Illinois Department of Public Health

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:		E SURVEY
			7. BOILBING			
		IL6000285	B. WING		10	/22/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE		
HEARTL	AND OF DECATUR		T HARRISO			
			R, IL 62526			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Final Observations		S9999			
	LICENSURE VIOLA	ATIONS:	ANNO DELIGIO DE LA CONTRACTOR DE LA CONT			
	300.1210a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)					
	Nursing and Person a) Comprehensive F with the participation resident's guardian of applicable, must device comprehensive care includes measurable meet the resident's mand psychosocial neresident's comprehe allow the resident to practicable level of in provide for discharge restrictive setting base needs. The assessmenthe active participation resident's guardian of applicable. b) The facility shall pland services to attain practicable physical, well-being of the resident resident to meet the force and personal care and personal care sident to meet the force needs of the resident resident to meet the force needs of the resident meets of the resident me	Resident Care Plan. A facility, of the resident and the prepare and implement a eplan for each resident that explain for each resident in the ensive assessment, which attain or maintain the highest explain for the resident's care explain for the resident and the explain for the resident and the expressentative, as the explain for the resident and the expressentative, as the explain for the resident care for maintain the highest mental, and psychological dent, in accordance with explain for the resident care expressed nursing the shall be provided to each total nursing and personal				

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

TITLE

(X6) DATE

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	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G:		E SURVEY PLETED
		IL6000285	B. WING		10/	22/2014
NAME O	F PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		
HEART	LAND OF DECATUR		T HARRISO			
			R, IL 62526			
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\$999 ⁶	care shall include, a and shall be practice seven-day-a-week be 6) All necessary presumes free of accident hursing personnel sithat each resident reand assistance to proceed by The DON shall sunursing services of the 3) Developing an upeach resident based comprehensive asseand goals to be account personal care arrepresenting other seactivities, dietary, and are ordered by the plan shall be in writin modified in keeping windicated by the resident beach and personal care arrepresenting other seactivities, dietary, and are ordered by the plan shall be in writin modified in keeping windicated by the resident beach and shall be reviewed at least of a facility shall be requirements as a sead on record reviet failed to supervise and shall be record reviet failed to supervise and sall be record reviet failed to supervise and shall be record reviet failed to supervise	at a minimum, the following ed on a 24-hour, pasis: cautions shall be taken to dents' environment remains nazards as possible. All hall evaluate residents to see exceives adequate supervision revent accidents. Approvision of Nursing Approvise and oversee the he facility, including: -to-date resident care plan for on the resident's essment, individual needs emplished, physician's orders, and nursing needs. Personnel, ervices such as nursing, do such other modalities as hysician, shall be involved in eresident care plan. The grand shall be reviewed and with the care needed as dent's condition. The plan least every three months. Ause and Neglect es, administrator, employee or all not abuse or neglect a gare not met as evidenced by: Approvince of the facility do address wandering	S9999			
	behaviors for one of s reviewed for falls on t	he sample of 17. These			77777	

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STATEME	NIT OF DEFICIENCIES		T				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
	ISENTI IONITONI NOMBER.		A. BUILDING:		COMPLETED		
IL6000285			B. WING		10/	22/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE			
UEADTI	AND OF DECATION		T HARRISO	,			
HEARIL	AND OF DECATUR		R, IL 62526	NOTICET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			
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				DEFICIENCY)			
S9999	Continued From page	ge 2	S9999				
	failures resulted in F	R25 sustaining a fall with hip					
	fracture. This past r	non-compliance occurred from					
	6/22/14 to 6/23/14.	•					1
	-	положения					١
	Findings include:	A CONTRACTOR OF THE CONTRACTOR				THE PERSON NAMED IN COLUMN NAM	
	The Minimum Data	Set (MDS) dated 6/11/14					
	documents that R25	is severely cognitively					
	impaired and able to	walk with assistance of one.					
	Social Service Notes	s dated 6/11/14 documents					1
	"(R25) is able to am	bulate independently" and					1
	of Daily Living.	nited assistance with Activity					
	or Daily Living.	THE					١
	The Care Plan date	d 5/22/14 documents that					
	R25 has wandering/	pacing behaviors related to					
	"wandering in other i	patients room during the					
	night." The Care Pla	an directs staff to monitor					
	R25 "to ensure that I	he's not sleeping too much					
	address specific into	This Care Plan does not	Addition				
	address specific inte	idering behaviors, or how					l
	staff are to monitor the	nat R25 is "not sleeping too					l
	much during the day	time."			700		l
	•	- PPPANALINA			***************************************		
	On 10/22/14 at 3:10	pm E3, Registered Nurse					
	(RN) / Dementia Unit	Director, stated there were					
	no Care Plan intervei behaviors.	ntions for R25's wandering					
	DELIAVIOLS.	MONTHURSON			-		
	Progress Notes dated	d 4/18/14 document that R25	on provided the second				
,	was redirected from a	another patient's bed.			To the state of th		
	Progress Notes dated	d 5/22/14 document that R25			A PARTY OF THE PAR		
١	was pacing halls and	going into other patients'					
700	ooms throughout nig	tht and was redirected.			VAR III III III III III III III III III I		
(On 10/22/14 at 1·45 r	om E20, Housekeeper,					
	stated, "I recall (R25)	going into (R17's) room and	and the second				l
	redirected him out.	I didn't see him sleep on					
(R17's) bed." E20 sta	ated that R25 would wander					

