

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/29/2022
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-HOOPESTON	STREET ADDRESS, CITY, STATE, ZIP CODE 423 NORTH DIXIE HIGHWAY HOOPESTON, IL 60942
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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	S 000		
	Complaint Investigation: 2264882/IL148251			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations</p> <p>300.1210b 300.1210c) 300.1210d)6</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 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>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>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to provide continuous supervision for a resident while taking a shower. This failure affects one of three residents (R1) reviewed for falls in the sample of three. This failure resulted in R1 falling in the shower sustaining fractures of the left upper and lower extremities.</p> <p>Findings include:</p> <p>R1's Facesheet dated 6/29/22 documents R1 is diagnosed with Alzheimer's Disease, Dementia with Behaviors, and Atrial Fibrillation. R1's care plan documents focus area of R1 receiving anticoagulant therapy initiated 2/25/20 revision on 2/1/22 with interventions to take precautions and avoid falls.</p> <p>R1's Fall Risk dated 4/5/22 documents R1 is at High Risk for falls in part due to R1's history of falls and altered mental status with which she overestimates abilities and forgets limits.</p> <p>R1's Minimum Data Set dated 4/5/22 documents for showering, R1 requires physical help in part of bathing activities (showering) of at least one staff person.</p> <p>The Incident Report dated 6/21/22 documents on 6/16/22 R1 was in the shower when she fell and was found by a staff member. R1 was sent to the Emergency Room and was diagnosed with three fractures resulting from the fall.</p> <p>R1's Diagnostic X-ray Report of the Left Ankle dated 6/17/22 documents R1 sustained a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>comminuted non-displaced fracture medial malleolus.</p> <p>R1's Diagnostic X-ray Report of the Left Elbow dated 6/17/22 documents R1 sustained an avulsed fracture of the olecranon and a non-displaced radial head fracture.</p> <p>On 6/28/22 at 2:28 PM V5 Certified Nurses Assistant stated on 6/16/22 she helped R1 start her shower and then left the room for a few minutes. When she returned to R1's room, R1 was naked on the floor in front of the shower. V5 CNA stated she knew R1 was a fall risk and has Dementia and is forgetful. V5 CNA confirmed she should have stayed with R1 during the entire shower and supervised her instead of leaving the room.</p> <p>On 6/28/22 at 3:02 PM V3 Assistant Director of Nurses stated no resident should ever be left unattended in the shower. We completed in-service re-training after R1 fell in the shower. R1 should have been supervised in the shower at all times. V5 CNA should not have left her alone. V3 confirmed R1 is a high fall risk due to her overestimating abilities and forgetting limits and Dementia Diagnoses.</p> <p>On 6/29/22 at 12:19 PM V11 Medical Doctor stated R1 has Dementia and will often forget her limits and has poor safety awareness. R1 can appear cognitively normal but is very forgetful. V11 confirmed if staff would have stayed with R1 while she was in the shower, they could have potentially prevented her from falling which subsequently would have prevented the fractures.</p> <p>(A)</p>	S9999		