

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2015
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NAME OF PROVIDER OR SUPPLIER BURGIN MANOR OF OLNEY, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 900 928 EAST SCOTT OLNEY, IL 62450
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.3240a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/20/15
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S9999	<p>Continued From page 1</p> <p>restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview, the facility failed to provide: education/training to Certified Nurse Aides (CNA) to be knowledgeable and follow resident Care Plans, to apply and use required assistive devices, and provide hands on physical assistance with supervision to prevent a fall with injury. These failures lead to a fall with extensive facial fractures (blowout fracture of the left orbit, lateral wall fracture of the left orbit, a fracture extending through the maxillary sinuses above</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the hard palate, fluid in the maxillary sinuses and hospitalized for the fractures) for 1 of 3 residents (R1) reviewed for fall with injury from the incident of 2/5/15.</p> <p>The findings include:</p> <p>On 2/9/15 at 10:00 AM E3 (Certified Nurse Aide, CNA) stated she usually does not work the hall that R1 resides on. She stated that on 2/5/15 about 6:30 PM she helped R2 to the bathroom and put her back to bed with her personal alarm on. E3 stated she helped R1 to the bathroom and thought R1 was a stand by assist. She stated she did not use a gait belt or R1's knee brace. She stated she had R1 in the bathroom in front of the toilet when R2's personal alarm went off. She stepped away from R1, letting R1 stand by herself, and went to the door that is connected to R2's room and the bathroom. E3 stated she told R2 to sit down on the bed. She heard R1 fall. She stated R1 was on the floor and her pants were to her thighs with the wall in front of her. E 3 went on to say R1 fell forward hitting her face on the wall. She left R1 in the bathroom to get the nurse in the hallway to report the fall. E3 stated she did not look at the care plan before starting her shift that day. After the nurse assessed the resident, she sat R1 on the toilet, dressed her in a gown, placed her in a wheelchair, and took her to the nurses station to wait on the ambulance for transport to the emergency room.</p> <p>Nurse's Notes, dated 2/5/15 6:20 PM, documents 'R1 requested assistance to bathroom, CNA at her side assisted her to bathroom. Resident that shares bathroom in room next door tried to come into the bathroom also stating that she needed to go too. When CNA stepped away from R1 she fell forward with the walker and hit her face/forehead ant left eye area and nose on the floor. There was</p>	S9999		
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IL6001275

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

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(X3) DATE SURVEY
COMPLETED

C
02/11/2015

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STREET ADDRESS, CITY, STATE, ZIP CODE

BURGIN MANOR OF OLNEY, INC.

