

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004816	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2014
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NAME OF PROVIDER OR SUPPLIER REHAB & CARE CTR - JACKSON CO	STREET ADDRESS, CITY, STATE, ZIP CODE 1441 NORTH 14TH STREET MURPHYSBORO, IL 62966
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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</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 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 appropriately transfer one resident (R3) reviewed for falls. This failure resulted in a mildly displaced fracture of left distal tibia and fibula.</p> <p>Findings include:</p> <p>R3 is 88 years old with diagnosis of Alzheimer's; Dysphasia; Dementia with Behavioral Disturbance; Depressive Disorder; Stage III Pressure on Coccyx; Gout; Fibula Fracture; and Chronic Kidney Disease according to the Admission Record dated January 23, 2013. R3's Minimum Data Sets (MDS) dated March 25, 2014 and June 24, 2014 indicates R3 is is totally dependent with two persons physical assistance for transferring between surfaces including to and from bed, chair, wheel chair, and standing positions, these same MDS's evaluate R3 as moderately impaired for cognitive skills for daily decision making.</p> <p>The incident log for 11:00 PM to 7:00 AM shift for March 2014 lists R3 as having a fracture. An x-ray report dated March 16, 2014 states " nondisplaced fracture of distal fibula" and "Irregularity of the lateral malieolus is identified. This may indicate a nondisplaced fracture." and a followup x-ray report dated April 21, 2014 states " mildly displaced fracture distal tibia and fibula."</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The facilities internal investigation of R3's fracture lists E10 (Certified Nurses Aide [CNA]) as putting R3 to bed on March 15, 2014 without assistance from other staff. The Certified Nurses Aide (CNA) Summary of Care Sheet indicates R3 as a 2 person transfer, and the Charge Nurse Summary of Care sheet lists R2 as a 2 person transfer, both sheets dated March 14, 2014, 1:52 PM.</p> <p>E10 wrote on an employee statement dated March 16, 2014, " help could not be located and a transfer was made from R3's bed to the wheel chair without assistance, and from the wheelchair to the bed after supper meal", the statement also indicated E10 was not aware R3 was a two person transfer, at the bottom of the Employee Statement form the statement was written "If I knew a resident had fracture, I would have reported to the charge nurse immediately."</p> <p>R3's nursing notes indicate the left ankle was sore to touch or in pain on March 20, March 21, March 25, and March 29, 2014 and R3 was receiving pain medication MAPAP 2 tabs (650 milligrams) twice on March 16, once one March 17, and NORCO 5-325 on March 17, 2014.</p> <p>On August 14, 2014 at 11:00 AM, E10 reported receiving a disciplinary action for transferring R3 alone but again stated there was nothing in R3's room to indicate a two person transfer was required. E1 verified a disciplinary action was provided to E10 for transferring R3 alone and the information of R3 needing 2 persons for transferring was available to E10 on the CNA Summary of Care Sheet available to all CNA's.</p> <p>R3 was observed to be transferred by 2 staff per mechanical lift on two occasions, August 12, 2014 at 10:30 AM, and August 13, 2014 at 11:00</p>	S9999		
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S9999	Continued From page 3 AM. (B)	S9999		
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