

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER TRI-STATE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
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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>300.1210a)</p> <p>300.1210b)</p> <p>300.1210d)6)</p> <p>300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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</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>resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection, 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 resident. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS ARE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and record review, the facility failed to provide 2 person assist while rendering care for 1 of 5 residents (R9) reviewed for bed mobility and falls in the sample of 16 residents. This failure resulted in R9's falling out of bed during care resulting in hospitalization for hip fracture and hip surgery.</p> <p>FINDINGS INCLUDE:</p> <p>On 7/15/14 at 10am, R9 was observed in bed. On 7/16/14 at 10am, two staff members repositioned and turned R9. R9 was not able to turn herself.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>On 7/16/14 at 10am, R9 stated that she cannot remember what happened on 5/22/14 when she fell out of bed. R9's MDS (Minimum Data Sheet) dated 5/11/14 reads active diagnoses as multiple sclerosis, hypertension, hyperlipidemia, hypothyroidism and muscle weakness.</p> <p>On 7/15/14 at 2:50pm, E21 (CNA) stated that she witnessed R9 fall off the side of her bed onto the floor on 5/22/14. E21 stated that on 5/22/14, she knocked on R9's door. E21 asked E28 (CNA) if she needed any help with R9. E28 said no and stated she was almost finished with R9's care. E21 stated that R9 was undressed in bed and turned on her side facing the door. E21 stated that she went into R9's room and started washing her hands to assist E28. E21 stated that E28 went to the window side of R9's bed to continue cleaning and changing the pad underneath R9. When E21 turned around after washing her hands, she witnessed R9 falling off the side of her bed and onto the floor.</p> <p>R9's clinical notes dated 5/22/14 at 3:44pm read staff called to R9's room by attending CNA. R9 was observed on the floor. R9's clinical notes dated 5/22/14 at 4:06pm read R9 now stating that her bilateral knees hurt. R9's clinical notes dated 5/22/14 at 5:59pm read R9 complained of increased pain. On 5/22/14 at 6:18pm, x-rays of bilateral knees were ordered. On 5/22/14 at 11:23pm, x-rays were completed. On 5/23/14 at 9:45am, R9 was sent to the hospital. X-ray results revealed an impacted slightly oblique fracture of the distal shaft of the right femur with no significant displacement. R9 had hip surgery and returned to the facility on 5/28/14.</p> <p>R9's MDS (Minimum Data Sheet) dated 5/11/14 reads Section G. Functional Status - Bed mobility</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>- self performance extensive assist (3) and two person physical assist (3). The coding on the MDS for ADL (Activity of Daily Living) support provided is the following: 0 means no set up or physical help from staff, 1 means setup only, 2 means one person physical assist and 3 means two person physical assist. The facility failed to have 2 persons physically assist with R9's bed mobility on 5/22/14 when R9 fell off the side of her bed onto the floor.</p> <p>R9's care plan dated 4/14/2014 reads Injury/Potential for fall related injury related to: diagnosis multiple sclerosis, weakness, impaired balance. The goal is R9 will not sustain any severe fall related injury through the next review period. The approaches dated 4/14/2014 read assist with positioning in bed and chair for comfort and safety, frequent safety checks, cues and reminders and maintain a safe environment. The facility failed to meet the goal of R9 not sustaining any severe fall related injury. The facility failed to assist R9 safely with positioning on 5/22/14 when R9 fell off the side of her bed onto the floor.</p> <p>(B)</p>	S9999		
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