

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-MOUNT ZION	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 WOODLAND DRIVE MOUNT ZION, IL 62549
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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>300.1210a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>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 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</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		01/08/15

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S9999	<p>Continued From page 1</p> <p>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 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide sufficient staff to assist with resident transfer and ambulation for one of six residents (R20) reviewed for falls in a sample of 15. This failure resulted in R20 sustaining a fall with fracture to the left ankle.</p> <p>Findings include:</p> <p>R20's Endurance/Functional Ability Assessment dated 2/18/14 states, "Recommend two assist for walking and transferring resident in room with walker..." R20's Care Plan interventions dated 2/17/14 stated, "Restorative to assess resident ambulation..." R20's Care Plan interventions dated 2/18/14 states, "Two assist for transfers and walking resident with wheeled walker in room and bathroom."</p> <p>An incident summary dated 4/08/14 states, "...Resident ambulating with walker from bathroom to bed, standby assistance with gait</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>belt around resident waist provided by (R20's) CNA (Certified Nurse Aide)." The incident summary documents, "Resident stated to CNA that her leg was giving out." The incident report documents R20 was lowered to the floor at which time R20's left ankle was "twisted." The incident summary documents an X-ray was performed and indicated R20 had a fracture to the left ankle.</p> <p>R20's X-ray report dated 4/08/14 confirms R20 sustained, "Non displaced fracture of distal fibula with soft tissue swelling."</p> <p>On 12/16/14 at 10:45a.m. E6 (Restorative Nurse) verified R20 was assessed for ambulation assistance needs on 2/18/14. E6 stated, "Because of obstacles in (R20's) room and because of (R20's) behaviors I assessed (R20) needed the assistance of two (staff) for walking and transferring," while in R20's room.</p> <p>On 12/16/14 at 12:00p.m. E2 (Director of Nurses) verified R20 fell sustaining a fractured left ankle 4/08/14 while walking in R20's room with the assistance of only one CNA.</p> <p style="text-align: center;">(B)</p>	S9999		
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