

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/20/2022
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NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 NORTH WENTHE EFFINGHAM, IL 62401
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S 000	Initial Comments Complaint Investigation: 2253435/IL146465	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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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>manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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 care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents'</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>respective resident care plan.</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 Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to transfer a resident as assessed to prevent falls for 1 of 3 residents (R2) reviewed for accidents in the sample of 3.</p> <p>Findings Include:</p> <p>The undated facility document titled, "Face Sheet" documents R2's Admittance date of 08/13/21 with diagnoses as: Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting left non-dominant side, Cerebral Infarction, Neuralgia and Neuritis, unspecified Osteoarthritis, Paralytic Gait, Glaucoma, Muscle Weakness (generalized), Muscle Spasm, Difficulty in walking, and Pain.</p> <p>R2's Minimum Data Set (MDS) Section G, "Functional Status" dated 02/18/22 documents: "Transfer" and "Toilet Use" as 3 (Extensive assistance - resident involved in activity, staff provide weight-bearing support) for ADL (Activities of Daily Living) Self-Performance and 3 (Two + persons physical assist) for ADL Support</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Provided.</p> <p>R2's Care Plan with the Problem Category titled, "Falls" dated 01/30/2022 documents: fall 4/4 - Hoyer lift for transfers, with an Approach Start Date of 04/05/2022 and Approach End date of 07/05/2022.</p> <p>R2's Progress notes on 04/03/22 at 11:37 PM, document: V9 (Certified Nurse Aide /CNA) yelled out to V5 (Licensed Practical Nurse) to come to room for help. V9 (CNA) attempted to transfer resident via ext (extensive) x 1 assist with gait belt and wheeled walker to commode and get changed for bed. When nurse ran into room, resident was sitting on V9 (CNA)'s bent knee. This nurse helped stabilize resident into standing position and sat resident back into wheelchair. This nurse told resident and CNA that we are going to use the sit to stand lift to further assist resident onto commode and into bed for safety. Resident stated that lift hurts her shoulders but ok, she understands. Will continue to monitor.</p> <p>R2's Progress notes on 04/04/2022 at 7:55 AM, document V6 (CNA) notified V3 (Assistant Director of Nursing) of resident being lowered to the floor during transfer to commode. Her knees gave out and staff lowered her to the floor. She was mechanical lifted back to bed with 2 staff members. She is complaining of pain to right lower abdomen, no bruising noted. Will continue to monitor.</p> <p>On 05/18/22 at 12:30 PM, V3 (Assistant Director of Nursing) stated, R2 is a two person assist and has been classified as a two person assist since she was admitted.</p> <p>On 05/20 22 at 2:15 PM, V10 (Licensed Practical</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>Nurse) stated, R2 should always have two people assisting her, she is defiantly a two person assist, one CNA should not be assisting her alone.</p> <p>The undated Facility document titled, Falls Management" documents: Definition: the definition of a fall refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force ...Procedure1. A Fall Risk Assessment will be completed on all residents upon admission, re-admission, after each fall and quarterly thereafter.</p> <p>(C)</p>	S9999		