

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2024
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NAME OF PROVIDER OR SUPPLIER FAIR HAVENS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521
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S 000	Initial Comments Facility Reported Incident of February 25, 2024 IL170521	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6) 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 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	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/04/24
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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</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 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>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to supervise and assist a resident (R1) with a transfer and ambulation which resulted in a fall and subsequent injuries. R1 was sent to the Emergency Room and diagnosed with a left comminuted displaced oblique humeral diaphyseal fracture, a right displaced olecranon fracture, a right angulated impacted distal radial fracture, and a right displaced base of fifth proximal phalanx fracture which required emergency treatment, overnight hospitalization, and subsequent surgery. R1 is one of three residents reviewed for accidents/falls on the sample list of four.</p> <p>Findings Include:</p> <p>The facilities Falls and Fall Risk Managing policy, dated August 2008, documents the facility will identify interventions related to a resident's</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>specific risks in an attempt to prevent the resident from falling and minimize complications from falling.</p> <p>R1's Medical Diagnoses list, dated March 2024, documents R1 is diagnosed with Chronic Obstructive Pulmonary Disease, Heart Failure, Chronic Respiratory Failure, Cerebral Infarction, Lung Cancer, Protein Calorie Malnutrition, and Chronic Pain.</p> <p>R1's Minimum Data Set (MDS), dated 1/20/24, documents R1 is cognitively intact and requires Supervision or Touching Assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for all transfers and ambulation. R1's discharge MDS, dated 2/25/24, documents R1 required Supervision or Touching Assistance for all ambulation.</p> <p>R1's ADL (Activity of Daily Living) Restorative Assessment and Progress Note, dated 1/20/24, documents R1 is full weight bearing and has safety risk factors which include oxygen use, glasses, shortness of breath or trouble breathing. R1 requires supervision or touching assistance for all transfers and walking. R1 requires the use of a walker for ambulation. R1 required a restorative walking program. R1 is able to transfer with supervision and set up. R1 is able to walk with a four wheeled walker with supervision and verbal cues as needed.</p> <p>R1's Care Plan, dated 10/4/23, documents R1 is at risk for falls related to weakness, Chronic Obstructive Pulmonary Disease, Cerebral Infarction, and Lung Mass. Staff are educated to</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>assist R1 with all transfers and use a gait belt. The same Care Plan also documents R1's transfer status is one assist. The same Care Plan documents R1 has ADL and self-care deficiency and requires requires supervision of one staff for balance support during ambulation with wheeled walker. The same Care Plan documents R1 has a Ambulation ADL Self Care Performance Deficit and staff should use a gait belt and assist R1 to transfer and stand and walk with wheeled walker. Staff should remind R1 to look up, take steps and lift feet, monitor for fatigue, dizziness, or shortness of breath, and keep room free of clutter and safety hazards.</p> <p>The Facility Reported Incident, dated 2/25/24, documents at 11:25 AM, R1 was seen in her room ambulating towards the bathroom by a staff member (V9, Certified Nurses Assistant CNA), who was walking down the hall. At 11:30 AM, V5, Licensed Practical Nurse, heard R1 yelling for help and found R1 on the floor. R1 complained of pain in her arms, and R1 was sent to the Emergency Room for evaluation, diagnosed with multiple fractures, and underwent surgical repair.</p> <p>On 3/10/24 at 12:55 PM, V5, Licensed Practical Nurse/LPN, stated she takes care of R1 all of the time. V5 stated she does not consider R1 a fall risk, and R1 often walked to the bathroom and down to the dining room on her own using her walker. V5 stated on 2/25/24 at 11:30 AM, she found R1 laying on the floor of her room face down and yelling for help. V5 stated R1 stated she was coming back from the bathroom and got her feet tangled in her oxygen tubing. R1 complained of arm pain and was sent to the ER for evaluation.</p> <p>On 3/12/24 at 4:13 PM, V9, Certified Nurses</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Assistant/CNA, stated she observed R1 on 2/25/24 at about 11:25 AM in her room. V9 stated she (V9) was telling residents it was time for lunch and helping them to the dining room. V9 stated she was not aware R1 required supervision or cueing or assistance for transfers or walking, and did not offer to assist her.</p> <p>On 3/12/24 at 2:57 PM, R1 was in her bed with a cast on her right arm and sling on her left. R1 appeared melancholy and had a flat affect. R1 stated she was very frustrated that when she attempted to walk back from the bathroom, she got her feet tangled in her oxygen tubing and fell and broke both arms. R1 stated this fall has set her back so far, and she is not happy about having to go through therapy and not being able to walk or do things for herself anymore. R1 stated before the fall, she walked in her room and down the hallway to the dining room without any supervision or assistance from staff. R1 stated she thought staff felt she was safe to walk on her own, and no one ever told her she needed assistance or supervision. R1 stated if staff had told her to use her call light for help before getting up, she would have done so.</p> <p>On 3/13/24 at 11:00 AM, V1, Administrator, confirmed R1's Assessments and Care Plan prior to her fall on 2/25/24 document R1 required at least supervision/cueing/assistance/gait belt while walking and ambulating. V1 confirmed there is no documentation R1 refused to use call light for help. V1 stated staff need education on providing ambulation assistance for R1 and being with her at all times. V1 confirmed R1 is a fall risk due to Chronic Obstructive Pulmonary Disease (COPD), recent lung cancer treatments, continuous oxygen use, and required walker use, even if she hasn't had prior falls.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 3/13/24 at 12:30 PM, V18, Medical Director and R1's Primary Physician, confirmed R1 is a fall risk due to her COPD, Shortness of Breath, continuous use of oxygen, intermittent weakness, and use of a walker for ambulation. V18 confirmed R1 fell due to tripping over oxygen tubing, which caused multiple fractures which required surgical repair. V18 confirmed staff should make sure they have accurate assessments and staff are educated on resident needs. V18 stated R1 was more likely to need assistance after laying down, and staff should have instructed R1 to use the call light for assistance.</p> <p>(A)</p>	S9999		