

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011688	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2022
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NAME OF PROVIDER OR SUPPLIER MASON CITY AREA NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 520 NORTH PRICE AVENUE MASON CITY, IL 62864
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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 Facility Reported Incident Investigation to Incident of April 3, 2022/IL145678	S 000		
S9999	Final Observations Facility Reported Incident Investigation to Incident of April 3, 2022/IL145678 Statement of Licensure Violations: 300.610a) 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 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	S9999	Attachment A Statement of Licensure Violations	

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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>Section 300.1210 General Requirements for Nursing and Personal Care 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: 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 regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to use a gait belt during a resident transfer for one of four residents (R1) reviewed for accidents in the sample of four. This failure resulted in R1 falling, fracturing her left hip, experiencing severe pain, undergoing surgical repair of the left hip fracture, and a 3-night hospital stay.</p> <p>Findings include:</p> <p>The Facility's Safe Resident Handling Policy dated 3/18/18, documents, "Gait belt usage is mandatory for all resident handling with the exception of mechanical lift use, bed mobility, and medical contraindications."</p> <p>R1's Minimum Data Set assessment dated 1/18/22, documents R1 has moderately impaired cognition, requires assistance of one staff for transfers, is unable to ambulate, and is not steady</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>going from sitting to standing without staff assistance.</p> <p>R1's Fall Investigation dated 4/3/22, documents the following: On 4/3/22 at 7:30 a.m., R1 was being transferred from her(R1) bed to the wheelchair, by V5 (Certified Nurse Aide). During this transfer, R1 crossed R1's legs and stumbled forward and V5 was unable to hold onto R1 causing both R1 and V5 to fall to the floor. R1 complained of left leg pain, the Physician was notified and an order for R1 to be sent to the hospital for evaluation and treatment was obtained. R1's hospital diagnosis indicated R1 had a left intertrochanteric femur fracture (hip fracture). On 4/3/22, R1 had a closed reduction with intramedullary fixation of the left intertrochanteric femur fracture (surgical repair of left hip fracture).</p> <p>R1's X-Ray report dated 4/3/22 at 10:33 a.m., states, "(R1) complains of severe left hip pain and limited range of motion after a ground level fall today. Findings: Acute impacted mildly angulated left intertrochanteric femur fracture (hip fracture)."</p> <p>R1's Operative Report dated 4/3/22, documents R1 was having a closed reduction with intramedullary fixation of a left intertrochanteric femur fracture after a ground level fall and diagnosed with a left hip fracture.</p> <p>R1's computerized Census Report documents R1 was admitted to the hospital on 4/3/22 and re-admitted to the facility on 4/6/22.</p> <p>On 4/10/22 at 3:20 p.m., V5 (Certified Nurse Aide) stated that on 4/3/22 V5 was transferring R1 from her (R1) bed to the wheelchair. V5 stated mid transfer R1's legs crossed wrong instead of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>pivoting causing R1 to lose R1 balance. V5 stated, "I went to save both of us but we both went down. I did not use a gait belt on R1 that day because I could not find (R1's) and someone stole mine. I was grabbing the back of R1 pants for support and when I stepped back to try to save us, we both went down to the floor. (R1) was immediately in severe pain. (R1) was grasping R1 left leg and saying 'ouch' really loud."</p> <p>On 4/9/22 at 8:50 a.m., V4 (Licensed Practical Nurse) stated that V4 was R1's nurse on 4/3/22 when R1 fell during a transfer with V5. V4 stated V5 yelled for V4's assistance due to R1 falling and V4 found R1 on the floor in her room, lying on R1 left side, holding R1 left thigh, and screaming in pain. V4 stated R1's Physician was notified, and orders were received to transfer R1 to the hospital.</p> <p>On 4/9/21 at 9:25 a.m., V2 (Director of Nursing) stated R1 did have a fall with fracture on 4/3/22 during a one assist transfer performed by V5. V2 stated R1's fall with injury was investigated and found that V5 was transferring R1 from the bed to R1 wheelchair without using a gait belt. V2 stated R1 crossed her legs rather than pivoting, lost R1 balance and V5 was unable to hang on to R1 to help keep R1 balance or from falling. V2 stated all one or two assist transfers require the use of a gait belt. V2 stated R1's fall on 4/3/22 resulted in a left hip fracture, severe pain, surgical repair, and hospitalization.</p> <p>(A)</p>	S9999		