

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO	STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265
---	---

(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 Facility Reported Incident of 9/16/22/IL151544	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210 b) 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 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.	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO	STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</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 met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to maintain a resident's bed in a low position and failed to supervise a dependent resident while toileting for two of three residents (R1, R2) reviewed for falls in the sample of three. This failure resulted in R1 falling from a higher level of plane, sustaining a subdural hematoma, a laceration to the right forehead and requiring emergency medical treatment.</p> <p>Findings include:</p> <p>1. The facility's Falls Practice Guide dated 12/2011 documents, "Fall interventions are clear, specific, and individualized for a patient's needs. Regardless of the interventions that are put in place, a key factor to success is the timely review of the interventions as the patient's conditions and needs change. Environmental risk factors which may be associated with falls may need to be reviewed and considered as ongoing fall prevention strategies. These factors may include the bed height. Some risk factor management interventions that can be reviewed and considered as ongoing potential fall prevention</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO	STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265
--	---

(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
S9999	<p>Continued From page 2</p> <p>strategies include but are not limited to management of co-morbidities and disease symptoms, to the extent possible (example: low blood pressure when standing, stroke, dementia)."</p> <p>R1's Admission Record Report documents R1 was admitted to the facility on 9/11/22.</p> <p>R1's Fall document, dated 9/11/22, documents R1 has the following fall risk factors: "Difficulty maintaining standing position, impaired balance during transitions, take antidepressant and cardiovascular medications, decline in functional status, incontinence, chronic or acute condition resulting in instability, muscle weakness, fatigue, and dehydration".</p> <p>R1's current care plan, dated 9/12/22, documents R1 is "At risk for falls due to impaired balance/ poor coordination, unsteady gait, weakness, neuropathy, Atrial fibrillation, arthritis."</p> <p>R1's Five Day follow up investigation, dated 9/21/22, documents on 9/16/22 at 11:00 PM, R1 was given incontinence care by V3 (Certified Nursing Assistant, CNA). When V3 left the room to get the nurse (V4, Registered Nurse), staff heard R1 fall from bed. R1 was found on the floor of her room bleeding from a laceration on the forehead.</p> <p>R1's Emergency Room records, dated 9/17/22 at 3:01 AM, document R1 had a small, acute parietal subdural hemorrhage (blood pooling between the skull and the brain), and mild right frontal scalp swelling and laceration. This same record documents R1's laceration was sutured upon admission to the emergency room.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO	STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265
--	---

