STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003982	A. BUILDING: _____ B. WING _____	C 08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMETT HOUSE	1845 - 1ST AVENUE STERLING, IL 61081

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Z 000	COMMENTS Facility Reported Incident Investigation of 5/28/25/IL193358	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.670a) 350.670f) 350.670g)1)3) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually Section 350.670 Personnel Policies a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section. f) All personnel shall have either training or experience, or both, in the job assigned to them. g) Orientation and In-Service Training 1) All new employees, including student interns, shall complete an orientation program	Z9999		

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Z9999	Continued From page 1	Z9999		

covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; the importance of nutrition in general healthcare; and understanding and communicating with the type of residents being cared for in the facility. Before being assigned to provide direct care to residents, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services. The employee's training and competency shall be documented.

3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented.

These regulations were not met as evidenced by:

Based on record review and interview, the facility neglected to safely ambulate one of three individuals in the sample (R1) reviewed for falls. This failure resulted in R1 falling to the floor and suffering nasal fractures.

Findings include:

R1's ISP/Individual Service Plan, dated 5/1/25, identifies R1 as an individual who functions within the Profound Range for Individuals with Intellectual Disabilities with diagnoses including Anemia, Hypertension, and Chronic Conjunctivitis. R1's ISP includes CST/Community Support Team approval of, 'Walking with a gait

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Z9999	Continued From page 2	Z9999		

belt assist; and Support Needs: Personal Care and Hygiene, Bathing, Dressing, Transfer/Moving around: Staff Assist.'

Individual Risk Assessment dated 4/14/25, identifies R1 has Health Related Risks of: Mobility/gait issues and or history of falls/fractures and Adaptive Equipment: wheelchair, gait belt, hi/lo bed marked with an 'X' in the Yes column. E2/QIDP/Qualified Intellectual Disability Professional confirmed R1's 5/1/25 ISP and 4/14/25 Individual Risk Assessment are the most current and no updates have been completed.

Resident roster, provided on 7/23/25, identifies R1 as an individual who is non-interviewable and uses a gait belt.

GER/General Event Report, dated 5/28/25, includes, 'Summary: Staff was taking (R1) to (R1's) chair from the bathroom and staff was using the gait belt that was on (R1). And the gait belt strap came off from the other side and the staff didn't react in time and (R1) fell face first to the floor; Reviewed by (Z2/Former facility LPN/Licensed Practical Nurse) on 5/29/25 with review comments: (Z1/PCP/Primary Care Provider) saw (R1) this AM and (R1) presents with left eye dark purple bruising above and below eye. Eyes are. Reactive to light. No drainage noted. Above the eyebrow red, swelling noted. Left side of nose is red, swelling slight. No drainage from nares. A small scrape to left area of knee. Superficial. No drainage. Round. (R1) is showing some restlessness this morning. (R1) is alert. Appetite well. Tylenol given AM for symptoms of pain. Restlessness was better before (Z2) left. (Z1/PCP) coming today for rounds and will see (R1) for follow up. No vomiting noted. Makes eye contact when spoken

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Z9999	Continued From page 3	Z9999		

to. Vitals are Temperature 97.9. Pulse 68, Respirations 20. Pressure 112/66; Reviewed by E3/RNT/Registered nurse Trainer, Review date of 5/30/2025, review comments: at the time of notification. E4/ADSP/Authorized Direct Support Person indicated that E5/ADSP assisted (R1) to walk, (R1) fell, and (E4) and (E5) were attempting to control bleeding from (R1's) nose. (E3) instructed (E4) to call 911. (E5) came to the phone and explained (E5) was not able to stop (R1's) fall and said the gait belt was not secured; Reviewed by E2/QIDP, Review date 5/31/25, review comments: (E2) observed bruises on both of (R1's) knees on Thursday, May 29th. Each bruise was about the size of a quarter. The bruises were from the fall on Wednesday, May 28th. May 29th (R1) was seen by (Z1/PCP). (Z1) recommended that staff follow up with ENT/Ear Nose Throat Specialist appointment, which is scheduled for the June 3rd.

Facility provided Initial and Final report to Illinois Department of Public Health (IDPH), dated 5/29/25, includes, 'On 5/28/25 at 7:06 pm staff were assisting (R1) from the bathroom to the living room using a gait belt when (R1) fell to the floor. RNT/Registered Nurse Trainer notified. 911 notified. (R1) was taken to (local hospital) for evaluation. (R1) returned to (facility) with a diagnosis of fall, nasal bone fracture. (R1) will follow up with ENT/Ear Nose Throat specialist and PCP/Primary Care Provider. A safety committee will be completed.'

GER, dated 6/12/25, includes, 'Individual: (R1); Summary: Staff took individual to bathroom, watched them while they went then took individual to living room chair. While walking individual gait belt came apart and individual fell on floor, staff was able to slow down individual

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Z9999	Continued From page 4	Z9999		

but not enough. Individual fell on floor face first.'