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DA7	E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		IL6000285	B. WING		1 40	(D.D.)
		1.2000200			10	/22/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
HEARTI	AND OF DECATUR	444 WES	T HARRISC	N STREET		
110/3/		DECATUR	R, IL 62526			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE
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	_			DEFICIENCY)		
S9999	Continued From page	-	S9999			
	often into other resid	dents' rooms and if she had				
		R25 she would call for the		To the state of th		
	nurse.					
	On 10/20/44 -+ 0:00					
	Nurse (LDN) confirm	pm E4, Licensed Practical				
	hehaviors " E4 state	ned that R25 had "wandering ed that R25 could not see	OCCUPATION AND ADDRESS OF THE PROPERTY OF THE			
	very well and had se	evere dementia. E4 stated				
	"(R25) did not know	what was going on and could				
	not see where he wa	as going on and he just				
	wandered throughou	it the unit. If a door to				111111111111111111111111111111111111111
	another resident room was open he would go in. I found him on his roommates bed before and redirected him to his bed." E4 stated that once					
	R25 was moved to h	is current room, which is				
	next to R17's room,	"that's when he started				
	getting mixed up. I c	don't think he was sure where				
	nis room was." E4 s	tated that "We tried to keep				
	an eye on him. He w	vasn't a one-on-one				
	supervision. E4 con	firmed that there were no s documented to supervise				
	R25's wandering hel	naviors. E4 stated there were				
3	no documented visua	al chacks for D25				
000	arramontou visuo	SI STICORG TOF INZU.				
	The Incident Report	dated 6/22/14 at 1:30 pm				
	documents that R25	was found in R17's bed by				***************************************
ļ.	Z2 (R17's family). "{z	Z2} attempted to remove				7
•	(R25) from the bed a	nd then the room and {R25}				
	started trying to hit {Z	(2) and {R25} fell." The				
1	reports also documer	nts that R25 had pain in his				
777	eft knee.	-				
	Dan man and Advisor of the	1.0004.4.4				
	rogress Notes dated	d 6/22/14 document "{R25}				
\ \	was round in another	residents bed by {Z2}. He				
[oiu (KZ5) that he had	to leave and this was not				
1	no 100111. (ZZ) Stated	that {R25} tried to go into				
L	of your room and {ZZ	2} told him "No NO" this is				
I	iot your room and (R	25} turned around and				TTT TTT TTT TTT TTT TTT TTT TTT TTT TT
f	nantou milling (ZZ) an ell he arabbad bald (d lost his balance. As {R25} Z2} and they both fell				
	cii ne grabbed nold (LZ) and they both tell				

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CEACH CORRECTIVE ACTION SHOULD BE COM	RVEY	•
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 444 WEST HARRISON STREET DECATUR, IL 62526 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMMENT OF	ΞD	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DECATUR, IL 62526 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMED TO THE APPROPRIATE DEFICIENCY)		•
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S9999 Continued From page 4	(X5) OMPLETE DATE	
together (R25) seemed to be protecting his L (left) knee. attempted ROM (Range of Motion) on it and (R25)) said that it hurt" On 10/21/14 at 11:15 am E4, LPN stated that R24 (R17's roommate) witnessed the incident. E4 stated that R24 told her that 22 approached R25 while he was lying on R17's bed asleep and he "grabbed (R25's) shoulders and shaking his shoulders said this isn't your room. This is the ladies rooms." Then R25 woke up and headed for the door and Z2 was walking behind R25 and "was pushing (R25) on the back trying to get him to move faster." Then R25' got agitated and turned around lost his balance and grabbed hold of (22) and they both went down." E2 stated that R25 complained immediately of his left knee and "was holding his left knee." The Pain Evaluation dated 6/22/14 at 4-00 pm documents R25 fell, complaining of pain in the left knee immediately. After R25 was put in the bed complained of left hip pain. The Pain Evaluation documents that R25 was "not moving left leg." Radiology Report dated 6/23/14 for R25 documents "Comminuted intertrochanteric fracture of the left hip with mild displacement and angulation." Nurses Notes stated that R25 returned to facility on 6/27/14, following surgery to repair th left hip fracture. Social Service Notes dated 8/26/14 and 10/3/14 document that R25 now uses a Geriatric Chair for mobility and total assistance with Activities of Dally Living. M05 dated 7/4/14, 8/26/14, 10/4/14		

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STATEME	Department of Public NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION G:	(X3) DAT COM	E SURVEY IPLETED
		IL6000285	B. WING		10/	22/2014
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE		
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