(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
S9999	<p>Continued From page 3</p> <p>On 9/27/22 at 11:35 AM, R1 was in her room, in bed with her eyes closed. R1's forehead contained a thin dark purple laceration with sutures. R1 did not wake up with conversation or noise. At this time V5 (R1's family member) was sitting at R1's bedside and stated "(R1) has completely given up. She's done. (R1) no longer interacts or wakes up very often. She is on Hospice (Comfort care) since her fall from bed. I don't think (R1) would recall what happened if able to be asked. She doesn't talk about it or say anything at all. Somehow, she rolled out of bed, I don't know how that could've happened. But since being back to the facility, she sleeps all the time. (R1) was alert and talkative before. (R1's) body has given up, but her brain was still there."</p> <p>On 9/27/22 at 1:15 PM, V4 (Registered Nurse) confirmed being the nurse to send R1 to the hospital on 9/16/22. V4 stated "It was the end of the shift. The CNA (V3) came up and said, "I'm changing (R1) and she's ready for her treatment (to her buttocks)." I heard a thump and went in there and (R1) was on the floor, alert and said, "She told me to turn this way." She had a gash on her head and blood pooled on the floor. The CNA (V3) had came to get me, so no one was in the room when (R1) fell, we entered the room at the same time. (R1's) bed was up in the air, raised high when we came back in. The bed was over my waist height, and I am almost five feet and five inches, it was not in a low position at a safe level."</p> <p>On 9/27/22 at 6:30 PM, V3 (CNA) confirmed being the last one to care for R1 before she fell from bed on 9/16/22. V3 stated "It was the end of my shift, and I went in to clean (R1) up. She had a bandage on her bottom that needed to be reapplied after cares. I went to get the nurse</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO	STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>(V4), before I left, I told (R1) to lay back. I was only out of the room for a minute and when we were walking back towards her room, we heard a thump, and I knew then that (R1) fell out of the bed. (R1) was about 3 doors down from the nurse's station where I had to get the nurse. (R1's) bed had been raised for cares and was about waist height when I left the room. When I had cleaned (R1) up she was rolling on her own with minimal assistance so it is possible she could roll on her own. (R1) was kind of groggy when I left her also, like she wasn't all the way awake."</p> <p>On 9/27/22 at 1:35 PM, V2 (Director of Nursing) stated "I think it was okay that (V3) left the bed up when she left the room. It wasn't going to matter if (R1) fell whether the bed was up or down. She'd never had anything like this happen before to cause (V3) to be worried. It was really quick; I mean I wouldn't want the bed left up in the air for a long period of time but yes in this situation it was not a problem in my eyes." V2 then confirmed that (R1) has only been residing at the facility for a couple of weeks when this incident occurred and that the bed being higher in the air, while not causing the fall, could've made (R1's) injury worse.</p> <p>2. On 9/27/22 at 11:50 AM R2 was in his room, sleeping in bed. R2 did not wake with conversation or noise. At this time, V6 (Certified Nursing Assistant for home care agency) was in R2's room. V6 stated she comes in often to help care for R2 and get him cleaned, help him to use the restroom, take him to meals and ensure he eats, etcetera. V6 stated R2 requires assistance with most activities of daily living. V6 stated "(R2) did recently have a fall. No one from the home care company was here at that time. Not sure of</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022	
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO		STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265		
(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
S9999	<p>Continued From page 5 the details."</p> <p>R2's current care plan, dated 11/17/21, documents R2 is "At risk for falls due to history of falls, weakness, Atrial fibrillation."</p> <p>R2's Fall document, dated 6/12/22, documents R2 has the following risk factors for falling: Difficulty maintaining a sitting balance, difficulty maintaining a standing position, impaired balance during transitions, gait problem, musculoskeletal problem, cardiovascular medications, narcotic analgesics, cardiac dysrhythmias, visual impairment, decline in functional status, incontinence, cognitive impairment, muscle weakness, low levels of physical activity and pain.</p> <p>R2's Minimum Data Set (MDS) assessment, dated 8/1/22, documents R2 has a BIMS (Brief Interview for Mental Status) score of six which indicates R2 has severe cognitive impairment. This same MDS documents R2 requires extensive physical assistance of one person for toileting and that R2 is not steady and only able to stabilize with staff assistance for: moving on and off the toilet, moving from seated to standing position, walking and surface to surface transfers.</p> <p>R2 Nursing Progress Notes dated 9/9/22 at 10:58 AM and signed by V7 (Licensed Practical Nurse) documents "This nurse helped (R2) to the restroom, asked him to use his call light when he is done. Three minutes later, we heard a noise, run to his room, and found (R2) on the floor by the entrance of the main door, naked, pants halfway down on his right side. (R2) has couple skin tears to the right shin."</p> <p>On 9/28/22 at 1:20 PM, V7 (Licensed Practical Nurse) confirmed being the nurse who took R2 to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006233	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING MO	STREET ADDRESS, CITY, STATE, ZIP CODE 833 SIXTEENTH AVENUE MOLINE, IL 61265
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>the bathroom on 9/9/22. V7 stated "I was the nurse working. I went in and assisted (R2) to the bathroom and I told him to hit the call light when he finished. I went back out to the medication cart at the nurse's station to count medications and less than five minutes passed. I can't remember if we heard (R2) fall or heard him yell but myself and other staff went down there quickly. (R2) was in the doorway to his room with his pants around his ankles. Sometimes (R2) gets confused. He is supposed to be assisted to the bathroom and not do it on his own. Often when a resident is a toilet assist, we just stay in the room until they're done, it just depends on their cognition. Sometimes (R2) gets himself up and back to bed and does fine, but he's not supposed to. I do think he's getting weaker lately."</p> <p>(A)</p>	S9999		
-------	---	-------	--	--