

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6013437</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/25/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTLAND SENIOR LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>101 TROWBRIDGE ROAD</b><br><b>NEOGA, IL 62447</b> |
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| S 000              | Initial Comments<br><br>Investigation of Facility Reported Incident of August 14, 2023/IL163376   | S 000         |   |                    |
| S9999              | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.1210b)<br>300.1210d)6)<br>300.1220b)3)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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 | S9999         | <p><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></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>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>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>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 requirements were Not Met as evidenced by:</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 2</p> <p>Based on observation, interview, and record review, the facility failed to effectively supervise a cognitively and functionally impaired resident during a meal service. This failure resulted in R1 spilling hot coffee onto R1's leg and sustaining a second degree burn to the thigh requiring extended medical treatment. R1 is one of three residents reviewed for supervision in the sample of three.</p> <p>Findings include:</p> <p>R1's Medical Diagnosis sheet (8/25/2023) documents diagnoses including Cerebral Infarction (stroke), Speech and Language Deficit, Epilepsy (seizure disorder), Dysphagia (swallowing difficulty), Slurred Speech, Cognitive Communication Deficit, and Parkinson's Disease (neurodegenerative disorder).</p> <p>R1's Resident Assessment (8/8/2023) documents R1 has severely impaired cognition and is totally dependent on staff, including physical assistance, for eating and drinking.</p> <p>R1's Care Plan (8/2023) documents R1 has impaired cognitive function/dementia or impaired thought processes related to Cerebrovascular Accident (stroke) and Parkinson's Disease (neurodegenerative disorder). The same record documents R1 has a range of motion self-care performance deficit and wrist and elbow deficits.</p> <p>On 8/23/2023 at 10:25AM, R1 was seated in a reclining chair and had bilateral hand contractures. V3 (R1's family) was present and reported R1 is dependent on staff for drinking and has not been able to drink from a glass independently due to R1's hand contractures. R1 reported spilling coffee on R1's self on 8/14/2023.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 3</p> <p>The facility Serious Incident Report (8/14/2023) documents R1 received a meal tray and beverage during supper on 8/14/2023, and when staff approached R1, R1's drink (coffee) was in a cup with a lid ("sippy" cup) and located upright on R1's lap. The report documents staff did not initially observe any injury from R1 spilling a drink onto R1's lap, but staff noted a reddened area with blister on R1's left upper thigh later in the evening on 8/14/2023.</p> <p>R1's nursing Progress Notes document on 8/14/2023 "Resident (R1) noted to have a second degree burn to left upper thigh" and on 8/16/2023 "Large fluid filled blister noted to left upper thigh burn area."</p> <p>R1's medical Progress Note (8/18/2023) documents R1 has a left anterior second-degree thigh burn and blister.</p> <p>R1's Skin and Wound Evaluation (8/19/2023) documents R1 has a new facility-acquired second degree burn to the front left thigh measuring 13.2 centimeters by 7.3 centimeters.</p> <p>R1's Hot Liquids Risk Screen (8/15/2023) documents R1 has risk factors for injury from hot liquids, was dependent on assistance with eating prior to admission to the facility and has been injured by hot liquids.</p> <p>On 8/23/2023 at 2:29PM, V4 (Certified Nurse Aide/CNA) reported being the staff member assigned to assist R1 with the evening meal on 8/14/2023 and reported finding R1's coffee cup on R1's lap during supper on 8/14/2023. V4 reported R1 usually gets full staff assistance during meals, and R1 tries to drink and eat</p> | S9999         |   |                    |

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