

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2024
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NAME OF PROVIDER OR SUPPLIER DOCTORS NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 HAWTHORN ROAD SALEM, IL 62881
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S 000	Initial Comments Facility Reported Incident of January 29, 2024 IL170095	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)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. Based on interview and record review, the facility failed to safely transport 1 (R1) of 3 residents reviewed for accidents. This failure resulted in R1 receiving a fracture to R1's fifth and sixth cervical vertebrae and right radius. This past	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/06/24
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S9999	<p>Continued From page 1</p> <p>noncompliance occurred between 1/29/2024 - 2/01/2024.</p> <p>The findings include:</p> <p>R1's face sheet documents R1 was admitted to the facility on 7/12/2023, with diagnoses of Unspecified fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing, Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing, Other nondisplaced fracture of fifth cervical vertebra, subsequent encounter for fracture with routine healing, Unspecified fracture of right femur, subsequent encounter for closed fracture with routine healing, Other nondisplaced fracture of sixth cervical vertebra, subsequent encounter for fracture with routine healing, Unspecified fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing, Morbid (severe) obesity due to excess calories, and Type 2 diabetes mellitus with diabetic nephropathy.</p> <p>R1's Minimum Data Set (MDS), dated 10/21/2023, documents in Section C, a Brief Interview for Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. Section GG, Functional Abilities and Goals, R1 is dependent with substantial assistance with activities of daily living.</p> <p>The facility's investigation report, dated 1/29/2024, documents at 4:10 PM on 1/29/24, V1 (Administrator) was notified by V3 (Transportation CNA) that while on the way to an appointment, a vehicle pulled out in front of them from the shoulder of the road. When V3 applied the brakes to avoid a collision, R1 fell forward and bumped her face on the floor of the van. R1 was</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>immediately sent to the emergency room (ER) for evaluation. Investigation initiated immediately. Power of Attorney (POA) and V9 (Primary Physician) both notified immediately after the fall. On 1/29/24, R1 was immediately seen after the fall at an out of state emergency room. R1 was discharged from the ER the same day with all scans and x-rays negative for any fractures. POA and MD notified. Neurological checks continued. At 8:50 AM on 1/30/24, facility received a call from ER stating possible C5/C6 fracture. R1 immediately sent to local hospital for further evaluation by emergency medical services (EMS) with a C Collar applied. POA and MD notified. While at the local hospital, an MRI (Magnetic Resonance Imaging) was completed and confirmed C5/C6 fracture. The local hospital transferred R1 to another out of state hospital for further evaluation. R1 returned to this facility with a (specialized collar) from the out of state hospital. POA and MD notified. On 2/2/24, R1 complained of increased pain to the right forearm. V9 notified. X-rays ordered. POA notified. On 2/3/24 at 10:16 AM, R1 requested to go to the hospital secondary to pain. V9 and POA notified. R1 left facility and was transferred to the local hospital. R1 returned from the local hospital same day at 4:10 PM with a right arm splint and orders to follow up with Ortho. X-rays showing right radial fracture. V9 and POA notified. On 2/3/24 at 10:30 PM, R1 requested to go to the hospital secondary to increase left knee pain. V9 and POA notified. R1 states she was sitting in the chair with all straps fastened. R1 states they were on the interstate headed to her appointment when a car pulled out in front of them. R1 states V3 hit the brakes to avoid an accident and she fell forward to the floor. R1 states it all happened so fast, but she believes it was a white car. R1 states she then went to the ER and had all different scans</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>and x-rays completed. R1 states she "does not want anyone to get in trouble" and "it was an accident".</p> <p>R1's hospital x-ray report, dated 1/30/2024, documents acute nondisplaced fracture of the right C6 superior articular facet extending superiorly to the right C5 pedicle and right C5 lamina.</p> <p>R1's hospital x-ray report, dated 2/03/2024, documents no acute fractures in the pelvis or left hip, and documents that R1 has an acute intra-articular right distal radial fracture.</p> <p>On 2/21/2024, at 9:10 AM, V1 (Administrator) stated he was notified by V3 (CNA) regarding the auto incident that occurred on 1/29/2024 while transporting R1 to an appointment. V1 stated V3 stated a car pulled out in front of him and he immediately applied the brakes to avoid a collision. V1 stated V3 stated R1's chair tipped over causing R1 to bump her face on the floor of the van. V1 stated R1 was immediately taken to a local hospital emergency room for further evaluation. V1 stated R1 was returned from the emergency room that same day with all scans and x-rays negative for any fractures. V1 stated the facility received a phone call the next day, 1/30/2024, from the local emergency room that R1 has possible C5/C6 neck fracture. V1 stated R1 was immediately sent to the local emergency room for an evaluation and a C-collar was applied. V1 stated while at the emergency room it was confirmed R1 did have a C5/C6 fracture. V1 stated R1 returned from local hospital with a cervical collar in place. V1 stated on 2/2/2024, R1 complained of increased pain to her right arm and x-rays were ordered, but R1 was sent out to the hospital before local x-ray company made it to the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>facility. V1 stated that R1 requested to go out to the hospital on 2/3/2024 in the morning related to pain. V1 stated R1 was sent out to the local emergency room and returned the same day with a right arm splint and to follow-up with ortho. V1 stated x-rays showed a right arm fracture. V1 stated later that evening R1 requested to go back to the hospital related to increased left leg pain. V1 stated on 2/4/2024, the facility received report that R1 had been transferred to an outside hospital with electrolyte and hemoglobin imbalances, and continues to remain at the outside hospital at this time.