900 928 EAST SCOTT
OLNEY, IL 62450

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S9999	<p>Continued From page 3</p> <p>much blood coming from her nose. Resident also has large bruise with swelling above the left eye. Three staff members assisted R1 up to the toilet bathroom and to the wheelchair, bleeding was stopped shortly after. Dr called to report fall. Nurses Notes document on 2/5/15 at 6:50 PM resident left facility to hospital with ambulance service'.</p> <p>R1's Therapy Inservice sheet dated 2/4/15 documents 'minimum assist of two with the black knee braces on both knees secondary to her knee weakness. Utilize two people for transfers to and from the bed, wheelchair, recliner, and toilet along with a gait belt and rolling walker. R1's Section G on the Minimum Data Set dated 12/16/14 documents one person physical assist for transfer, walking, dressing, and toilet use. It also documents Section G 0300 Balance During Transitions and Walking as not steady, only able to stabilize with staff assistance. Care Plan dated 12/22/14 for Falls documents on 1/6/15 knee braces ordered for support during transfers and ambulation.</p> <p>On 2/9/15 at 11:45 AM R1 is noted to have a purple discoloration around both eyes, both sides of her nose, including her nose, on both sides of her mouth, and on her neck. On 2/9/15 at 11:40 it is note that the toilet, between R1's and R2's rooms, is 40 inches from the door of R2's room. It is 7 feet from the bathroom door to R1's bed. R1's skin</p> <p>On 2/9/15 at 9:15 AM E2 (Director of Nurses, DON) stated R1 fell on 2/5/15 on evening shift, was sent to the emergency room, and then transferred to a higher acuity hospital.</p> <p>On 2/9/15 at 11:15 AM E4 (Treatment Nurse)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>stated she encourages all CNAs to read the Care Plan before taking care of the residents. E4 stated on the evening shift on 2/5/15 there were 28 residents and 3.5 CNAs. The half CNA is shared between 2 units. She went on to say before the CNAs start to care for the residents they listen to a verbal report from the nurse. This nurse's report includes temperatures, illness among the residents, confusion, residents readmitted, new residents, and changes in resident's condition. E4 stated care plans are available to the CNAs and are changed by the Care Plan Coordinator.</p> <p>On 2/9/15 at 12:15 PM E5 (Care Plan Coordinator) stated the Care Plans are updated quarterly with the MDS (Minimum Data Set), when therapy make a recommendation, or there is a significant change in the resident. She went on to say the Care Plans are kept at the nurses station and In-service Sheets are made when changes are made in the resident's care and helps to draw attention to these changes. E5 stated new staff to the units need to look at the Care Plan and work with another CNA to facilitate learning the residents, their needs and conditions. On 2/9/15 at 2:10 PM E5 (Care Plan Coordinator) stated on the Long Term Care Plan the Level of Assist, LA-Limited Assist and EA-Extensive Assist, can be a 1 or 2 person assist. E5 went on to say for R1 the Long Term Care Plan EA-Extensive Assist which is one person should have been up-dated to a EA2- 2 person assist. E5 updated the Long Term Care Plan from EA- one person assist to EA2 which indicates a 2 person assist. There is documentation on the Care Plan to ambulate and transfer with a gait belt and walker.</p> <p>Policy and Procedure for Use of the Gait Belt, revised 11/26/2014, documents that gait belts will</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>be used at all times while ambulating residents requiring assistance or supervision. If the use of a gait belt is contraindicated for some reason, that reason shall be clearly documented in the resident's clinical record or care plan. R1's Therapy Inservice sheet dated 2/4/15 documents 'minimum assist of two with the black knee braces on both knees secondary to her knee weakness. Utilize two people for transfers to and from the bed, wheelchair, recliner, and toilet along with a gait belt and rolling walker. R1's Section G on the Minimum Data Set dated 12/16/14 documents one person physical assist for transfer, walking, dressing, and toilet use. It also documents Section G 0300 Balance During Transitions and Walking as not steady, only able to stabilize with staff assistance. Care Plan dated 12/22/14 for falls documents on 1/6/15 knee braces ordered for support during transfers and ambulation.</p> <p>(A)</p>	S9999		
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F323 Free Of Accident Hazards/Supervision/Devices

It is the intent of the facility to ensure that the resident environment remains as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

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1. A. R1' care plan has been reviewed and revised {i.e. fall, transfers, assistance devices...}
- B. E3 was in-serviced and disciplined regarding R1's Plan of Care, gait belt usage, assisted devices, and safe transfers.
- C. The DON in-serviced nursing staff on Policy and Procedure for Incidents/Accident management including Fall/Safety precautions, ADL assistance, Nursing staff was in serviced on Gait Belt Policy and Procedure and ADL Tracking. Nursing staff was also in-serviced on ADL Tracking.
- D. The DON developed an updated new Mentoring/Orientation Monitoring checklist for all new C.N.A.'s to ensure compliance. The checklist monitoring sheet includes areas such as safe transfers, gait Belt usage, fall pre-cautions, plan of Care.... This Checklist is now part of the new employee nursing orientation packet.
- E. A new resident transfer identifier was implemented on all resident doors to remind staff of each resident's transfer status. The DON/ and /or designee will update as necessary.

2. All residents have the potential to be affected by this practice. However, due to the implementation of 1 A-E, the alleged deficient practice will not occur.

3. A. The DON/and or designee reviewed all residents with falls from 2/1/15 and initiated the necessary follow-ups.

B. The DON/ADON developed and implemented a new QA. Employee Monitoring Sheet for Resident Assistance tool, which includes; task performed, assistance required, assistive devices required, gait belt usage, and care plans. This QA tool will be utilized 4 times a week for four weeks, three times a week for four weeks, twice a week for the next four weeks. These results will be added to the Q.A. process

C. DON/and or designee will conduct random ADL care monitoring including transfer monitoring to ensure staff compliance.

4. The DON/and or designee will monitor all fall investigations to ensure compliance. These results will be added to the QA process.

The Administrator will monitor through the Quality Assurance Process.

5. Completion Date: 2/20/2015

Attachment B
Imposed Plan of Correction

Accepted
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