

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/03/2019
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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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 Incident Report Investigation to incident of 12/15/18/IL108334	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d) 6) 300.3240 a) 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. Section 300.1210 General Requirements for Nursing and Personal Care d) 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	S9999		

Attachment A
Statement of Licensure Violations

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>These regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to physically stabilize a high fall risk resident (R1). This failure resulted in R1 sustaining a fracture of the left shoulder after falling out of a standard shower chair. R1 was one of three residents reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>On 1/2/19, V1 Administrator presented a Final Report Regarding Injury to resident (R1) which documents R1 experienced a fall on 12/15/18 in the shower room and sustained a fracture of the left humeral head. This report also documents R1 was transferred by staff from wheelchair to shower chair by mechanical lift. R1 was unhooked from the mechanical lift and began sliding in the shower chair and was gently lowered to the floor when R1's left arm got hung up on the armrest of the shower chair.</p> <p>R1s diagnoses include: Lewy Body Dementia, Parkinson's Disease, Dementing illness with behaviors, Multi Infarct Dementia, and Agitation with psychotic features.</p> <p>R1's Minimum Data Set (MDS) dated 12/11/18, documents R1 as not cognitively intact, totally dependent on two plus staff for transfers and showers, is not able to walk, is not steady, can only stabilize with staff assistance with surface to surface transfer between bed, chair and wheelchair, totally dependent with all ADL's (activities of daily living) including a mechanical lift for transfers, and uses a wheelchair with total</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>staff assistance for locomotion.</p> <p>R1's Care Plan dated 12/15/18, documents R1 is unaware of R1's safety needs related to Parkinson's Disease and advanced dementia. R1's care plan also documents R1 has current interventions that include reclining wheelchair for positioning due to lack of trunk control. This care plan documents R1 is unable to safely transfer or ambulate by self. This same Care Plan also states R1 is nonverbal and unable to follow verbal cues or directions, and ensure R1 is in an upright position and proper alignment while out of bed.</p> <p>R1's Fall Risk Assessment dated 12/11/18, documents R1 is a high fall risk having decreased muscle coordination and loss of sitting balance. R1's Range of Motion Assessment dated 12/11/18, documents R1 as "serious" for mobility, functional ability, and mentation. On 1/3/19 at 12:00 PM, V5 MDS Coordinator stated "serious" means R1 is fully dependent on staff for care, cannot move self in wheelchair, and can't do anything for herself.</p> <p>R1's Nurse's Notes dated 12/15/18, documents notified MD (medical doctor) V11 of left shoulder being swollen. V11 gave order for x-ray, results came back stating a humeral fracture and V11 gave a new order to put arm in a sling.</p> <p>R1's portable x-ray report, dated 12/15/18 and electronically signed by V12, Medical Doctor documents the reason for the x-ray as: swelling, patient slid in the shower, and the impression is confirmed as a humeral head fracture of the left shoulder.</p> <p>On 1/3/19 at 10:00 AM, V3 Certified Nursing Assistant (CNA) stated R1 was in a regular</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>shower chair and there were no foot rests on the shower chair when R1 slipped out. V3 stated when R1 was sliding out of the shower chair, R1's left arm got caught between the left arm rest and the seat and V3 had to lift R1 up some to get R1's arm from being caught in the shower chair. V3 also stated R1 leans to the side when sitting up in the shower chair. V3 stated there is no specific chair care planned for R1's use in the shower. V3 stated R1 now has a shower chair that tilts back, has foot rests, is more narrow and there are grips in the shower chair.</p> <p>On 1/3/19 at 10:51 AM, V4 Physical Therapy Assistant (PTA), stated no one in therapy assesses residents for shower chair use and R1 has never been assessed by PT for a shower chair.</p> <p>On 1/3/19 at 1:00 PM, V5 Licensed Practical Nurse (LPN)/ MDS Coordinator (previous floor nurse) stated V5 is not sure the exact date R1 started using the tilt back wheelchair, but it was before V5 started as MDS Coordinator so it had to be the middle of 2016. V5 stated the tilt back chair was a nursing intervention. V5 confirmed R1 is in the tilt back wheelchair due to poor trunk control. V5 stated also stated, "(R1) would need a tilt back shower chair as well."</p> <p>On 1/3/19 at 2:51 PM V2 Director of Nursing (DON), stated R1 should have been ordered a tilt back shower chair at the same time R1 was ordered a tilt back wheel chair.</p> <p>(B)</p>	S9999		