

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF CANTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2081 NORTH MAIN STREET CANTON, IL 61520</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><b>Final Observations</b></p> <p><b>Statement of Licensure Violations</b></p> <p>300.1210b) 300.1210d)6) 300.3240a)</p> <p><b>Section 300.1210 General Requirements for Nursing and Personal Care</b></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><b>Section 300.1210 General Requirements for Nursing and Personal Care</b></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>	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 300.3240 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 failed to use a gait belt during resident transfer for one of one residents (R3) reviewed for resident injury in the sample of 16. This failure resulted in R3 having a sprained shoulder and overall functional decline.</p> <p>Findings include:</p> <p>On 6-16-14 at 9:00 am, R3 stated R3 has pain in right shoulder due to a CNA(Certified Nursing Assistant) transferring R3 a few months ago by holding R3 under the arms and lifting R3 to the bed. R3 told the CNA that "there is a belt in the drawer to use," but the (CNA) continued lifting under (R3's) arms. (R3) was then sent to the ER (Emergency Room) with pain to right shoulder.</p> <p>On 6-18-14 at 9:00 am, E3 CNA (Certified Nursing Aide) stated with regards to R3's transfer, E3 and E4 (CNA) were transferring R3 from R3's wheelchair to R3's bed. E3 and E4 picked R3 up under R3's arms without using a gait belt. R3 then complained of pain to R3's right shoulder. E3 notified the nurse of R3's pain.</p> <p>An Investigation Report dated 2-13-14, documents, "it was reported that when two CNA's were transferring (R3) from (R3's) wheel chair to</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(R3's) bed that (R3) complained of right shoulder pain rating pain at an 8 out of 10. PRN (as needed) pain medication was given at that time. Emergency Room physician stated R3 had a right shoulder sprain and ordered an immobilizer. Staff education provided regarding proper transferring techniques."</p> <p>A local hospital's discharged physician's order's sheet, dated 2-13-14 at 10:15 p.m., documents R3's diagnosis as sprain to right shoulder and order for shoulder immobilizer for comfort.</p> <p>The local hospital ED (Emergency Department) Visit Summary dated 2/13/14 documents, "(R3) has to be picked up to be put in bed and the nursing home staff tried to pick him up under (R3's) arms and (R3's) right shoulder popped out."</p> <p>R3's Physical Therapy Summary dated 2-21-14 documents, "(R3) has a decline in gait due to right shoulder injury. (R3) has immobility on right upper extremity which limits weight bearing on platform wheeled walker."</p> <p>On 6-19-14 at 8:30 am, E3 (DON/Director of Nursing) verified (E3) and (E4) should have used a gait belt when transferring E3 from E3's wheelchair to bed.</p> <p>R3's plan of care dated 1-21-14 documents, transfer with two person extensive assist.</p> <p>The facility's Transfer: Bed-Chair/Wheelchair Policy dated 01/2011 documents under One Person - Stand Pivot: "apply gait belt to patient."</p>	S9999		
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