

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2014
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NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210a) 300.1210b)5) 300.1210d)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>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</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>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.</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>	S9999		

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S9999	<p>Continued From page 2</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 record review and interview, the facility failed to ensure that staff safely transferred R5 by using a gait belt per the plan of care, while toileting. R5 lost her balance, struck her arm on the door, and sustained a fractured left wrist. R5 is one of six residents reviewed for falls in a sample of 24.</p> <p>Findings include:</p> <p>The Physician Order Sheet dated January 2014 for R5 documents the following diagnoses: Dementia with Psychotic Features, Delusional Disorder and Huntington's Chorea. R5's Minimum Data Set dated 5/2/2013 documents that R5 requires extensive assistance in transfers and that R5 is unable to steady herself without staff assistance during transitions and walking. The Plan of Care updated 5/2/13 for R5 directs staff to use two assist and a gait belt for all transfers and two assist and a gait belt for ambulation. A Fall Risk Assessment dated 5/2/2013 documents R5 as being at high risk for falls. The facility policy titled "Transfer Belts/Gait Belts" and dated 12/17/12, states that "gait belts are mandatory and that all Certified Nursing Assistants and Licensed Nursing personnel engaged in the lifting and transferring of residents will use gait belts. The use of gait belts and mechanical lifts is essential to reduce the risk of accident and injury to both residents and employees..... A gait belt is</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>used if indicated on the care plan."</p> <p>A facility report dated 7/10/2013 as "Final Report" documents that on 7/4/2013 E17, Certified Nursing Assistant (CNA) was toileting R5 when "(R5) lost her balance and leaned far to her left. (Has Huntington's) CNA tried to grab (R5) by (R5's) right arm, but (R5) bumped into bathroom door and hit her left wrist area. Original x-ray was negative on 7/5/2013. On 7/7/2013 swelling was noted to left hand, wrist area. Another x-ray was obtained which showed fracture to epiphysis of radius." Attached to this report is a fax cover letter documenting (Illinois Department of Public Health) being notified of R5's incident and injury. A X-Ray report dated 7/7/2013 documents the following on R5's left wrist: "Findings: There is a non-displaced fracture of the distal radius epiphysis which is more distinctly evident on the (Anterior Posterior) view than on the previous study of the left wrist."</p> <p>On 1/14/2014 at 4:00 pm E17 stated that on 7/4/2013 R5 was ambulated to the bathroom by E17 and that a gait belt was not used. "I forgot the gait belt at the nursing station, but went ahead and ambulated and transferred (R5). She lost her balance and fell into the door hitting her left arm." E17 acknowledged that a gait belt was supposed to be used when ambulating or transferring R5 due to the disease process of Huntington's Chorea. On 1/15/2014 at 10:45 am, E2, Director of Nursing and E18, Assistant Director of Nursing, both acknowledged that their expectation is that "a gait belt is used in all assisted transfers."</p> <p style="text-align: right;">(B)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>300.4010c)1) 300.4020b)1)</p> <p>Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S</p> <p>c) A comprehensive assessment must be completed by the IDT no later than 14 days after admission to the facility. Reports from the pre-admission screening assessment or assessments conducted to meet other requirements may be used as part of the comprehensive assessment if the assessment reflects the current condition of the individual and was completed no more than 90 days prior to admission. The assessment shall include at least the following:</p> <p>1) A psychiatric evaluation completed by a board certified or board eligible psychiatrist or, if countersigned by a board certified or board eligible psychiatrist, the evaluation may be completed by a person who is a certified psychiatric nurse, a nurse with a Bachelor of Science in Nursing (BSN) and two years of experience serving individuals with serious mental illness, or a registered nurse with five years of experience serving individuals with serious mental illness; a licensed clinical social worker; a physician; a licensed psychologist; or a licensed clinical professional counselor (LCPC) under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107]. The psychiatric evaluation shall include:</p> <p>Section 300.4020 Reassessments for Residents</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>with Serious Mental Illness Residing in Facilities Subject to Subpart S</p> <p>b) All persons admitted to a nursing home facility with a diagnosis of serious mental illness who remain in the facility for a period of 90 days shall be re-screened by the Department of Human Services or its designee at the end of the 90-day period, at 6 months, and annually thereafter to assess their continued need for nursing facility care and shall be advised of all other available care options. (Section 2-104.3 of the Act) Complete comprehensive reassessments shall be conducted in the following areas:</p> <p>1) Psychiatric evaluation:</p> <p>This requirement is not met as evidence by:</p> <p>Based on record review and interview the facility failed to complete the comprehensive assessment by not obtaining the required psychiatric evaluation for two new admissions (R20 and R24) and failed to annually obtain a reassessment which includes psychiatric evaluations for three residents (R3, R21, R25) of five residents reviewed for Serious Mental Illness in a sample of 24.</p> <p>Findings include:</p> <p>1. The Physician's Order Sheet dated January 2014 (POS) documents R20 was admitted to the Annex unit on 11/11/2013 with the diagnoses of Psychosis and Grandiose Delusions. Requirements for this unit is all new admissions will have a comprehensive assessment which includes a psychiatric evaluation to be completed</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Involvement in Psychiatric Rehabilitation Services" states "..... Residents requiring this level of service will be evaluated accordingly. Evaluations/assessments will include:Psychiatric Evaluation....."</p> <p>E1, Administrator stated on 1/15/14 at 10:55 AM "The facility does not have any psychiatric evaluations for the SMI (Serious Mental Illness) residents done by the psychiatrist."</p> <p>E 21, PRSD (Psychiatric Rehabilitation Services Director) confirmed on 1/16/14 at 12:25 PM there were no psychiatric evaluations completed on any residents residing on the Annex unit.</p> <p style="text-align: center;">(B)</p>	S9999		