PRINTED: 12/10/2014 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_ B. WING IL6001663 11/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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

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resident

procedures:

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

Based on observation, record review, and

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

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

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a

These requirements were not met as evidenced

and shall be practiced on a 24-hour.

and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

seven-day-a-week basis:

TITLE

(X6) DATE 11/26/14

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/05/2014	
		IL6001663	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	FATE, ZIP CODE		
HIGHLAI	ND HEALTH CARE CE	ENTER 1450 26TH HIGHLAN	1 STREET D, IL 62249			
(X4) ID		TEMENT OF DEFICIENCIES	DI	PROVIDER'S PLAN OF CORRECT		(X5)
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S9999	siderails and bolste implement progress falls for 4 of 4 resid reviewed with a his 15, and two resider supplemental samp becoming entangle from bed.  Findings Include:  1. The US FDA pul Dimensional Asses Entrapment-Guidar issued March 10, 2 reduce the risk of h the bed system shot a small head (head face from ear to ea publication docume head breadth dimer (4 3/4 inches) as th limit recommendati documents "FDA is inches) as an approdiameter." The publication documents "FDA is inches) as an approdiameter." The publication documents "The publication documents as an approdiameter." The publication documents as an approdiameter. The publication documents and the side Eboard. Zone 6 is the trail and the side foot board. This sp	railed to thoroughly evaluate or failed to thoroughly evaluate or for entrapment hazards and sive interventions to prevent ents (R4, R6,R7, R12) tory of falls in the sample of ints (R20, R21) in the ole. This failure resulted in R7 d in the siderail and falling blication "Hospital Bed System sment Guidance to Reduce once for Industry and FDA Staff" 006 documents, in part, "To ead entrapment, opening in build not allow the widest part of breadth measured across the r) to be trapped. "The ents, "FDA is therefore using a insion of 120 mm (millimeters) e basis for its dimensional ons." The publication recommending 60 mm (2 3/8 opriate dimension for neck oblication documents regarding "The openings in a bed system ough not to trap a large chest of between split rails. The limit for chest is 12 1/2 cuments a potential area for one 6: Between the End of the dee of the Head or Foot one space between the end of the edge of the headboard or acce may present a risk of ment or chest entrapment. In	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6001663	B. WING		11/0	5/2014
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
HIGHLA	ND HEALTH CARE CE	ENIER	H STREET ID, IL 62249			
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\$9999	addition, any V-sha of the rail and the ha risk of entrapmen may change when refoot sections of the increase, decrease disappear entirely, potential for entrapment manufactures to this zone."  2. Significant Changdated 8/19/2014 do and short term ment as requiring extensi members with bed in Facility Fall Risk Ast documents R7 as how the side of the bed. The Side Rail Ratio for R7 documents, it ambulatory. Reside awareness. Resider mobility or difficulty the side of the bed. The side of the	aped opening between the end head or footboard may present at due to wedging. This space raising or lowering the head or bed. This space may be become less accessible or Thus, in some positions, the ment and encourages facilities to report entrapment events at the ge Minimum Data Set (MDS) ocuments R7 as having long mory deficits. It documents R7 ive assistance from two staff mobility and transfers. The esessment dated 8/19/2014 high risk for falls.  In ale Screen dated 8/19/2014 in part: "Resident is not ent has had a decline in safety in that has demonstrated poor bed moving to a sitting position on The resident is not at a risk not limited to agitation, small gaps between the side rail and ed 8/19/2014 at 6:02 PM observed with "body halfway ight) side on siderail."  In Ale Registered Nurse - ed, in part, "Call received from the (E6) stated pt (patient) rolled the (E6) states pt has a canoe as to get over the rail and all out of bed and feels this	S9999			

