

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PA PETERSON AT THE CITADEL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1311 PARKVIEW AVENUE ROCKFORD, IL 61107</b>
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S 000	Initial Comments	S 000		
	Complaint Investigation 2212358/ IL 145048			
S9999	Final Observations	S9999		
	<p>Statement of Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</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</p>			
			<b>Attachment A Statement of Licensure Violations</b>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 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 provide safety and supervision for a resident recently admitted to the facility with a history of syncopal episodes. This failure resulted in R1 being on the toilet unsupervised, falling off the toilet and sustaining a neck fracture that required surgical repair. This applies to 1 of 3 residents (R1) reviewed for safety and supervision in the sample of three.</p> <p>Findings include:</p> <p>The hospital Physical Therapy Initial Evaluation dated 2/12/22 for R1 showed, "High fall risk per nursing assessment. Medical diagnosis: syncope. Social history: Home situation - lives with spouse. Did you have any falls in the last year? yes. How</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>many times have you fallen in the past 6 months? 2 or more. Describe the fall or injury: fall in the bathtub; lower extremities weak. Clinical impression: R1...admitted 2/11/22 for dizziness and fall secondary to possible syncope. R1 is not currently at baseline functional mobility and presents with a therapy diagnosis of bilateral lower extremity weakness, mobility deficits, gait deficits, balance deficits, decreased safety awareness, decreased activity tolerance and impaired sensation. R1 will benefit from skilled physical therapy to address above impairments to assist with maximizing functional mobility and safety. Recommended disposition: subacute rehabilitation/skilled nursing facility with ongoing physical therapy."</p> <p>R1's Care Plan dated 2/16/22 showed, "R1 is a new admission to the facility and presently requires skilled nursing care services. Assess lifestyle patterns and look at ways to help accommodate my needs. R1 has an ADL (activity of daily living) self-care performance deficit related to impaired mobility and comorbidities including: chronic pain, chronic diabetic foot ulcer to the left foot with osteomyelitis.... Staff will provide the following assistance: transfer - extensive assist; toilet use - extensive assist. R1 is at risk for falls related to impaired mobility, medication that may increase risk for falls and comorbidities.... Patient will have a safe environment provided.... Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter/remove any potential causes if possible. 2/23/22 - Staff are to supervise while patient is using the bathroom as will allow."</p> <p>The Nurse Practitioner's Progress Note dated 2/17/22 for R1 showed he was admitted to the</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>facility on 2/15/22 for physical therapy following surgery to his right and left great toe and left second toe. R1 has a history of low back pain, diabetes mellitus, essential tremor, syncope and collapse, weakness, hypertension, peripheral vascular disease, depression, and bipolar disorder.</p> <p>The Health Status Note dated 2/19/21 for R1 showed, "Occupational therapy reported to this RN (Registered Nurse) that the patient (R1) was in the bathroom and had seizure like activity."</p> <p>The Daily Skilled Note dated 2/21/22 for R1 showed he received physical therapy/occupational therapy; required supervision; staff assistance was needed at partial/moderate assistance for walking, transfers, bed mobility, dressing, and toileting.</p> <p>The Health Status Note dated 2/23/22 at 5:53 AM for R1 showed, "The CNA (Certified Nursing Assistant) went to check on the patient (R1) in the bathroom, but the patient had fallen off the toilet in a forward motion. R1 stated, "I just passed out while I was on the toilet." Small amount of bleeding noted to forehead/nose area, pressure applied, and bleeding stopped almost immediately."</p> <p>The Nursing: Pain Assessment dated 2/23/22 at 5:30 AM for R1 showed he had forehead/neck soreness that was rated as 6/10 on the pain scale and was described as "moderate pain post fall to forehead and neck."</p> <p>The Health Status Note dated 2/23/22 at 6:46 AM for R1 showed, "Resident sitting in wheelchair in room. Resident states he is having neck pain at 8/10 and states it hurts too bad to hold his own</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>head up. Resident assisted to bed with the head of bed elevated 45 degrees; neck and head supported with pillows. Resident grimacing and jumping due to pain throughout movement."