PRINTED: 10/24/2014 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6015812 09/25/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 27 AUERBACH PLACE MERIDIAN VILLAGE CARE CENTER GLEN CARBON, IL 62034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Final Observations S9999 Licensure Violations: 300.610a 300.1210a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

> TITLE (X6) DATE

> > 10/13/14

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X4) DATE SURVEY COMPLETED | (X5) DATE SURVEY COMPLETED | (X6) DATE SURVEY COMPLETED

MERIDIAN VILLAGE CARE CENTER

27 AUERBACH PLACE GLEN CARBON, IL 62034

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
S9999	Continued From page 1	S9999		
	resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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.			
	Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.			
	These requirements were not met as evidenced by:			
7000000	Based on record review, observation and interview, the Facility failed to provide supervision during toileting for 1 of 5 residents (R1) reviewed for falls in the sample of 15. The failure resulted in R1 sustaining a laceration to her head which required a staple, and a compression fracture of the lumbar spine.			
	Findings include:			
The second secon	R1's Facility form entitled "Incident Details" documents: "8/22/14 - 2:10 PM, Resident noted on the floor. Staff member ambulated resident to her bathroom, staff stepped out of bathroom to grab gloves, resident proceeded to pull her pants down to use commode and lost her balance and fell side ways then on to her bottom. Resident			
	then noted to bump head on the corner of the sink, noted to have laceration to head, appears to be deep, area cleansed and pressure applied to			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015812	B. WING		09/:	25/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MERIDIA	AN VILLAGE CARE CE	-NIFR	BACH PLAC			
	1	GLEN CA	RBON, IL 6	2034		
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETE	
S9999	Continued From pa	ge 2	S9999			
	area. Resident insi mechanical lift, assi then to her bed. Rehead hurting. Rang limits for this reside emergency room. Fresident is complain back hurting." R1's "Emergency R. Document", dated 8 an 80 year old fema Emergency Departminjury. Patient lives being assisted to the aide went to grab glicher pants down. Sh far and fell. She hit then fell on her left scomplaining of pain denies loss of consocomputer Tomograph. Acute mild first Lucompression fracture posterior wall of the apparent retropulsion posterior elements. endplate compression Patient Visit Information: Vertebral Compression fracture posterior elements. endplate compression posterior elements. endplate compression fracture posterior wall of the apparent retropulsion posterior elements. endplate compression fracture posterior wall of the apparent retropulsion posterior elements. endplate compression fracture posterior wall of the apparent retropulsion posterior elements. endplate compression fracture posterior elements. endplate compression fracture posterior elements. endplate compression fracture posterior wall of the apparent retropulsion posterior elements. endplate compression fracture posterior elements. endplate compression fracture posterior elements. endplate to manufacture posterior elements posterior elements. endplate to manufacture posterior elements posterior	sted on getting up and refused st resident to her wheelchair esident only complaining of the of motion within normal ont. Orders received to send to Paramedics arrived and using of left side near ribs and side of left side near ribs and was left be presenting to the near complaining of a fall with in a nursing home and was left bathroom. When the nurse left parts down too her head on the sink and left side. She is currently to her left mid-back. Patient left left mid-back. Patient left left mid-back. Patient left left left left left left left lef				

another call - I don't know how long she was gone Illinois Department of Public Health

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R1 complained that her back hurt too. E14 stated R1 said that the laceration to R1's head was deep but not too wide and required only 1 staple. E14 confirmed that neither the Facility or hospital documented a description of the laceration to R1's head. R1's current face sheet documents diagnoses, in Hypothyroidism. R1's Minimum Data Set (MDS),

part, of Parkinson's Disease, Edema, Falls and dated 6/6/14, documents that she requires the extensive assistance of two or more staff members physical assistance for transfers; and the extensive assistance of one staff members physical assistance for walking and toilet use. Section G of the MDS documents that R1 is not steady and only able to stabilize with human assistance for moving from a seated to standing position, walking, turning around, moving on and off the toilet and surface-to-surface transfers.

R1's plan of care, dated 6/23/14, documents "Problem: I am at increased risk for falls because of my advanced Parkinson's Disease." The approaches for this Problem include the following documented interventions: "I don't always remember to wait for assistance. Escort/walk with me wherever I need to go please".

R1's room and bathroom were observed on 9/24/14 at 3:40 PM. The gloves were located in a dispenser on the wall directly inside the resident

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
IL6015812		B. WING		09/25/2014				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE					
MERIDIAN VILLAGE CARE CENTER 27 AUERBACH PLACE GLEN CARBON, IL 62034								
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S9999	Continued From page 4 room, to the left of the entry door. The entry door to R1's bathroom was 8 feet from the glove dispenser. The toilet is located 6 feet inside the bathroom.		S9999					
		(B)						

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