

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2024
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NAME OF PROVIDER OR SUPPLIER FAIRVIEW REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 602 EAST JACKSON DU QUOIN, IL 62832
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S 000	Initial Comments Complaint Investigation: 2451426/IL170028	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 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. These requirements are not met as evidenced by: Based on observation, interview and record	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

03/18/24

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S9999	<p>Continued From page 1</p> <p>review, the facility failed to provide adequate supervision for 1 of 3 residents (R1) reviewed for elopement risk in the sample of 9. This failure resulted in a cognitively impaired resident (R1) exiting the facility without staff knowledge and being found approximately one- and one-half blocks away requiring police calling an ambulance and transporting R1 to a local hospital Emergency Room.</p> <p>Findings include:</p> <p>R1's face sheet documented admission to the facility on 9/10/23 with diagnoses including Unspecified Dementia, Unspecified Severity with Agitation, Hypertension, Anxiety Disorder.</p> <p>On 2/21/24 at 8:21am, V16 (Family Member) stated she had to put (R1) in the nursing home due to not being able to handle him at home. V16 stated (R1) was trying to leave the house and the facility was aware of this issue.</p> <p>R1's Minimum Data Set (MDS) dated 9/18/23 documented a Brief Interview for Mental Status (BIMS) score of 6, indicating R1 has severe cognitive impairment. Section GG of this same MDS documented R1 required set up/clean assistance for eating, toileting hygiene, upper and lower body dressing, putting on footwear, rolling left to right, lying to sitting, sitting to standing, chair to bed transfers, and documented R1's ability to ambulate up to 150 feet. Section E of this MDS for Wandering-Presence and Frequency documents behaviors of this type occurred daily and "yes" was answered to the question does wandering place the resident at significant risk of getting to a potentially dangerous place (e.g. (for example) stairs, outside of facility).</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R1's Admission Elopement Risk Assessment completed 9/10/23 documented a score of 4, indicating a high risk of elopement. R1's Elopement Risk Tool completed on 9/10/23 documented Elopement Risk Summary: Resident has been found to be at risk for elopement. This document asks the question has the family communicated that the resident had eloped or attempted to elope from home, or shared concerns that the resident may have wandering/elopement tendencies and the question is answered "yes." R1's Elopement Risk Assessment dated 9/13/23 documents a score of 7 which also identified R1 as a high risk for elopement.</p> <p>R1's baseline care plan dated 9/10/23 documented R1 was at risk for elopement. Interventions listed were: Ask family about elopement history, observe for wandering behaviors and intervene as needed, photo taken and added to elopement book, Social Services notified for behavior management and inform staff of elopement risk. The same care plan documented an update dated 9/13/23 noting (R1) to be at risk for Elopement, Resident walked a block and a half and was found on the ground. No injuries noted. Was taken to a local hospital to get evaluated and returned. On 9/13/23 the following interventions were listed: Resident will be redirected to Courtyard for outdoor walks, stop signs placed on all exit doors, Redirect and play country music (Likes Reba McEntire).</p> <p>R1's Nurses note dated 9/13/23 at 9:47 AM documented, "9:20am call received from (name of city) police department. Resident on Madison Street in ditch. Police sent resident (name of local hospital) ER (Emergency Room) for eval</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(evaluation) and treatment. Resident last seen at 9:10 am in dining room drinking coffee. No door alarms went off in between these times. (V16/Family Member) POA (Power of Attorney) and V5/Physician) called and made aware."</p> <p>On 2/21/24 at 8:21am, V16 (Family Member) stated the only way the police knew who (R1) was when they found him, was that she had put his name on his socks.</p> <p>R1's Resident Incident report dated 9/13/23 documented in part, "Narrative of incident "phone call received from (Name of City) police department resident on Madison Street in ditch. 9:20am Resident seen at 9:10am in dining room drinking coffee..." "Narrative of investigation: IDT (Interdisciplinary Team) met and root cause of elopement is that resident has dementia and appears he followed a visitor out per camera review ... Resident was last seen in dining room drinking coffee at 0910 (9:10am) when facility administrator was alerted by (Name of City) police that resident had been located on Madison Street (which is 1 block and 1/2 away) in a ditch with a noted abrasion to resident right knee, Management staff and nurse (V14/ Licensed Practical Nurse/LPN) ran to scene of incident and spoke with (R1), EMT (Emergency Medical Technician) and police officer. (R1) reported, "I was just walking back to (Hometown), I love you, and I told them I just live down the block." Temperature was around 80 degrees and was wearing a short sleeved t-shirt and jeans ..."</p> <p>R1's Local hospital emergency room notes dated 9/13/23 at 10:47am, document "76 year old gentleman with a history of dementia. He has a history of agitation. He walked away from the nursing facility this morning. He was found down</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>in the grass. States he stumbled and fell. No loss of consciousness. He is brought in by EMS (Emergency Medical Services), the patient was stable at the time. No witnessed abnormal behavior. Denies chest pain or shortness of breath. No seizure-like activity. His blood pressure was normal on their arrival. The last blood pressure they obtained was lower when he got here to the emergency department. He was found to have an abrasion on his left knee. He does not have any pain in his knee. He thought he fell on his bottom." The same document also noted "found to be hypotensive. Medication is reviewed. EKG (electrocardiogram) shows prolonged QT interval. He is on 2 antipsychotropics. IV (intravenous) fluids were initiated, Monitoring continued. Pressure has improved. Lactated Ringer's given as a bolus. No need at this time for pressor agents. He is showing no signs of decompensation or sepsis. Lab studies reviewed. Blood pressure has responded to fluid bolus and he is at 110 systolic. Will be discharged at this time."</p> <p>On 2/21/24 at 1:00 PM, V1 (Administrator) said that a picture of R1 was added to the elopement book and put at the nurses station along with the business office, with a physical description, mental emotional status, BIMS score, language spoken and home address when he was admitted on 9/10/23. V1 also said that staff was informed of R1's elopement risk. V1 said that she was not aware that R1 was gone and received the call from the police department that R1 had been found on Madison street, (which is a block and a half from the facility) and that they were transporting him to a local emergency room. V1 said herself and another staff got in their cars and drove to where he was found. V1 said that when she got back to the facility, she immediately</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>began an investigation. V1 said they reviewed the tapes and saw where R1 went out with visitors. V1 said they also did another risk assessment on R1 when he returned in which R1 scored a 7 which is high risk.</p> <p>On 2/22/24 at 2:00 PM, V3 (Licensed Practical Nurse/LPN) said she was the nurse on duty when R1 eloped. V3 said she had last seen R1 around 9:10 AM drinking coffee in the dining room. V3 said that the alarm never went off or they would have went running. V3 said that V1 and V4 (MDS Coordinator) went to where the police found R1. V3 said that when R1 returned, R1 only had a scrape on his left knee. V3 said that upon R1's return, he was put on every 15 minute checks for 3 days.</p> <p>On 2/22/24 at 2:30 PM, V4 (MDS Coordinator) said that she got in her car and went to where R1 was found, which was just around the block from the facility. V4 said when she arrived, the ambulance drivers already had R1 on the gurney and was going to take him to the local emergency room. V4 said she was here when R1 returned and he was still confused but was at his baseline. V4 said R1 had a scrape to his knee but was otherwise was fine.</p> <p>(B)</p>	S9999		