

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009682 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/05/2018 |
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| NAME OF PROVIDER OR SUPPLIER WALKER NURSING HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 530 EAST BEARDSTOWN STREET VIRGINIA, IL 62691 |
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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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| S 000 | Initial Comments Annual Licensure & Certification | S 000 | | |
| S9999 | Final Observations Licensure Violations: 300.1210a)b 300.1210d)6 300.1220b)3 300.3240a Section 300.1210 General Requirements for Nursing and Personal Care 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 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological | S9999 | <p>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 |
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| S9999 | <p>Continued From page 1</p> <p>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>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</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.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure bed wheels were locked and poorly fitted shoes were not worn for one of one residents (R29) reviewed for falls in a sample of 14. These failures resulted in R29 falling and sustaining a fracture to the left distal tibia and fibula which required surgical repair.</p> <p>Findings include:</p> <p>R29's Minimum Data Set (MDS) assessment dated 6/21/18 documents that R29 is severely cognitively impaired and required limited physical assistance with transfers, walking, and dressing.</p> <p>R29's Post Fall Evaluation dated 7/12/18 documents R29 sustained a fall without injury as a result of "improper footwear" on that date.</p> <p>R29's family notification of fall risks letter dated 7/12/18 states, "We have recently completed a fall risk assessment on 6/21/18 (For R29). (R29) is a high risk, scoring a 80.0 on Morse Fall. Based on assessment, we have determined that the following conditions are probably contributing to (R29's) fall: *Greater then 65, *Gait and balance deficit, *Weakness to BLE (bilateral lower extremities), *History of falls, *Dementia, *Poor impulse control, *Poorly fit shoes."</p> | S9999 | | |
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| S9999 | <p>Continued From page 3</p> <p>R29's fall prevention care plan intervention dated 7/7/14 states, "I need a safe environment." The care plan also documents, "Ensure I am wearing appropriate footwear when ambulating or mobilizing in w/c (wheelchair)."</p> <p>R29's fall investigation dated 8/29/18 documents that on that date R29 was observed to have fallen on the floor. The investigation documents that at the time of the fall R29's, "Shoes are poorly fitted. Bed wheels unlocked."</p> <p>R29's post-fall evaluation dated 8/29/18 documents that the factor which contributed to R29's fall was R29's poorly fitted shoes.</p> <p>R29's final fall investigation report dated 8/29/18 documents that R29 fall on that date resulted in R29 sustaining an oblique fracture through the distal tibia and fibula which required hospitalization and surgical repair.</p> <p>R29's hospital X-ray report dated 8/29/18 documents that R29 sustained an oblique fracture through the left distal tibia and fibula as a result of R29's fall.</p> <p>R29's family notification of fall risks letter dated 8/29/18 states, "We have recently completed a fall risk assessment (for R29) on 6/21/18. (R29) is a high fall risk, scoring a 80.0 on Morse Fall. Based on assessment, we have determined that the following conditions are probably contributing to (R29's) fall: *Greater then 65, *Gait and balance deficit, *Weakness to BLE (bilateral lower extremities), *History of falls, *Dementia, *Poor impulse control, *Poorly fit shoes."</p> <p>On 12/5/18 at 8:30a.m. V2 (Director of Nurses)</p> | S9999 | | |

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| S9999 | Continued From page 4 stated that R29's fall on 7/12/18 was the result of "improper footwear." V2 also verified that R29's 8/29/18 fall was result of R29's bed wheels not being locked, however, V2 refused to verify the additional contributing factor of "poorly fitted shoes" as was documented on the facility's investigation of what caused R29 to fall. V2 verified that R29's fall on 8/29/18 resulted in R29 sustaining a fracture to the left fibula and tibia. (A) | S9999 | | | |