</p> <p>The Health Status Note dated 2/23/22 for R1 showed, "7:15 AM - Resident states his pain remains at 8/10. Resident requesting a cervical collar to support his head and neck. During the conversation the resident began losing consciousness while talking; able to arouse but becoming increasingly lethargic. Nurse practitioner notified of a change in the resident's condition and an order was received to send the resident to the emergency department; 2:45 PM - called the hospital for an update on the resident. The emergency department nurse informed this writer that the resident is being transferred to another hospital related to a neck fracture but was unable to give specifics due to the resident being discharged already; 3:20 PM - This writer contacted the hospital per the other hospital's advisement. Informed that the resident is being admitted to neurotrauma ICU (Intensive Care Unit) room 6 related to a C2 (neck) fracture and will be consulted by neurosurgery shortly."</p> <p>On 3/24/22 at 11:07 AM, V6 CNA (Certified Nursing Assistant) stated, "I wasn't present when R1 actually fell. I work 6:00 AM to 2:00 PM. R1 fell right before my shift started and he did complain of neck pain. R1 did ask for a neck brace. V5 RN (Registered Nurse) and I couldn't find any neck brace. It happened so early in the morning. He said he was okay, but his neck was bothering him."</p> <p>On 3/24/22 at 11:17 AM, V7 LPN (Licensed Practical Nurse) stated, "If a resident falls, we are to assess them and make sure they are okay. If</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>someone falls and has neck pain, then I don't move them. I get the physician involved to see what they want to do and call 911. I can't just get the resident up and move them. Moving the resident can make it worse."</p> <p>On 3/24/22 at 12:33 PM, V8 NP (Nurse Practitioner) stated she was told R1 was on the toilet, leaned forward and fell. V8 stated V9 LPN called her and said R1 fell, then was up walking around, had some pain but stated he was fine. V8 stated she was told R1 did not have a lot of pain initially or she would have sent him out. V8 stated V5 RN called her and stated R1 was asking for a cervical collar because of pain. V8 stated that she told V5 if R1 was having that much pain then to send him out.</p> <p>On 3/24/22 at 1:03 PM, V3 DON (Director of Nursing) stated, "If the resident has a neck injury, then call 911 and send them out. V9 LPN didn't say R1 was having pain. V9 said R1 fell off the toilet, hit his head and he got him up to a chair. V9 said the more R1 sat in the chair the more he complained of pain. I told them to lay R1 in bed and to secure R1's neck. They should have used a cervical collar; they are on the emergency cart."</p> <p>On 3/24/21 at 2:31 PM, V10 (R1's wife) stated, "A male nurse called me around 5:00 AM and told me R1 had fallen in the bathroom and complained of neck pain. I got a call later stating R1 still had neck pain, so they were sending him out. R1 hit his head so hard on the floor that there was a tile imprint to his forehead. R1 had a C2 (neck) fracture, they did surgery and C1 and C2 were fused. R1 has never come out of it fully after surgery. R1 could have been paralyzed. R1 had neck surgery the next morning after the fall. He still has a hard padded cervical collar on. They</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>(facility) said five days before R1 had a syncopal episode. They called me so they knew it was a problem. A couple of times when I was there the CNA would wheel R1 into the bathroom and leave him. I told them not to do that because he isn't safe for him to be by himself. R1 has had syncopal episodes before."</p> <p>On 3/24/22 at 3:22 PM, V9 LPN (Licensed Practical Nurse) stated, "R1 fell off the toilet in the bathroom. The night CNA helped R1 get up. R1 was standing at the sink. R1 went back to his wheelchair. R1 had neck pain that was more of a soreness. It wasn't while R1 was on the floor, it was after the fact that he had neck pain. R1 complained of neck pain when he was in the wheelchair. It (fall) happened at 5:30 AM and 5:48 AM is when I signed the pain assessment."</p> <p>The facility's Falls and Fall Risk, managing policy (3/2018) showed, "Based on previous evaluation and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Resident conditions that may contribute to the risk of falls include delirium and other cognitive impairment, pain, lower extremity weakness, poor grip strength, medication side effects, orthostatic hypotension, functional impairments. Medical factors that contribute to the risk of falls include neurological disorders, balance and gait disorders, etc. Resident centered approaches to managing falls and fall risk: The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce specific risk factor(s) of falls for each resident at risk or with a history of falls."</p> <p>(A)</p>	S9999		

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