

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6016539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2022
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NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSNG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821
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S 000	Initial Comments Complaint Investigation: 2259717/IL154071	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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 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	S9999	Attachment A Statement of Licensure Violations	

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>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>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 are not met as evidenced by:</p> <p>Based on interview and observation, the facility failed to maintain a door threshold in a manner to prevent accidents in 1 of 3 residents (R2) reviewed for accidents in a sample of 7. This failure resulted in R2 sustaining a nondisplaced fracture of shaft of fifth metacarpal bone of the left hand, nondisplaced fracture of proximal phalanx of left middle finger, closed nondisplaced fracture of proximal phalanx of left ring finger and age indeterminate left distal radius and ulna fracture.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The findings include:</p> <p>R2's admission record documents an admission date to the facility on 4/8/21. This same document notes R2 has diagnoses in part, which include fracture of unspecified part of neck of right femur, transient cerebral ischemic attack, unsteadiness on feet, and dementia in other diseases classified elsewhere.</p> <p>R2's MDS (Minimum Data Set) Section C dated 9/24/22 documents R2 has a BIMS (Brief Interview for Mental status) score of 3, which indicates R2 has severe cognitive impairment. This same MDS in section G documents that for transfers - (how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position) self-performance is extensive assistance and the support provided is two plus person physical assist.</p> <p>The facility Policy and Procedure titled Fall Reduction Policy with revision date 6/17/22 documents that each resident will be evaluated for risk of falls using a Fall Risk upon admission, readmission, upon a significant change of condition, quarterly and following each fall. This policy further states the following under "Purpose: To provide an environment that remains as free of accident hazards as possible, to identify residents who are at risk for falling and to develop appropriate interventions to provide supervision and assistive devices to prevent or minimize fall related injuries and to promote a systematic approach and monitoring process for the care of residents who have fallen and/or those who are determined to be at risk.</p> <p>R2's "Fall Risk Assess." dated 8/16/22</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>documents a score of 11. The same document notes that a score of 10 or greater indicates a high risk for falls. R2's "Fall Risk Assess." dated 12/7/22 with description as "significant change" documents a score of 14, again indicating R2 is at a high risk for falls.</p> <p>The facility report titled Long Term Care Facility & IID-Serious Injury and Communicable Disease Report dated 12/12/22 with report type noted as the "Final" report documents that on 12/7/22 at 10:30am, R2 was being pushed in her wheelchair from outside to inside. R2 was reminded by staff members, V5 (CNA/Certified Nurse Assistant/ AD/Activity Director) and V8 (Activity Aide/Marketing Director) to lift her feet from the ground. R2 put her feet down. R2 fell from the wheelchair. R2 was assessed for injuries. R2 complained of pain in her hand/wrist. Physician was notified and daughter was notified. Physician ordered x-rays of left hand and wrist. X-ray was obtained. X-ray indicated a fracture through long and ring finger. Physician ordered R2 to be sent to ER (Emergency Room) for treatment. R2 returned from ER with a sling and orders to follow up with ortho. Resident BIMS = 3 and she has diagnoses of difficulty walking, unsteadiness on feet ...R2's care plan was reviewed and updated.</p> <p>R2's Care Plan has a focus area of "I have had an actual fall ...12/7/22: Major Injury (second et (and) third digit et metacarpal below 5th digit" with a revision noted on 12/9/22. The corresponding goal documents: "12/7/22: I will comply with letting staff pull my wheelchair in backwards through outside door through review date" with date initiated on 12/7/22. The Interventions/Tasks section documents "Staff to pull R2's wheelchair through the door backwards over the threshold" with date initiated of 12/7/22.</p>	S9999		

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S9999	Continued From page 5 R2's Care Plan has a focus area of "I currently have an alteration to my ability to care for self and need assistance d/t (due to) fatigue, weakness" with a date initiated of 4/8/21. The corresponding goal documents "I will remain free of complications related to poor mobility, including contractures ...fall related injury through the next review date" with date initiated of 4/8/21. The Interventions/Tasks section documents an intervention of "Locomotion: (R2) uses a wheelchair for locomotion. Foot pedals to be in place on wheelchair when staff is pushing (R2's) wheelchair for safety" that was not added/initiated until 12/13/22. On 12/9/22 at 1:10pm, V5 (CNA/Certified Nurse Assistant) stated that she was pushing R2 forward in from outside through the west side door off of the dining room. V5 stated she told R2 to hold her feet up and scoot back in the wheelchair before she began pushing her. V5 stated they went to go through the doorway, the wheelchair hit the threshold, and it made the wheelchair stop. V5 stated that R2 had planted her feet down when they hit the threshold which caused a bump. V5 stated R2 went forward and fell out of the wheelchair. V5 stated she grabbed the back of R2's pants to keep her from falling, but she fell anyway. On 12/9/22 at 1:20pm, V7 (volunteer) stated he helps out at the facility since his wife works there. V7 stated he witnessed R2's fall on 12/7/22. V7 stated that V5 was pushing R2 inside from the west side door from smoking and V8 was holding the door. V7 stated that when the wheelchair hit the bottom of the door, R2 went forward and fell out of the wheelchair. V7 stated that V5 tried to stop the fall by grabbing R2's pants.	S9999			

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S9999	<p>Continued From page 6</p> <p>On 12/9/22 at 1:40pm, R2 was alert and oriented times/x3 (person, place, and time) and answered questions appropriately. R2 stated that the wheel on her old chair had not been acting right, making it hard to go that way.</p> <p>On 12/9/22 at 12:30pm, V6 (Occupational Therapist/Regional Therapy Director) stated she had not been told that there was an issue with R2's wheelchair until after the fall on 12/7/22. V6 stated she was told the wheelchair was not working right. V6 stated there was an issue with the left front wheel turning in. V6 stated that on 12/7/22 at 10:20am, she got R2 a new wheelchair and she has been in the new one since her fall.</p> <p>On 12/13/22 at 9:30am, V1 (Administrator) stated she has not had any reports of R2's wheelchair not working prior to the fall. V1 stated that R2 propels herself around the facility. V1 also stated she was not aware that V6 got R2 a new wheelchair on 12/7/22. V1 stated staff should probably be bringing residents through that doorway backwards.</p> <p>On 12/9/22 at 1:20pm, the wheelchair R2 was using at the time she fell was observed by this surveyor along with V4 (Maintenance Director) and V5 (CNA). The left front wheel was noted to not touch the ground. When the wheelchair was pushed, the left front wheel turned inward and did not move.</p> <p>On 12/13/22 at 10:15am, V1 observed the wheelchair R2 was using at the time of her fall along with this surveyor and when noting this issue with the left front wheel, V1 stated "Oh, I see what you mean."</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R2's After Visit Summary from local hospital Emergency Room documents the following diagnoses: left hand pain, nondisplaced fracture of shaft of fifth metacarpal bone, left hand, initial encounter for closed fracture, nondisplaced fracture of proximal phalanx of left middle finger, initial encounter for closed fracture, closed nondisplaced fracture of proximal phalanx of left ring finger, initial encounter for closed fracture, fall, initial encounter.</p> <p>(B)</p>	S9999		