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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				Transaction of the Control of the Co		
	On 8/19/2014. The	Facility Interview /Investigative	BERNARIO	Continue		
		E6, Licensed Practical Nurse	ALTERNATION OF THE PROPERTY OF			
		" Called to room 245Res	vedimento			
		de of bed, head resting on the	tanda temp			
		and buttocks held up by	MINORFACIA			
	siderail"	and battoons field up by	III.			
	ordordii		negrook@hati			
	On 10/30/2014 at 9	0:00 AM, E6 Registered Nurse	(defenderalmen			
		stated, E8 saw the position R7	ochodoloaser			
		of fall from bed on 8/19/2014.	docernia sus.			
	E6 got a sheet and		· ·			
		position of R7 at the time of the	-			
		s follows: E6 rolled from her				
		e. E7's right leg was up over				
		with her left hip and leg were				
		. E6 bent at the waist, moved				
		monstrating her head, left				
			-			
		and torso off the bed in the				
		headboard and the side rail.				
	the time of the fall.	the position R7 had been in at				and the state of t
	the time of the rail.		1			
	On 8/31/2014 an Ir	njury of Unknown Origin				
		R7 as having a bruise under	Management of the second			
		report documents, "Probable	***		İ	
		Resident leaning against	-		İ	
	bodrail increased a	anxiety, arms of Broda chair	P			
	not nadded also no	ote soft fall 8/19/2014."	Tübbi kirilinin			
	Hot padded, also no	ne suit fail of 19/2014.				
	On 10/28/2014 at 9	:50 AM, R7 was lying in bed	1			
		shaped helper rails in the	-			
		ting a 1/2 siderail in the middle	1			
		restless and moving about	de la constantina della consta			
	the bed.	restless and moving about	The state of the s			
	trie bed.	E POPE	***************************************			
	On 10/20/2014 at 9	:50 AM, R7 was lying in bed				
		ils in the middle of the bed.	19400000000			
		abbing and pulling on the rails.				
	IVI was resuless, gra	appling and pulling on the rails.	1			

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6001663	B. WING		11/0	5/2014
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HIGHLAND HEALTH CARE CENTER		:NIER	STREET			
		HIGHLAN	D, IL 62249			Ţ
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		,		DEFICIENCY)		
S9999	Continued From pa	ine 4	S9999			
00000	·	•	00000			was a second
	On 10/30/2014, at 8	3:55 AM, Zone 6, the space				
		oard and the siderail was 30.5				
		the left side of the bed and				
	the bed.	same space on the right side of	a. g. da qua de la casa			
	the bed.					
	On 10/30/2014 at 9	:00 AM, during the interview				
11 11 11 11 11 11 11 11 11 11 11 11 11	with E6 and E8, the	ey stated R7's bed had been				
		ospice provider, but was				
		all on 8/19/2014. E6 and E8				
		ntly in the same type of bed				
	with siderails, when	in the down position are in				
		ed frame, the same position as				
	when R7 fell on 8/1	9/2014.				
	2 DGIo Administra	NADO 4-1-4-0/40/0044				
		MDS dated 6/12/2014				
	and he requires out	nition is moderately impaired				
		ensive assist of 2 staff for ty ambulation and bathing.				
	transier, bed mobili	ty ambulation and bathing.				
	On 6/19/2014 at 1:1	15 AM the Facility's Situation,				
	Background, Asses	sment, Response (SBAR)				
	form documents R6	S was , "Found on the floor				
		ew intervention was added to				
	the Plan of Care.					
		30 PM the SBAR form				
		, " found res (resident) face				
2	down on floor between	een bed and nightstand." No				
	new intervention wa	as added to the Plan of Care				To the state of th
	On 6/20/2014 at 12:	:18 AM the SBAR form				
		nt (R6) found on floor next to cuments side rails and an				
	alarm were added to					
	CIGITI WELL AUUCU (	o nis Fian di Gale.				
	The Fall Assessmen	nts for R6 dated 6/21, 7/2, 8/1				
		cument him at "High Risk" for				The second of
	falls.	- Ingirition 101				· · · · · · · · · · · · · · · · · · ·

