

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/01/2015
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NAME OF PROVIDER OR SUPPLIER FOREST CITY REHAB & NRSNG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 321 ARNOLD AVENUE ROCKFORD, IL 61108
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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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: : 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>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 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: 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 b) The DON shall supervise and oversee the nursing services of the facility, including 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,</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/09/15
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S9999	<p>Continued From page 1</p> <p>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> <p>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)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to supervise a resident at risk for fall during a shower. This failure contributed to R1 falling and sustaining a left hip fracture on May 27, 2015 that required surgical repair.</p> <p>This applies to 1 of 2 residents (R1) reviewed for safety and supervision in the sample of 3. The findings include: R1 ' s Physician Order Sheet-POS dated May 2015 shows R1 has diagnoses include Senile Dementia with Delusion and Paranoid Schizophrenia. R1 ' s Minimum Data Set-MDS dated April 6, 2015 shows that R1 is severely cognitively impaired. The same MDS shows R1 needs limited assist of 1 staff for transfers and ambulation. R1 ' s incident report dated May 27, 2015 documents R1 was getting a shower. R1 was sitting on a shower chair when she stood up, crossed her feet, turned around and fell. On June 1, 2015 at 11:00 AM, E5 (CNA-Certified Nurse Aid) said, she gave R1 a shower. E5</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(CNA) said she turned her back and walked towards her supply to get a towel to dry R1. When she turned around, R1 was already on the floor. E5 said it happened so fast.</p> <p>At 11:30 AM, E1 (Administrator) and E5 (CNA) were asked to accompany surveyor to the 2nd floor shower room where R1 fell. The shower stall is enclosed with a shower curtain. E5 showed the location of her supply bench that contained her towels. The bench was outside of the shower stall, behind the curtain, approximately 5 feet from where R1 was seated.</p> <p>On 2:25 PM E6 (LPN- License Practical Nurse) said R1 was being given a shower by E5 (CNA). E5 walked away to get her a towel. R1 got up, R1 has an unsteady and shuffling gait. R1 slipped and fell on the wet floor in the shower. E6 (LPN) said R1 was complaining of pain in her Left leg so she got an order to send R1 to the hospital.</p> <p>E2 (Director of Nursing) stated R1 had a previous fall on May 22, 2015. R1 Slipped and fell on a wet floor sign. E2 said R1 is impulsive and will not follow direction from staff.</p> <p>The Incident Report dated May 22, 2015 shows R1 slipped and fell over the cone that was on the floor for wet floor notification.</p> <p>R1 's care plan initiated on October 2014 shows R1 has potential for injury related to falls. R1 is unaware of safety measures, angers easily and displays impulsive behavior. R1 requires frequent cues and reminders from staff for safety awareness and judgment due to her dementia and memory impairment.</p> <p>R1's Fall risk assessment dated January 2015 shows R1 is a high risk for falls. The same document shows that R1 has a lurching, swaying, and slapping gait.</p> <p>The Hospital record dated May 27, 2015 shows R1 's X-ray of the left leg revealed a left intertrochanteric hip fracture. R1 underwent</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>surgery for her Left hip fracture on May 28, 2015. (Open Reduction/ Internal Fixation)</p> <p>On June 1, 2015 at 3:00 PM, E2 said no new interventions were added to R1 ' s care plan after she fell on May 22, 2015 to prevent additional falls.</p> <p>On June 2, 2015 at 10:30 AM, Z1(Physician) was asked if R1 ' s fall could have been prevented. Z1 said the Director of Nursing or nursing staff should know the residents history and put appropriate interventions in place. Any questions should be directed to the nursing staff.</p> <p>At 11:20 AM, Z2 said R1 is high risk for falls. R1 should be closely monitored especially in the shower room. It is in those brief moments when things happen.</p> <p style="text-align: center;">(B)</p>	S9999		