(Facility) Health Care Report, dated 5/29/25, with a report duration of 5/1/25-5/29/25, includes, Z2/Former facility LPN/Licensed Practical Nurse 'Comments/Recommendations: (R1) is alert, pleasant, non-speaking. (R1) was seen at the ER/Emergency Room 5/28/25 due to a fall during a transfer. (R1) landed on (R1's) face as staff was not able to prevent due to gait belt not properly being used. Staff will be trained on proper use by physical therapist. (Z2) was informed by (E2) (R1) has a fracture to nose. Left eye is swollen. Dark purple above and below eye. Above eyebrow is a reddened area with some swelling. Left side of nose is reddened, not open. Eyes are reactive to light. (R1) was restless as (Z2) was assessing (R1). Tylenol was given prior to (Z2's) assessment. (R1) has a small abrasion to left knee area. Superficial. No bleeding or drainage noted to nares. (R1) responds when spoken to, making eye contact. And reaching out to touch (Z2). Per ER Doctor (R1) is to follow up with ENT. Tylenol every four hours as needed for pain. Ice can be used for swelling. PCP was in house and saw and noted (R1's) ER report today. No new orders as of now. All extremities move with ease. No vomiting noted. Appetite is good. Feeding self. Vitals are stable. Temp 97. Pulse 70. Respirations 20. Blood pressure 122/74. No shortness of breath noted. O2 sat 98% on room air. (Z2) will check on (R1) before (Z2) leaves today and again in the AM when (Z2) arrives to work.'

(Facility) Health Care Report, dated 6/30/25, with a report duration of 6/1/25-6/30/25, includes, Z2/Former facility LPN 'Comments/Recommendations: (R1) was seen by ENT for follow up from fall and left nasal cavity is

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Z9999	Continued From page 5	Z9999		

healing well. No issues.'

Safety committee, dated 6/9/25, includes, 'COMMITTEE FINDINGS: The gait belt that was being used failed.'

E1/Administrator confirmed the gait belt is no longer in the facility stating, 'it was thrown out.'

(Hospital) Emergency Documentation, dated 5/28/25, includes, '(R1) PMH/personal medical history of profound intellectual disability, dysfunctional chorea who is nonverbal and non-ambulatory at baseline who presents from a group home with (R1's) caretaker after a fall. (R1) has had a little bit of a nosebleed coming from the bilateral nares and some swelling to the nose and the left supraorbital region. (R1) sent for CT/Computed tomography of head, facial bones and neck. CT scan of the facial bones shows a comminuted nasal bone fracture and some left supraorbital periorbital swelling. Recommend follow up with ENT specialist within the next 10 days. Follow up with (R1's) primary care doctor. Impression and Plan: Fall, Nasal bone fracture. Discharged to home.'

Facility unable to provide evidence of CBTA/Competency-based training and assessments for DSP's/Direct Support Persons of (facility) on use of gait belt.

On 7/23/25 at 2:23 pm, E5/ADSP confirmed (E5) was the direct support person assisting (R1) in ambulating from bathroom to the living room when (R1) fell, was the staff member present at the ER with (R1) and used a gait belt when ambulating (R1). E5 stated 'The gait belt failed (E5).'

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Z9999	Continued From page 6 On 8/4/25 at 9:04 am, E1/Administrator confirmed Z2/Former facility LPN no longer works for (facility), QIDP is responsible for training DSP's on use of gait belt, and no CBTA/Competency-based training and assessment has been completed for (facility) DSP staff. On 8/4/25 10:14 am, E3/RNT/Registered Nurse Trainer confirmed reviewed 5/28/25 and 6/12/25 GER's; (E3) did not train staff at (facility) and does not know who trained the (facility) staff on gait belt usage. On 8/4/25 at 12:32 pm, Z1/PCP/Primary Care Provider confirmed (R1's) injury of nasal fractures were consistent with a forward face first fall from standing to the floor. Z1 stated '(Z1's) notes from (R1's) visit on 5/29/25 the CT was reviewed and showed nasal fracture and periorbital swelling. Also bruising to the left eye, periorbital swelling and bruising to left knee.' Z1 then stated '(Z1) have down, per the facility, that there was an issue with the gait belt.' Facility Investigative Committee Policy 5/24, revised 04/24, includes, 'Definitions: Neglect: Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (See 42CFR Part 488.301).' Facility Safe Individual Handling Policy 7.25, revised 07/24, includes, 'H. When physically transferring, such as assisting someone pivot or transfer from one stable location to another, a method approved for that Individual by the CST/Community Support Team must be utilized. The Administrator/Regional Manager, or their designee, will be responsible for this training. Individuals' gait belts, when available, will be used	Z9999		

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Z9999	Continued From page 7 to maintain appropriate transfer techniques.' (B)	Z9999		