

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2014
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NAME OF PROVIDER OR SUPPLIER GARDENVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834
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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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 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.</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:</p> <p>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</p>	S9999		
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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>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. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to reassess and implement safety interventions for one (R5) of three residents reviewed for falls in a sample of seven. This failure resulted in R5 falling from her wheelchair and sustaining a Cervical Fracture at the second vertebrae.</p> <p>Findings include:</p> <p>The Physician Order Sheet (POS) dated May 2014 for R5 documents the following diagnoses: Dementia and Seizure Disorder.</p> <p>The Minimum Data Set (MDS) dated 2/14/14, documents R5 as cognitively impaired, needing extensive assist in all transfers. The same MDS documents that R5 is not able to stabilize herself without staff assistance when moving from a seated to standing position, surface to surface transfers and moving on and off the toilet.</p> <p>A facility report titled "Incident/Accident Report and dated 4/30/14 documents that R5 fell from her wheelchair and was found lying on her left side at 4:10 pm. "Resident had attempted to stand and transfer herself." The report includes a statement from E11, Certified Nursing Assistant</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(CNA), documenting that R5 had been leaning in her wheelchair since E11 had arrived at the facility at 2:15 pm.</p> <p>There was no documentation in the Medical Record of R5 being assessed for leaning in her wheelchair. The Care Plan dated for 4/30/14, documents R5's fall and states that R5 had been leaning to the side in her wheelchair for the past two days. There is no new safety intervention for R5 transferring from her wheelchair documented on the above dated Care Plan.</p> <p>A second facility report titled "Incident/Accident report dated 5/1/14 documents that R5 fell from her wheelchair while sitting in the dining room at 6:00 pm. The report documents R5 falling face first onto the floor, receiving a hematoma to the forehead. The report documents that R5 had a chair alarm on and had taken it off and hid it. The report goes on to state "This is an ongoing thing (disabling and turning alarms off) with (R5)."</p> <p>Nursing Notes dated 5/1/14 document that R5 was sent to the local hospital and later transferred to a trauma hospital, where R5 was admitted for "Skull Fracture".</p> <p>A hospital consult report signed by Z3, Neurological Surgeon, documents that a Computerized Tomography of R5's cervical spine was performed on 5/1/14 showing a "type 2 odontoid fracture (Cervical Fracture at vertebrae two) without displacement. The fracture lines appear acute but there is no retropharyngeal hemorrhage."</p> <p>The Hospital Discharge Record dated 5/3/14 for R5 documents R5 returning to the facility with a hard cervical collar to be worn while up and a soft</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>cervical collar can be worn while sleeping.</p> <p>A facility report and facsimile to the State Survey and Certification Agency dated 5/7/14 documents R5's fall and states that "(R5) does have a history of and continues to disable the safety alarms and hide them. (E8), Licensed Practical Nurse indicates that she has found (R5's) alarms in the garbage can, has seen her turn off the alarm, and place the alarm underneath her bed to hide it."</p> <p>On 5/28/14 at 12:35 pm E9, CNA stated "(R5) has been leaning in her wheelchair for quite sometime and this is unusual for her." E9 stated that R5 "has had alarms on her wheelchair and bed since coming from E wing." E10, Registered Nurse stated that R5 has had alarms on since coming to A wing from E wing and R5 is always taking them off or turning them off.</p> <p>On 5/28/14 at 12:50 pm, E12, Business Office Manager stated that R5 was transferred from to A wing on 3/7/14.</p> <p>On 5/28/14 at 2:35 pm E11, CNA stated that she saw R5 leaning to the side in her wheelchair on 4/30/14 and stated she does not remember telling the charge nurse.</p> <p>On 5/28/14 at 2:40 pm E8 stated that she had been aware of R5 leaning in her wheelchair for a few days prior to her falls on 4/30/14 and 5/1/14. E8 confirmed that R5 has had alarms on for quite some time, even before the 4/30/14 fall. E8 stated "She took them off and hid them, threw them in the trash and she wood turn them off. The alarms were not effective for (R5) because she was smart enough to know how to turn them off."</p>	S9999		
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**Gardenview Manor
Plan of Correction
Cycle Date: March 19, 2014
Survey Date: May 28, 2014**

F323

The facility will ensure that the resident environment remains as free of accident hazards as is possible; and that each resident receives adequate supervision and assistance devices to prevent accidents.

R5 has been re-assessed for appropriate wheel chair positioning and the plan of care has been reviewed and updated as needed to reflect all safety interventions to prevent any further falls.

E11 and E9 have received counseling and education that when noting a change in condition for any resident that E11 and E9 are to report the change of condition to the charge nurse immediately. E8 and E10 have received counseling and education that when a noted change in a residents condition/removing or disabling any safety device that appropriate referrals and additional interventions need to be implemented for prevention of potential accidents.

An in-service has been conducted for all licensed staff and direct care staff in regards to noting changes of condition, how/when to implement new interventions if the current interventions that are in place according to the plan of care are not effective.

The Director of Nursing and/or designee will monitor the 24 hour reports daily to note any changes in condition or positioning ability to ensure new interventions have been implemented and referrals have been made to the appropriate professional disciplines for re-assessment.

Any discrepancies that are noted will be reported to the Quality Assurance Committee for review and follow up.

Completion Date: 6/6/2014

Accepted