</p> <p>On 2/21/2024, at 1:30 PM, V6 (Maintenance) stated he gave an in-service on van safety and resident transport to all the employees that transport residents. V6 stated V3 (Transportation CNA) transported R1 using a (specialized wheelchair) when he took her to her appointment on 1/29/2024. V6 stated after R1's auto incident, he checked the van over and found no mechanical problems noted.</p> <p>On 2/21/2024, at 2:10 PM, V3 (Transportation CNA) stated he transported R1 to her appointment on 1/29/2024 and they left around 1:00 PM. V3 stated before they left, he loaded R1 into the van with a (specialized wheelchair). V3 stated he fastened and locked all four wheels and placed one seat belt over R1's left side. V3 stated he was traveling around 15 -20 miles per hour (mph) in the far-right lane and he was going down a hill when a white, four door, car pulled out in front of him. V3 stated he slammed on his brakes to avoid a collision and when he did, R1 slid out from underneath the seat belt and the (specialized wheelchair) tipped over on the left side to the floor. V3 stated he immediately pulled over and assessed R1 for any injuries. V3 stated</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R1 was alert and answered questions appropriately. V3 stated R1 stated that her chin was hurting. V3 stated he saw a penny size red mark on her chin at that time. V3 stated he helped get R1 get positioned properly back into the (specialized wheelchair) and checked all fasteners and made sure all the wheels were locked in place. V3 stated he called V1 (Administrator) and V2 (Director of Nursing), and they advised him to take R1 to the emergency room. V3 stated he transported R1 to the emergency room where she got evaluated. V3 stated they spent about 2 1/2 hours there; CT (Computed Tomography) scans and x-rays were taken. V3 stated at that time, R1 did not have any new problems noted and he transported her back to the facility. V3 stated he has been transporting residents since last June 2023, and he usually has 2-4 appointments a week. V3 stated he has had no other auto incidents where residents have gotten hurt. V3 stated he has only transported a resident in a (specialized wheelchair) 2-3 times. V3 stated he does not like to transport residents in (specialized wheelchairs). V3 stated any little bump in the road, the (specialized wheelchair) will move easily. V3 stated R1 has bad knees and prefers to transport using a (specialized wheelchair) rather than her wheelchair. V3 stated R1's appointments usually take 2 hours at times and it is more comfortable for her to transport using a (specialized wheelchair). V3 stated he has been trained on van safety and transport of residents, and it is now recommended no residents be transported in (specialized wheelchairs) any further.</p> <p>On 2/22/2024, at 10:57 AM, R1 was observed lying in her bed with a C-collar in place to her neck. R1's right forearm was observed to have yellow-greenish colored bruising noted. R1's left</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>leg was elevated slightly on a pillow. R1 was alert and oriented to person, place, and time. R1 stated she did not want to talk about the van incident at this time.</p> <p>On 2/21/2024, at 9:00 AM, V1 (Administrator) stated the facility had a Quality Assurance (QA) meeting on 1/31/2024 to discuss. V1 stated the following people attended the QA meeting: V1 (Administrator), V2 (Director of Nursing), V14 (Assistant Director of Nursing), V15 (Regional). V1 stated the measures put in place to ensure the deficient practice does not recur are: All transportation staff will be educated to pull over to a safe area and call EMS after an incident. All transportation staff will be in-serviced on proper procedure for install of wheelchair. No (specialized wheelchairs) will be used on the transportation van/bus. A wheelchair audit will be completed for all residents.</p> <p>On 2/21/2024, V1 (Administrator) provided their QAPI (Quality Assurance Performance Improvement) Ad Hoc Form outlining the actions taken by the facility prior to the survey date to correct the noncompliance.</p> <p>Prior to the survey date of 2/26/24, the facility took the following actions to correct the non-compliance:</p> <p>1. A Quality Assurance and Performance Improvement meeting was held on 1/31/2024. In attendance - V1, V2, V14, V15 (Regional). Immediate corrective action for those affected by deficient practice: R1 sent to the emergency room and treated at the emergency room. Transportation vehicle checked to ensure all safety mechanisms properly functioning. An</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>in-service for all transportation staff on van/bus safety and resident transport was given by V6 (Maintenance) on 2/01/2024. In attendance were: V1 (Administrator), V3 (Transportation CNA), and V16 (Activity Director).</p> <p>2. Process/Steps to identify others having the potential to be impacted by the same deficient practice: All residents that utilize the transportation vehicle have the potential to be affected.</p> <p>3. Measures put into place/systematic changes to ensure the deficient practice does not recur: All transportation staff were educated to pull over to a safe area and call EMS after an incident. All transportation staff will be in-serviced on proper procedure for install of wheelchair. No (specialized wheelchairs) will be used on the transportation van/bus. The facilities Transportation Policy was updated to reflect the changes. A wheelchair audit will be completed for all residents. All in-service education completed on 2/1/24.</p> <p>4. Plan to monitor performance to ensure solutions are sustained: Facility Administrator responsible for ensuring ongoing compliance. Facility Administrator responsible for reporting to QA committee</p> <p>(B)</p>	S9999		