

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>IL6007306</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/19/2014</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHARON HEALTH CARE ELMS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3611 NORTH ROCHELLE<br/>PEORIA, IL 61604</b> |
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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>300.1210b)<br/>300.1210d)6)<br/>300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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 300.3240 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 REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> | S9999 |  |  |
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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>Based on record reviews and interviews the facility failed prevent one of three sampled residents (R2) from falling out of bed while providing incontinent cares. R2 sustained a left distal impacted femur fracture.</p> <p>Findings include:</p> <p>R2's current Minimum Data Set (MDS) dated 10/12/14 notes R2's bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture) as needing extensive assistance of two staff. MDS notes R2's weight is 311 pounds.</p> <p>Facility Accident/Incident Report for R2 dated 11/9/14 reads, "Resident (R2) fell out of low air mattress bed onto floor yelling and complaining of left leg pain. Left side hemiplegia from CVA. States she was grabbing for table. Lifted off floor by (Mechanical Lift) and put back to bed. Left leg having more pain and externally rotated."</p> <p>Local Hospital Emergency Department report dated 11/9/14 noted R2 to be oriented to person, place and time. Report reads, "Pt (R2) reports that she fell out of bed this morning while her Aide (E5 Certified Nurse's Aide) was cleaning her up and pushed her a little too hard to one side. Fell out of bed onto her left side. Having left hip pain now. Felt like her knee went pop."</p> <p>Emergency report note dated 11/9/14 at 5:07 P.M. reads, "Left Knee xray reviewed showing left distal impacted femur fracture."</p> <p>On 11/18/14 at 1:58 P.M. E5 stated that while performing incontinent care on R2, E5 rolled R2</p> | S9999 |  |  |
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| S9999 | Continued From page 2<br><br>away from E5 onto R2's right side. E5 said, "I was not paying attention to (R2's) feet while I turned her and that's when she rolled out of bed."<br><br>(B) | S9999 |  |  |
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