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001663	B. WING		11/	05/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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	with a siderail in the	:15 PM, R6 was lying in bed middle of the bed frame. The poard to the siderail was 13				
	have an order for si	ician's Orders for R6 does not de rails. R6's clinical record aint assessment for bilateral				
	On 10/30/2014, E2, stated we do not co rail as a restraint.	Director of Nursing (DON) nsider R6's grabber bar side				
	The Facility provided documentation for the "No Guard Assist Rail" documents, "The Product Description: 1/2 rail that attaches to midsection of the bed. Offers three positions that provide safety while the resident is in the bed. Promotes healthy transfers in the up position, swivels out of the way for easy access and caregiver assisted transfersView the Bed Rail Entrapment Risk Notification Guide."					
	10/2014 for R4 docu "Generalized Seizur Behavioral Disturbat for the use of side ra The MDS, dated 8/1 moderately impaired ambulatory, has limi extremities, has uns extensive assistance	Order Sheet (POS), dated aments diagnoses, in part, es, Parkinson's Disease with nce. The POS has no orders alls or bolsters to R4's bed. 4/2014, documents R4 is I with cognition, is non ted range of motion to all teady balance and requires with transfers. The Fall ated 8/14/2014, documents falls.				
	back. There were tw	35 AM, R4 was asleep on her o wide bolsters to the middle R4 had 1, P-shaped helper				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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S9999	Continued From pa	age 6	S9999			
\$9999	side rails in the rais gap from the head measuring 13 1/2 in the bed and R4 had bed. R4's bed was.  The Behavior Track R4 has physically at times kicking and was no side rail assassessment for the P-shaped helper rathere is no documentrapment, versus devices for R4.  The Care Plan, dath has had falls from the 11/19/2013.  5. The POS for 10/diagnoses, in part, Personal History of Dementia with Beh Abnormal Posture. documents R4 has range of motion (Reand limited ROM to requires extensive and transfers.  The POS for 10/20 grab bars X 2 for be	sed position. There was a large of the bed to the side rail nches. A fall mat was next to d a pressure pad alarm on the positioned next to the wall.  King for 10/2014 documents aggressive behaviors with staff, d hitting during care. There sessment or restraint use of the bolsters or the alls in R4's clinical record. The entation of the risk, including benefits of the use of these as "Parkinson's Disease," Fall, Closed Femur Fracture, avioral Disturbance and "The MDS dated 8/13/2014 unsteady balance with normal OM) to the upper extremities, of the lower extremities and assistance for bed mobility and for the use of the use of the use of the use of the lower extremities and assistance for bed mobility and for the use of	S9999			
	bolsters placed in the Risk Assessment, of	the middle of the bed. The Fall dated 5/12/2014 and hts R12 is a high risk for falls.				
	P-shaped helper ra	3 AM, R12's bed had 2, ils in the up position with 2 roll er edges of the bed. A 15 inch				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6001663	B. WING		11/0	5/2014
	PROVIDER OR SUPPLIER	NTER 1450 26TH		STATE, ZIP CODE		
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	space was between board of R12's bed. On 10/30/2014, at a Nurses Aides, (CNA wheelchair to bed withe P-shaped helpe that time, E9 stated grabs onto them and too. She doesn't like "(R12) climbs out or reason for the bolst to sit up sometimes R12's Care Plan, da R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair. There is to include the risks, benefits for the use bolsters in use on R12 has a history of wheelchair.	a the helper rails and the head at 1:45 PM, E9 and E10, Certified A) transferred R12 from the with a gait belt. R12 grabbed or rail with her right hand. At , "(R12) uses the side rails, d tries to swing her feet over to lay down." E19 stated, f bed at night. That's the ers. (R12) grabs the side rails."  The steed 9/17/2014, documents falling from the bed and is no assessment documented including entrapment, and of the helper rails or roll	S9999			
	"bed and chair alarn afternoon due to uns	n placed on resident this safely transferring self without k Care Plan, updated				

10/12/2014, documents R20 has had falls from Illinois Department of Public Health

