

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2014
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - GENESEO VILL	STREET ADDRESS, CITY, STATE, ZIP CODE 704 SOUTH ILLINOIS STREET GENESEO, IL 61254
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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) 300.1220b)3) 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>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: 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>	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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>failed to implement new interventions after falls and failed to follow current fall interventions in place for one of nine residents (R4) reviewed for falls in the sample of fifteen. This failure resulted in R4 falling twice, the first time sustaining a fracture of the left femoral neck and the second fall sustaining a right intertrochanteric fracture.</p> <p>Findings include:</p> <p>1. Facility's Incident Record Log documents R4 has fallen 13 at the times at facility on the following dates: 05/17/13, 06/25/13, 08/05/13, 08/11/13, 09/10/13, 09/23/13, 10/21/13, 10/29/13, 12/30/13, 01/02/14, 01/10/14, 01/19/14, and 02/04/14.</p> <p>R4's Incident Detail Form, dated 05/17/13 does not have new fall interventions documented, and R4's current care plan dated 02/11/13 does not document an intervention for this fall.</p> <p>On 02/24/14 at 11:38 a.m., E1, Administrator, verified that no new fall intervention was implemented nor was R4's care plan updated after R4's fall on 05/17/13.</p> <p>R4's Incident Detail Form dated 06/25/13 documents R4 fell and required transport to a local hospital for evaluation and treatment.</p> <p>Local Hospital's Radiology Report for R4, dated 06/25/13, documents, "There is a hairline fracture of the left femoral neck..."</p> <p>Local Hospital's Operative Report for R4, dated 06/26/13, documents R4 required a left hip pinning for a left femoral neck fracture.</p> <p>R4's Incident Detail Form, dated 01/10/14,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents the intervention, "Check Urinanalysis." Review of R4's current medical record does not have a urinanalysis result documented following R4's fall on 01/10/14.</p> <p>On 02/26/14 at 9:40 a.m., E1, Administrator, verified no physician order was obtained for a urinanalysis and a urine specimen was not collected from R4 following R4's fall on 01/10/14. E1 stated, "We (facility staff) dropped the ball on that. It was never done."</p> <p>R4's Incident Detail Form, dated 01/19/14, documents R4 fell at the facility, reported right hip pain and required transport to a local hospital for evaluation and treatment.</p> <p>Local Hospital's Radiology Report for R4 dated 01/20/14 documents, "Intertrochanteric fracture on the right..."</p> <p>Local Hospital's Operative Report for R4, dated 01/21/13, documents R4 underwent the surgical procedure, "Open reduction internal fixation of the right hip intertrochanteric fracture."</p> <p>On 02/25/13 at 3:15 p.m., E1, Administrator, verified no new fall interventions were implemented for R4 prior to R4 falling and sustaining fractures on 06/25/13 and 01/20/14.</p> <p style="text-align: center;">(B)</p>	S9999		