

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2022
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NAME OF PROVIDER OR SUPPLIER FONDULAC REHABILITATION & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 ILLINI DRIVE EAST PEORIA, IL 61611
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Z 000	COMMENTS Facility Reported Incident of 5/24/22/IL147571	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)3) 300.1210d)6) 300.1220b)2)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	Z9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to revise fall interventions after increased weakness and respiratory issues from a recent hospitalization for one (R1) resident reviewed for falls. This failure resulted in R1 falling on 5/24/22, and sustaining a Left Hip Fracture, requiring hospitalization and subsequently expired on 5/26/22.</p> <p>Findings include:</p> <p>Facility Fall Prevention Policy, revised 11/10/2018, documents: to provide safety and to minimize injuries related to falls, decrease falls and still honor each resident's wishes/desires for maximum independence and mobility; all staff must observe residents for safety. If residents</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>with a high risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident; appropriate interventions will be implemented for residents determined to be at high risk at the time of admission for up to 72 hours; assignment of the fall risk category will be determined by the Interdisciplinary Team at their conferences based on fall risk score, history of falls and medical condition which directly impacts on equilibrium and/or ambulation.</p> <p>Facility Comprehensive Care Planning, revised 11/1/2017, documents that the Facility will comprehensively assess and periodically reassess each Resident admitted to the facility; the results of the Resident assessment shall serve as the basis for determining each Resident's strengths, needs and goals to develop a person centered comprehensive plan of care for each Resident that will describe the services that are to be furnished to attain and maintain the Resident's highest practicable physical, mental and psychosocial well-being; and will be reviewed after each Minimum Data Set and revised as necessary to reflect the Resident's current medical, nursing, mental and psychosocial needs as identified by the Interdisciplinary Team. The Care Plan did not identify problems, initiate new goals or interventions upon R1's return from the Emergency Department on 5/24/22, to reflect R1's cognitive and activity of daily living status.</p> <p>Facility Local State Agency Notification Form, dated 5/24/22, documents that R1 sustained a fall and was transported to the local Emergency Department.</p> <p>R1's Quality Assurance Fall Analysis Record, revised 4/2009, documents a fall on 2/13/21 and</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>2/27/21 with interventions of education to lock wheelchair and provide wheelchair support pad (non-slip pad). The Record also documents an unwitnessed fall on 5/24/22 at 8:00 am, in R1's room, with an intervention of educate Resident to request assistance from staff when needed.</p> <p>R1's Physician Order Sheet, dated 5/1/22 through 5/24/22, documents that R1 admitted to the the facility on 9/10/20, with diagnoses including Chronic Hypoxemic Respiratory Failure, Acute Encephalopathy, Stroke like episode, Moderate Oropharyngeal (middle of the throat) Dysphagia (difficulty swallowing), Chronic Obstructive Pulmonary Disease Stage Four and Seizures.</p> <p>R1's Nursing Notes, dated 5/22/22 at 11:30 am, document that R1 was transported to the local Emergency Department and was drooling, lethargic and not acting appropriately. On 5/22/22 at 7:30 pm, R1 returned to the facility with no new orders.</p> <p>R1's Nursing Notes, dated 5/23/22 at 5:00 am, document that R1 was having shortness of breath and R1's oxygen saturation levels (SPO2) was at 87 percent/%.</p> <p>R1's Nursing Notes, dated 5/24/22 at 8:00 am, document that (V4/Licensed Practical Nurse) was walking down the hallway and heard a noise that said 'help.' V4 walked back up the hallway to R1's room and R1 was on the floor between wheelchair and door. R1 stated that R1 hit head on door and complained of right hip pain (right hip pain is documented in the Nursing Notes, XRay results showed Left Comminuted Intertrochanteric Femoral Neck Fracture).</p> <p>R1's Nursing Notes, dated 5/24/22 at 8:05 am,</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>document that R1 was transported to the local Emergency Department.</p> <p>R1's Nursing Notes, dated 5/26/22 at 9:00 am, document that R1 was admitted to the local hospital for diagnosis of femur fracture.</p> <p>R1's current Care Plan documents R1 has risk factors that require monitoring and intervention to reduce potential for self injury. The Care Plan documents to review quarterly and as needed during daily care and services of Resident's plan for safety; assist as needed when resident is not feeling well, feeling weak or dizzy; and as needed with change of condition. The Care Plan also documents that R1 is severely impaired with decision making and is unable to answer questions appropriately, has self-care deficits and requires supervision and/or assist to complete quality of care, has a history of falls (9/13/2020 and 2/13/21) and requires use of psychotropic medication. The Care Plan also documents previous fall interventions of education to lock wheelchair and educate to ask for staff assistance.</p> <p>R1's Minimum Data Set/MDS, dates 5/8/22, documents that R1 has moderate cognitive deficits (Brief Interview for Mental Status score of 8/15) and requires staff assistance for bed mobility transfer, locomotion, dressing, hygiene and bathing.</p> <p>R1's Fall Risk Assessments, dated 11/21/21, 2/14/22 and 5/16/22, document that R1 has a high fall risk score (14/10).</p> <p>R1's Quality Care Reporting Form, dated 5/24/22, documents R1 sustained a fall on 5/24/22 at 8:00 am and was transported to the local Emergency</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>Department for Right Hip pain. The Reporting Form documents that R1 got out of bed unassisted to adjust pants and fell over and the intervention was to educate to request staff assistance.</p> <p>R1's Emergency Department History and Physical, dated 5/24/22, documents that R1 admitted to the Emergency Department for a ground level fall at the Nursing Home and an X-Ray result showed a Left Comminuted Intertrochanteric Femoral Neck Fracture.</p> <p>On 6/3/22 at 8:40 am, V3 (Agency Licensed Practical Nurse/LPN) stated, "I was (R1's) nurse on the day (R1) fell. It was in the morning and I was passing medications and I heard a loud thump. (R1's) call light was not sounding, but I immediately went to (R1's) room. (R1) was lying on (R1's) left side, on the floor, by the door to the entrance of R1's room. I noticed (R1) had hit his head on the door and since it was an unwitnessed fall, I immediately called Emergency 911 and had (R1) transported to the Emergency Department for evaluation. (R1) was also complaining of right hip pain and kept saying 'ohhh.' (R1) would ambulate in (R1's) room all the time and would transfer himself. (R1) was alert but was confused at times. (R1) had just gotten back from the hospital and I guess we should have been monitoring him better because he was so weak. Two days after the fall, I actually had to call the hospital back because I had not heard anything from them and when I called they told me that (R1) had tested positive for COVID and also fractured (R1's) right hip. I do not think educating a confused resident to ask for staff assistance is a good intervention for a fall."</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>On 6/3/22 at 10:40 am, V1 (Administrator) stated, "R1 was sent to the hospital on 5/24/22 for a fall in (R1's) room. When we talked to the Coroner, I was told that (R1) died on 5/26/22 and that (R1's) fall was one of the causes of death on (R1's) Death Certificate. Although (R1) required the help of staff for ambulating, (R1) would often ambulate on own when (R1) should not have. V1 verified that the facility should have re-assessed and updated R1's cognitive status and activities of daily living assistance upon return from the hospitalization of 5/24/22.</p> <p>R1's Death Certificate documents the cause of death as, "Acute on Chronic Hypoxic Respiratory Failure and Left Femur Fracture due to a fall."</p> <p>(A)</p>	Z9999		
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