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6001663	B. WING		11/	05/2014	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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S9999	Continued From pa	ge 8	S9999				
	the risk of entrapme rails.  The Report of Incid Suspected Fall, dat	24 and 10/12/2014, increasing ent from the use of the side  ent SBAR-Actual or ed 9/17/2014 at 12:40 PM,					
	documents R20 "slid out of bed in her sock feet with 2 siderails up, pad alarm failed to sound and pad alarm replaced. (R20) left facility via ambulance for complaint of right hip and pelvic pain, negative for fracture. At last bed check when 1/2 side rail placed down, severed the cord on alarm."  There was no assessment in R20's clinical record for the use of the P-shaped helper side rails, including the risks versus benefits for the use of these devices on R20's bed.						
	Coordinator reporter had been assessed helper rails because the up position to he reposition. E5 reportesident's P-shaped	1:30 AM, E5, MDS/Care Plan d no resident in the facility for the use of the P-shaped they were only being used in elp residents turn and ted she was unaware if any side rails were being used in the middle of the beds.					
	Management', docule valuate risk factors minimize risk, injury ASSESSMENT GUI are not limited to: FaMDS/Falls Care Are evaluation and obse prevention equipment limited to: Alarms, sfloor pads, non-skid	and procedure, entitled, 'Fall ment, in part, "PURPOSE-To and provide interventions to and occurrences.  DELINES-May include, but all risk factors/Fall history, a Assessment, Post fall rivation. EQUIPMENT- Fall nt may include, but is not sensor mats, transfer poles, mats, handrails, grab bars, juipment, transfer lifts, etc.					

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STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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HIGHLA	ND HEALTH CARE CE	ENTER	H STREET D, IL 62249			
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	(and other things).		NO PORTUGUES OF STATE			
	laying in bed with b lowered, positioned R1 was observed to rail then stop then t	to 1:15 PM, R21 was observed both helper rails / side rails d at the middle of the mattress. To intermittently pull against the try again. When approached, a don't leave, I'm waiting for my				
	documented severa 5/04/14, and 5/6/14 7/18/14 documente risk for falls. The Mated 7/22/14 documented / severely impaired 5/5/14, documented	ed S-BAR Forms that all falls from bed on 3/20/14, 4. R21's Fall Assessment dated ed she had a score of 14 / high Minimum Data Set (MDS) umented a cognitive score of 6 l. R21's Care Plan dated d R21 had intermittent air bound, and had poor gait				
	that no residents in assessments for R2 for the the use of he rails should not be p they are helper rails in the up position or	10 AM, E5, MDS Nurse stated the facility had no restraint 21 or any resident in the facility elper rails. E5 stated that the placed in the down position, as s, and should have only been in R21's bed. The space board and the side rails was 13	And of the state o			
	(A)		LINEIN BETT BETT BETT BETT BETT BETT BETT BET			
	300.680a) 300.682a)1) 300.682a)2) 300.1220b)3) 300.3240a)					

Illinois Department of Public Health

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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HIGHLAND HEALTH CARE CENTER			STREET			
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	O4: 000 000 D					
	Section 300.680 Re					
		have written policies of physical restraints including,				-
		eg restraints, arm restraints,				
		s or vests, wheelchair safety				
		and all facility practices that				
		of a restraint, such as tucking				
		that a bed-bound resident				
		rails used to keep a resident				
	from getting out of	bed; chairs that prevent rising;				
		nt who uses a wheelchair so	on properties			
		the wall prevents the resident				
		ve equipment is not considered				
		. Wrist bands or devices on electronic alarms to warn staff				
		aving a room do not, in and of				
		t freedom of movement and				
		idered as physical restraints.				
		e followed in the operation of				
		I comply with the Act and this				
		s shall be developed by the				
		ommittee or the advisory				
		cipation by nursing and				
	administrative person	onnei.				
	Section 300.682 No Restraints	onemergency Use of Physical				
		ts shall only be used when				
		e resident's medical symptoms				
		intervention, as ordered by a				
	physician, and base					
	1) the assessment	of the resident's capabilities				
	and an evaluation a	and trial of less restrictive				
	alternatives that cou					
	2) the assessment	of a specific physical condition				
		nt that requires the use of				
	physical restraints,	and how the use of physical				
	restraints will assist	the resident in reaching his or				

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her highest practicable physical, mental or

