

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/28/2014
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NAME OF PROVIDER OR SUPPLIER LITCHFIELD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1024 EAST TYLER LITCHFIELD, IL 62056
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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:</p> <p>300.1210b) 300.1210d)6) 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. Restorative measures shall include, at a minimum, the following procedures:</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>	S9999		

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>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 Regulations were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to maintain 4 resident bedrooms free of potential Thermal Burn Hazards for 7 residents (R1, R2, R3, R4, R5, R6 and R7) reviewed for safety hazards.</p> <p>Findings include:</p> <p>1. On 01/23/2014 at 10:00 AM, four resident bedrooms, Rooms B1, B7, B10, and B13, were observed to have portable heating units plugged into outlets and located in open areas of these rooms between the foot ends of the two beds and the opposite wall. These electric portable heating units extended at least two feet into the pathway areas of all 4 bedrooms.</p> <p>Between 10:05 AM to 10:12 AM temperatures of the surfaces of these four portable heating units were taken by placing heat sensitive test tapes, which turn black when temperatures exceed 140 degrees Fahrenheit (F), on accessible surfaces of the units. These test tapes turned black instantly for all four heating units demonstrating that their surface temperatures were above 140 degrees F.</p> <p>2. The residents residing in these four bedrooms</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>at the time were R1, R2, R3, R4, R5, R6 and R7.</p> <p>The Minimum Data Set (MDS) of the following residents documented "Activities of Daily Living (ADL) Assistance" in regard to "how a resident walks between locations in his/her room". R2 and R4 - "Limited Assistance" meaning "resident highly involved in activity; staff provide guided maneuvering of limbs or non-weight bearing assistance" dated 12/30/2013 for R2 and 11/29/13 for R4.</p> <p>The MDS of the following residents documented "Functional Status" assessments in regard to "Balance During Transitions and Walking": R1 - "Not steady, only able to stabilize with staff assistance" when "moving from seated to standing position" dated 11/26/2013. R2, R4 and R7 - "Not steady, only able to stabilize with staff assistance" when "walking" dated 12/30/2013 for R2, 11/29/13 for R4, and 12/27/2013 for R7.</p> <p>The Fall Risk Assessments for the following residents documented fall risk scores (a rating of 10 or above is considered "AT RISK"): R1 - score of 13, dated 11/20/2013; R2 - score of 13, dated 01/16/2014; and R4 - score of 10, dated 11/25/2013.</p> <p>The facility's Accident and Incident Log documents that R2 had falls on 11/07/2013, 11/17/2013 and 12/10/2013. The log documents that R2 tripped over a peer's wheelchair for the 12/10/2013 incident. R2's Nurse's Notes document that on 11/07/2013, R2 explained her fall by saying "she tripped over the bedspread." For the 11/17/2013 fall, R2's Nurse's Notes document that R2 said, "I got up from my chair turned to talk to resident and fell down."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 01/28/2014, at 11:30 AM, E4 (MDS Coordinator) stated during interview that R1 is considered to have a 'Moderately Impaired Cognition' at this time and that R2's cognition level is considered to be of 'Modified Independence' in regard to the Staff Assessment for Mental Status portion of the MDS.</p> <p>3. On 01/23/2014 at 10:30 AM, E1 stated that she started as Administrator on 01/07/2014, and the portable heaters were already in place at that time.</p> <p>On 01/23/2014 at 10:35 AM, E2 stated that there are 7 residents in these rooms and there have been no incidents or injuries related to these portable heating units.</p> <p>On 01/23/2014 at 10:45 AM, E3 stated that the use of the portable heaters were put in place on December 26, 2013 due to the breakers station on B hall being vulnerable to overheating and tripping the power out. To remedy this temporarily, E3 had Z1 (electrical contractor) re-route the electrical system within the B hall station temporarily until the complete repair could be done. E3 stated the re-routing made it "necessary" to turn off the wall heating units in these four bedrooms and replace them with portable units until the repairs could be done. E3 stated the timing of the repair is unknown because the part needed is not available to be shipped according to Z1.</p> <p>(B)</p>	S9999		