

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006258 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/06/2014 |
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| NAME OF PROVIDER OR SUPPLIER MOMENCE MEADOWS NURSING & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT MOMENCE, IL 60954 |
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| S9999 | <p>Final Observations</p> <p>NOTICE OF LICENSURE VIOLATIONS:</p> <p>300.1210a) 300.1210b)5) 300.1210d)6) 300.2420j) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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. 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. Restorative measures shall include, at a minimum, the following</p> | S9999 | | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/20/14 |
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| S9999 | <p>Continued From page 1</p> <p>procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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 300.2420 Equipment and Supplies</p> <p>j) There shall be a sufficient quantity of resident care equipment of satisfactory design and in good condition to carry out established resident care procedures.</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 evidence by:</p> <p>Based on interview and record review the facility failed to ensure the safe transfer of a resident (R1) from his bed to the wheelchair resulting in a laceration to the forehead requiring 2 sutures. This applies to one of three residents (R1) reviewed for fall precautions/transfers in the sample of three.</p> <p>The findings include:</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>According to the POS (physician's order sheet) in the medical record R1 is an 84 year old male with Alzheimer's Dementia, left hip displacement and lower extremity edema. According to the Quarterly Restorative Nursing Review in the record dated 05/02/14 R1 requires extensive assistance (2+ persons physical assist) to transfer. R1's care plan updated quarterly including the dates of 05/05/14 and 07/23/14 notes R1 was assessed for his transfer needs and continues to require the following support: total dependence (full staff support). R1's care plan also denotes the requirement of a Mechanical Lift.</p> <p>According to an incident report of 07/16/14 while being transferred by E2, CNA (Certified Nurses Aide) R1 hit his head sustaining a laceration. R1 was transferred to the local hospital where he received 2 sutures to the forehead. On 11/06/14 E2 stated she was getting R1 up from the bed to the wheelchair for breakfast on 07/16/14. They are supposed to use the full mechanical lift but the batteries needed charging. They are supposed to have 2 people to transfer him so she went to find another CNA in the hallway, but no one was out there. She went and got the sit to stand lift because he was agitated and trying to stand up. The PT person who was working with R1's roommate came and helped. R1 leaned forward and hit his head on the lift before they got him seated. She said she should have waited until she had another person to help before she tried to transfer him. She was suspended for 2 days after this happened and was re-inserviced afterwards.</p> <p>E3, PT (Physical Therapy) stated during interview on 11/06/14 she was working with R1's roommate on 07/16/14. E3 said, she saw the CNA was</p> | S9999 | | |

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| S9999 | Continued From page 3 working with R1 and he was very anxious, and thought she would help the CNA, R1 kept struggling, he was wearing a strap for the sit to stand lift but no gait belt. She has had him for therapy in the past. They are supposed to use a full mechanical lift. He is heavy and leans forward. She don't know exactly how he hit his head. She just saw the blood. (B) | S9999 | | |