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		IL6001663	B. WING		11/(	05/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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	psychosocial well b	eing;	Take to the same t			
	Section 300.1220 S Services b) The DON shall sinursing services of 3) Developing an upeach resident based comprehensive assand goals to be accand personal care a representing other sactivities, dietary, arare ordered by the pthe preparation of the plan shall be in writimodified in keeping indicated by the resident shall be reviewed at Section 300.3240 A a) An owner, license agent of a facility shresident  These requirements by: Based on observation interview, the facility justification, properly benefits, evaluate arails for four of six rereviewed for side rai	Supervision of Nursing  upervise and oversee the the facility, including: o-to-date resident care plan for d on the resident's essment, individual needs complished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as ohysician, shall be involved in the resident care plan. The ng and shall be reviewed and with the care needed as ident's condition. The plan at least every three months the buse and Neglect the eadministrator, employee or wall not abuse or neglect a service and monitor the use of side esidents (R4, R6, R7, R12) and monitor the use of side esidents (R4, R6, R7, R12) and R22, R28 through R65) in				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6001663	B. WING		11/0	5/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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	1. Significant Chan	nge Minimum Data Set (MDS) ocuments R7 as having long				
	and short term mer	mory deficits. It documents R7				
:	as requiring extens	sive assistance from two staff	- ·			
		mobility and transfers. The ssessment dated 8/19/2014	The state of the s			
	documents R7 as h					
	The Side Rail Rationale Screen dated 8/19/2014 for R7 documents, in part: "Resident is not					
	ambulatory. Reside	ent has had a decline in safety	And the second of the second o			
	mobility or difficulty	ent has demonstrated poor bed moving to a sitting position on				
ı	the side of the bed.	. The resident is not at a risk				
	for entrapment, but body mass and/or of the bed."	t not limited to agitation, small gaps between the side rail and	dd mae gallodd a dae'r d			VOTATET VOTATIONAL ANNA SA
	document R7 was o	ted 8/19/2014 at 6:02 PM observed with "body halfway right) side on siderail."				
	8/19/2014 at 7:01 F	PM, Z4, Registered Nurse -	World and the control of the control			
	(E6) staff nurse. He out of bed (R7)He	ted,in part, "Call received from le (E6) stated pt (patient) rolled le (E6) states pt has a canoe	**************************************			
	mattress and she h	has to get over the rail and all out of bed and feels this				
	Record written by E	Facility Interview /Investigative E6, Licensed Practical Nurse " Called to room 245Res	A TOTAL TO THE PROPERTY OF THE			
	(resident) off left sid	de of bed, head resting on the gand buttocks held up by				
	On 10/30/2014 at 9 (RN) and E8 LPN s	0:00 AM, E6 Registered Nurse stated, E8 saw the position R7				

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was in at this time of fall from bed on 8/19/2014.

(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6001663	B. WING		11/0	5/2014	
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	E6 got a sheet and demonstrated the p fall on 8/19/2014 as back to her left side the raised siderail wagainst the siderail. off the mattress der shoulder, left arm a space between the E8 agreed this was the time of the fall.  On 8/31/2014, an In Report documents in the right arm. The for likely etiology: Report documents in the right arm. The for likely etiology: Report documents in the right arm. The for likely etiology: Report documents in the properties of the bed and padded, also not padded, also not padded, also not padded, also not padded. R7 was the bed.  On 10/28/2014 at 9: with the bilateral Pedown position creation of the bed. R7 was the bed.  On 10/29/2014 at 9: with bilateral siderail R7 was restless, gray on 10/30/2014 at 9: with E6 and E8, they brought in by the Hochanged after the fa agreed R7 is curren with siderails, when the middle of the be when R7 fell on 8/19.  2. The Physician's C.	laid in R7's bed to osition of R7 at the time of the follows: E6 rolled from her E7's right leg was up over with her left hip and leg were E6 bent at the waist, moved monstrating her head, left and torso off the bed in the headboard and the side rail. The position R7 had been in at a significant of the position R7 had been in at a significant of the position R7 had been in at a significant of the position R7 had been in at a significant of the position R7 had been in at a significant of the position R7 had been in at a significant of the position R7 had been in at a significant of the position R7 was lying in bed shaped helper rails in the middle restless and moving about a significant of the bed. The position and pulling on the rails.  On AM, R7 was lying in bed a significant provider, but was a spice provider, but was all on 8/19/2014. E6 and E8 the position are in the down position are in the frame, the same position as	\$9999				

