

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/13/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEDDINGTON OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2223 WEST HEDDING AVENUE 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
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.</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> <p>These Regulations were not met as evidenced</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>by:</p> <p>Based on observations, record review, and interviews the facility failed to safely transfer one of three (R1) residents from the wheelchair to the bed. On 3/5/14 R1 sustained acute mildly displaced fractures to the right distal tibia and fibula.</p> <p>Findings include:</p> <p>Facility occurrence report dated 3/5/14 reads "resident (R1) is alert and oriented times three (R1) stated that when second shift CNA (certified nurses aide/E4) placed her (R1) in bed that her leg twisted and she heard something pop..."</p> <p>Radiology report of right ankle dated 3/6/14 notes R1 to have acute mildly displaced fractures, distal tibia and fibula. Mild medial and lateral soft tissue swelling.</p> <p>E3's (ADON/Assistant Director of Nursing) interview report with R1 documents that R1 told E3 "she (E4) was transferring me from the wheelchair to the bed, when I (R1) heard a pop and felt some pain in my leg." R1 also stated that she told the aide(E4) that she was hurt and the aide replied "I haven't done anything." R1 reported to E3 that (E4) "just lifted me up from the wheelchair and was placing me in the bed," without using a mechanical lift of any kind.</p> <p>On 3/12/14 at 11:30 A.M., R1 was sitting in wheelchair with soft splint to right lower extremity and confirmed that on 3/5/14 while E4 was transferring R1 from wheelchair to bed she heard a pop and felt "great pain." R1 said that E4 did not use a mechanical lift.</p>	S9999		

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S9999	Continued From page 2  R1's care plan dated 9/3/13 notes R1 to require a mechanical lift for transfers per therapy and physician order.  (B)	S9999		