

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004477	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2013
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NAME OF PROVIDER OR SUPPLIER HILLTOP SKILLED NURSING AND REHABILIT/	STREET ADDRESS, CITY, STATE, ZIP CODE 910 WEST POLK STREET CHARLESTON, IL 61920
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210d)6) 300.2210b)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>and assistance to prevent accidents.</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition.</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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to ensure that 4 of 7 designated emergency exits were free of snow and ice, preventing a clear pathway for egress of residents in the event of a fire or need for evacuation. This failure placed all 49 residents at risk.</p> <p>Findings include:</p> <p>A modified tour was conducted at 1:35 P.M. on 12-17-13 to ensure that all seven emergency exits had clear pathways to a public way. The Maintenance Director, E5 was present during the tour. According to the facility floor plan and posted evacuation route, the facility has seven designated emergency exits to be used during emergencies for evacuation: the North (main) entrance, the North (Dining Room) exit, and the North (Service) corridor exit doors, the Northeast exit door from the East resident corridor, the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Northwest exit door from the West resident corridor, and the Southeast and Southwest exit doors from the "Core" resident corridor.</p> <p>The three North emergency exits were clear and they open into the parking lot/public way. The four other emergency exits' (Northeast, Northwest, Southeast and Southwest) walkways (sidewalks) were not clear and had 6 inches of snow on them. The four exits paths empty into the parking lot on the north side of the facility and were not clear to permit unobstructed passage away from the building.</p> <p>E5 stated on 12-17-13 at 1:35 P.M. that the area had 6 inches of snow on 12-13-13 and 12-14-13. E3 stated the snow stopped around 12:00 P.M. on 12-14-13. E5 was asked if it would be difficult to wheel and walk residents in the snow. E5 stated that it would. E5 stated that he was not aware that the emergency exit pathways to a public way are to be clear.</p> <p>According to the facility's Centers for Medicare and Medicaid Services, CMS-672 (Resident Census and Condition of Residents) completed 12-17-13, 49 residents reside at the facility. The facility documented that 20 residents use wheelchairs, 25 residents require assistance of staff to ambulate and 4 residents ambulate independently. On 12-19-13 at 2:30 P.M., The Director of Nurses, E2 stated that she believed that no residents could safely ambulate independently in the snow outside of the emergency exits.</p> <p>The Administrator, E1 stated on 12-17-13 at 1:45 P.M. that she did not realize that the walks were not clear. E1 was asked for a policy for snow removal. E1 did not provide a policy for snow</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>removal or procedures to maintain a clear path to a public way in case of emergencies. E1 did provide a "Daily Room Rounds" checklist or audit tool that was for the maintenance personnel. The "Daily Room Rounds" was designed to be used daily. Number 3 on the list states "Observe sidewalks for any hazards that may cause falls."</p> <p>E1 stated on 12-19-13 at 11:10 A.M. that the snow on the North parking lot was commercially removed and E5 removed the snow from the three North emergency exits on 12-14-13.</p> <p>(A)</p> <p>300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p>	S9999		

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S9999	<p>Continued From page 4</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview facility staff failed to safely transfer a resident (R17) by using a gait belt. This failure resulted in R17 falling to the floor and sustaining a fractured right tibia. R17 is one of seven residents reviewed for falls in a sample of 13.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated 1/13 documents the following information on R17: diagnoses for R17 are Urinary Tract Infection and Chronic Obstructive Pulmonary Disease. R17 is documented as an extensive two person assist for all transfers and toileting. R17 is documented as not able to stabilize herself without the help of staff. R17 is documented as cognitively intact.</p> <p>A facility report titled "Fall Risk Evaluation" documents R17 as a high risk for falls on 12/29/12, 1/6/13 and 1/11/13. A facility report titled "Verification of Incident / Administration Summary" documents that on 1/12/13 at 9:40 pm, R17 was being ambulated by one Certified Nursing Assistant (CNA), E18 from the bathroom without a gait belt. E18 had instructed R17 to turn and back up to the bed and sit down. R17's slippers slipped and R17 was lowered to the floor. E18 left to get assistance from E19, CNA and without an assessment for injuries, lifted R17 to the bed. E18 noted a skin tear and informed E20, Licensed Practical Nurse. E20 then completed a head to toe assessment on R17 per documentation of the report and there were no findings. The same report documents that E18 and E19 were counseled on safety precautions, use of gait belt with transfers, ambulations and</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>fall protocol on falls with nurse assessment prior to moving a resident. A Nursing Note dated 1/13/13 at 7:15 am documents E20, the same Licensed Practical Nurse working the evening before, being called to R17's room by E21 (CNA). E21 had noted swelling and bowing of R17's right lower leg. E20 performed an assessment and then notified Z1, R7's Primary Care Physician. E20 received an order to send R17 to the Emergency Room. R17 was transported to the Hospital Emergency Room. The Nursing Note goes on to document that at 1:45 on 1/13/13 the facility was notified that R17 had a right tibia fracture and was being admitted to the Hospital for surgical repair of the fracture. A facility report titled "Verification of Incident / Administration Summary" and dated for 1/13/13 documents that R17 was not toileted during the night of 1/12/13 (per R17's request) after R17's fall, but had been checked on every two hours through the night and no deformity of the right leg was noted by E15, Licensed Practical Nurse.</p> <p>A facility report titled "Gait Belt, Use of" and dated 2008 documents that the policy of the facility is that "staff will help control and balance (by using a gait belt) residents who require assistance with ambulation and transfer." The facility Policy titled "Transfer Activities" and dated 2006 documents the following:" Purpose...To transfer the resident from bed to chair, toilet or tub safely, Equipment.....Transfer Belt, Procedure...Obtain assistance of another individual if necessary for safe transfer, Apply transfer belt."</p> <p>On 12/19/13 at 4:40 pm E2, Director of Nursing stated that it is the facility's policy and E2's expectation that staff use a gait belt when a person has been assessed as high risk for falls and is an assist for transfers and ambulation.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>"...How else would staff be able to prevent a fall if there was no gait belt used, you can not grab their arms." E2 acknowledged that E18 did not transfer R17 per facility policy and therefore R17's fall may have been preventable. E2 also acknowledged that E18 and E19 should not have moved R17 from the floor to her bed prior to R20 being notified and completing an assessment.</p> <p>(B)</p> <p>300.2010 a) 1) Director of Food Services</p> <p>A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week. This person shall be either a dietitian or a dietetic service supervisor.</p> <p>These requirements were not met as evidenced by the following:</p> <p>Based on interview and record review the facility failed to have a qualified Dietary Manager who has completed the required training and works 40 hours per week in the kitchen. This has the potential to affect all 49 residents.</p> <p>Findings include:</p> <p>On 12-18-13 at 9:30am E23, Dietary Manager stated she is not a dietitian nor is she currently educationally qualified as a dietetic service supervisor. E23 stated she is enrolled in and has filed for a 6 month extension on the Dietary Manager's on-line training course in November</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>2013. E23 stated she was on lesson 10 or 11 of the 21 lessons in the class.</p> <p>On 12-20-13 at 1:30pm E1, Administrator stated (E22, previous Dietary Manager) last day of work was in December 2011 the day before (E23) started.</p> <p>According to the facility's Centers for Medicare and Medicaid Services, CMS-672 (Resident Census and Condition of Residents) completed 12-17-13, 49 residents reside at the facility.</p> <p style="text-align: right;">(AW)</p>	S9999		