(X2) MULTIPLE CONSTRUCTION

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PRINTED: 12/10/2014

FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ B. WING 11/05/2014 IL6001663 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 14 "Generalized Seizures, Parkinson's Disease with Behavioral Disturbance. The POS has no orders for the use of side rails or bolsters to R4's bed. On 10/28/2014 at 9:35 AM, R4 was asleep on her back. There were two wide bolsters in the middle edges of R4's bed. R4 had 1, P-shaped helper side rails in the raised position. There was a large gap from the head of the bed to the side rail measuring 13 1/2 inches. A fall mat was next to the bed and R4 had a pressure pad alarm on the bed. R4's bed was positioned next to the wall. The Behavior Tracking for 10/2014 documents R4 has physically aggressive behaviors with staff, at times kicking and hitting during care. There was no side rail assessment or restraint assessment documenting the risks versus benefits for the use of the bolsters or the P-shaped helper rails in R4's clinical record. The Care Plan, dated 8/14/2014, documents R4 has had falls from the bed on 8/14/2014 and 11/19/2013. 3. On 10/30/14 at 9:08 AM, R12's bed had 2, P-shaped helper rails in the up position with 2 roll bolsters at the center edges of the bed. A fall mat was next to the bed. The POS for 10/2014 for R12 documents diagnoses, in part, as "Parkinson's Disease, Personal History of Fall, Closed Femur Fracture, Dementia with Behavioral Disturbance and Abnormal Posture. The MDS dated 8/13/2014 documents R4 has unsteady balance with normal

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range of motion (ROM) to the upper extremities. and limited ROM to the lower extremities and requires extensive assistance for bed mobility.

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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	
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	PROVIDER OR SUPPLIER	4450.00	DDRESS, CITY, S	TATE, ZIP CODE			
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	grab bars X 2 for be use of bolsters place. There is no assess rails or bolsters for I include risks versus. There is no medical siderails and bolster. On 10/30/2014, at 1 Nurses Aides, (CNA wheelchair to bed w the P-shaped helper that time, E9 stated, grabs onto them and too. She doesn't like "(R12) climbs out of	:45 PM, E9 and E10, Certified (a) transferred R12 from the rith a gait belt. R12 grabbed or rail with her right hand. At (a) "(R12) uses the side rails, detries to swing her feet over the to lay down." E19 stated, if bed at night. That's the ers. (R12) grabs the side rails					
	R12's Care Plan, da R12 has a history of wheelchair.	ted 9/17/2014, documents falling from the bed and			And the second s		
	diagnoses, in part, a Acetabulum, Compro Osteoporosis and Le dated 10/14/2014, do	egal Blindness. The MDS, ocuments R20 has normal Il extremities, unsteady					
	On 10/28/2014 at 9:09:05 AM, the 2 P-sha attached to R20's be	35 AM through 10/30/2014 at aped helper rails were ed.					
. 1	'bed and chair alarm	4 documents an order for n placed on resident this eafely transferring self without					

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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	
		IL6001663	B. WING		11/05/2014	
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\$9999	assist." There is no P-shaped helper ra Fall Risk Care Plan documents R20 has 9/17/2104 and 10/1 entrapment from the There was no asseversus benefits of usin R20's clinical rec P-shaped helper sides of the coordinator reported had been assessed helper rails because the up position to hereposition. E5 reported helper rails because the down position in The Facility policy a Restraint Devices, documents, in part, movement to protect treatment and diagrathe resident from in Restraints of any typunishment or as a medical and nursing of the facility staff. The mobility and independent and independent symptoms. GUIDELINESMay Ability to understand make self understor Functional ability. So others. Cooperation	order for R20 for the 2 ills attached to R20's bed. The in, updated 10/12/2014, is had falls from the bed on in 12/2014, increasing the risk of ite use of the side rails.  It is sament regarding the risks using the P-shaped helper rail ford for the use of the ide rails.  In 1:30 AM, E5, MDS/Care Plan ited no resident in the facility if for the use of the P-shaped ited they were only being used in in the middle of the beds.  In the middle of the beds.  In the resident during In ostic procedures. To prevent in in the resident during In ostic procedures. To prevent in in the middle of the convenience In improve the resident's Indent function. To treat	S9999			

