

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2014
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NAME OF PROVIDER OR SUPPLIER LEROY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 509 SOUTH BUCK ROAD, PO BOX 149 LE ROY, IL 61752
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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.</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</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</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>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 requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement interventions to prevent falls for one of eight residents (R17) reviewed for falls out of a sample of sixteen. This failure resulted in a additional fall in which R17 received a nasal fracture.</p> <p>Findings Include:</p> <p>R17's physician order sheet (POS) dated May 1 through May 29, 2014 has diagnoses of Dementia with Behavior Disturbances, Depression, Anxiety with Agitation and Weakness. R17's minimum data set (MDS) dated September 10, 2013 shows that R17 has severe cognitive impairment, and requires extensive assist of one staff for transfers and ambulation.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The Event Report dated September 30, 2013 documents that R17 had an unwitnessed fall at 1:30 pm while in the day room. R17 was sitting in a chair prior to the fall. The investigation states, "R17 attempted to stand up from her chair without staff assistance when she fell to the floor." An intervention of "restart medication" is listed on Event Report. This intervention is not listed on the care plan.</p> <p>The Event Report dated September 30, 2013 shows R17 had a witnessed fall at 4:01 pm while in the dining room. R17 was sitting in a recliner when she attempted to stand up from her chair without staff assistance and fell to the floor. An intervention of "medication restarted and temporary one on one supervision" is listed on Event Report. These interventions are not listed on the care plan.</p> <p>The Event Report dated Oct. 4, 2013 shows R17 had an unwitnessed fall at 6:35 pm. R17 was sleeping in a recliner with her feet elevated when she woke up. R17 attempted to stand from the recliner without assistance, and fell to the floor. The report states that R17 was transferred to the hospital for evaluation on that date. The CT (Computerized Tomography) scan dated October 4, 2013 shows a fracture of the nasal bone. No additional interventions were listed on the Event report or care plan.</p> <p>On May 28, 2014 E3, Director of Nursing (DON) stated, "R17 has had a ton of falls." E3 confirmed that "one on one supervision had been discontinued at the time of the fall that resulted in nasal fracture . . . I don't know how long it (one on ones) was in effect. . . ." E3 had no evidence for the time period that one on one supervision</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>was provided. E3 stated, "no other interventions, besides restarting Risperidone a few days prior, had been initiated."</p> <p>(B)</p> <p>300.1230 k) Staffing</p> <p>Effective September 12, 2012 a minimum of 25% (percent) of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to have 10% of nursing and personal care time provided by a Registered Nurse (RN) for two of 14 days reviewed. This has the potential to affect all 76 residents in the facility</p> <p>Findings include:</p> <p>The spreadsheet provided by E1 Administrator on 5/27/2014 documents staffing from 5/4/14 - 5/17/14. The spreadsheet documents an average census of 3.4 skilled residents and 71.6 intermediate residents for that time period, requiring 191.92 hours of minimum direct care staff per day. The Minimum RN hours required at 10% of direct care hours calculates to 19.19 hours.</p> <p>The spread sheet documents the following RN hours per 24 hours period:</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>5/4/14 - 16.5 RN hours worked 5/17/14 - 16.5 RN hours worked.</p> <p>The Weekly Schedule Sheets that document the Nursing Schedule dated 5/4/14 - 5/17/14 documents the same RN hours as on the spread sheet.</p> <p>On 5/29/14 at 7:45am, E1 Administrator stated that the RN staffing for the weekends needed to be rearranged to provide the required RN hours.</p> <p>On 5/29/14 at 7:50am, E3 Director of Nursing stated that the RN hours documented on the spread sheet and the Weekly Schedule for 5/4/14 - 5/17/14 are accurate.</p> <p>According to the Resident Census and Conditions of Residents form dated 5/27/14, 76 residents reside in the facility.</p> <p style="text-align: center;">(AW)</p>	S9999		