	S9999		

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S9999	Continued From page 4 The facility's policy titled "Safe Handling and Limited Lift/Movement" dated 9/5/07 showed, "Purpose: To ensure resident handling and limited lifting is in a manner that recognizes safety for resident and staff..." The facility's policy titled "Fall Protocol" showed, "Purpose: To coordinate appropriate facility response to a resident fall..." (B)	S9999		