define as any manual method or physical or Illinois Department of Public Health

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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			1		1110	0/2014
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22200			<u> </u>			
S9999	Continued From pa	age 17	S9999			
	mechanical device.	, material, or equipment				
		ent to the resident's body that				
		ot remove easily which				
		of movement or normal access				
	to one's body." PRO	OCEDURE- Assess resident's				
ŀ	need for restraint d	device use. Obtain informed				
		nt device use. Obtain				
	physician's order fo					
		,				
		y and procedure, dated 2008,				
		Use and Safety of documents,				
	in part, "It is the pol	licy of this facility to utilize bed				
!	side rails in a safe r	manner, which prevents injury,				
ı	when any type of ra	ail is required to assist with bed				:
	mobility or used per	er resident's request for an	Accessed to the second			
		f security; or when full bilateral				
	rails are deemed no	ecessary by the	NAN Parada da			
		am (IDT) as a physical				
	restraint per restrain	int policy and procedure.				
	PURPOSE-To mee	et residents' safety needs. To				
	use side rails safely					
		sident desire for the use of bed	THE PERSON NAMED IN COLUMN TO SERVICE AND			
		s to use bed rails. Risks				
		sociated with use (if restrictive).				
	Type of rails (if any)	) most appropriate for use.				
	PROCEDURE-1. S	Side rail safety assessment will	The state of the s			
		sed nurse and/or the IDT on	- Addition of the second of th			
		en changes to existing bed rail				-
	use is deemed indic	cated."				
	C DOI- Adminutes	*****				
		MDS dated 6/12/2014	- Approximation			!
		nition is moderately impaired	- CONTRACTOR OF THE CONTRACTOR			
	•	tensive assist of 2 staff for	Production,			
	transfer, bed mobili	ity ambulation and bathing.				
	On 6/10/2014 at 1	15 AM the Escility's Cityotian				
		15 AM the Facility's Situation,				
	form documents DE	ssment, Response (SBAR) 6 was , "Found on the floor	Manufacture or			
	novt to had" No no	ew intervention was added to	Annual property of the control of th			
	HEXLLO DEG . NO HE	3W intervention was added to	-	I		

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the Plan of Care.

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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	
		IL6001663	B. WING		11/0	05/2014
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S9999	Continued From pa	age 18	S9999			
	documents R6 was down on floor betw new intervention wa	:30 PM the SBAR form s, " found res (resident) face veen bed and nightstand." No vas added to the Plan of Care				
	documents, Reside bed." The form do	2:18 AM the SBAR form ent (R6) found on floor next to ocuments side rails and an to his Plan of Care.				
:	and 9/2/2014 all do falls.	ents for R6 dated 6/21, 7/2, 8/1 ocument him at "High Risk" for				
	On 10/28/2014 at with a siderail in the	1:15 PM, R6 was lying in bed e middle of the bed frame.				
	have an order for s did not have a restr	sician's Orders for R6 does not side rails. R6's clinical record traint assessment regarding the its for bilateral side rails.				
	On 10/30/2014, E2 stated we do not corail as a restraint.	2, Director of Nursing (DON) onsider R6's grabber bar side				
	Guard Assist Rail" of Description: 1/2 rai of the bed. Offers the safety while the result healthy transfers in the way for easy actransfersView the Notification Guide".	Non-Allerance				
		1:15 PM, R21 was observed poth_helper rails / side rails				

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lowered, positioned at the middle of the mattress.

PRINTED: 12/10/2014 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6001663 B. WING \_\_\_\_\_ 11/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1450 26TH STREET** HIGHLAND HEALTH CARE CENTER HIGHLAND, IL 62249

(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
S9999	Continued From page 19	S9999		
S9999	Continued From page 19 R1 was observed to intermittently pull against the rail then stop then try again. When approached, R21 stated, "please don't leave, I'm waiting for my father to come." R21' chart contained S-BAR Forms that documented several falls from bed on 3/20/14, 5/04/14, and 5/6/14. R21's Fall Assessment dated 7/18/14 documented she had a score of 14 / high risk for falls. The Minimum Data Set (MDS) dated 7/22/14 documented a cognitive score of 6 / severely impaired. R21's Care Plan dated 5/5/14, documented R21 had intermittent confusion, was chair bound, and had poor gait and balance.  On 10/31/14 at 11:10 AM, E5, MDS Nurse stated that no residents in the facility had no restraint assessments for R21 or any resident in the facility	\$9999		
	for the the use of helper rails. E5 stated that the rails should not be placed in the down position, as they are helper rails, and should have only been in the up position on R21's bed. The space between the head board and the side rails was 13 inches.  (A)			
	TO THE PARTY OF TH			
				A Constitution of the Cons
	RATIONALA			

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## Imposed Planof Correction

Plan of Correction for: Highland Health Care Center

**Annual Health Survey** Survey Type: November 05, 2014 Survey Date:

F- Taq: F221

Corrective Actions which will be accomplished for those residents found to have been affected by the deficient practice:

This one occurrence was isolated to R4. Restraint Assessment and risk versus benefits was completed on R4, R6, R7, R12, R20, R21, R22, R28-R65 on 10-30-2014. On 10-30-2014 all side rails in question ( IHRAILAE-DLX) were removed.

## How the facility will identify other residents having the potential to be affected by the same deficient practice:

On 10-31-2014, a review was completed for use of side rails by facility staff to identify any other resident(s) who might have the potential to be affected by alleged deficient practice.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur. The facility must look at the existing system and determine if a change is necessary to correct the deficiency. If a system does not exist or if a revision to an existing system is necessary, then the facility must develop one.

Side rail use will be assessed upon admission, quarterly and with any significant change in condition to determine opportunity for least restrictive restraint measures, or total elimination. Risks versus benefits of side rail/restraint use will be provided to the resident and/or responsible party prior to use or as soon as practicable in the event of emergent need by the Director of Nursing Services, Assistant Director of Nursing, and/or designee. In-service education was initiated on 10-29-2014 and completed on 11/03/2014, on side rail/restraint use to licensed staff.

Weekly audit will be conducted on restraint use, potential to reduce, by DON and/or designee for 8 weeks.

## Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent:

An audit will be conducted weekly for 8 weeks on all residents for side rail/restraint use. Audit will include assessment of restraint for least restrictive device, as well as risks versus benefits of device utilized. Findings from this process will be reported at least quarterly to the facility's Quality Assessment and Assurance Committee for review and/or recommendations.

**Date of Corrective Action Completed:** 12/02/14 (Abated 10/30/14) accepted Imposed Planof Correction

Plan of Correction for: Highland Health Care Center

Survey Type: Annual Health Survey
Survey Date: November 05, 2014

Corrective Actions which will be accomplished for those residents found to have been affected by the deficient practice:

**by the deficient practice:** R4, R6, R7, R12, R20 and R21 remain in the facility and have had incidents with side rails causing injury.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

On 10/30/2014, nursing management completed a review of all residents (33 of 33) that require side rails. All assessments and care plans have been updated. The Interdisciplinary Team (therapy, dietary, social service, nursing, housekeeping, activities) Rounds have been completed on every resident in the facility, 10/31/2014.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur. The facility must look at the existing system and determine if a change is necessary to correct the deficiency. If a system does not exist or if a revision to an existing system is necessary, then the facility must develop one.

Licensed nursing staff in-servicing was initiated on 10/29/2014 and again on 11/03/2014 on adequate supervision of resident, use of use of side rails, proper incident investigation, documentation, and new progressive intervention identification for minimizing falls and injuries.

Quality Assurance Plans to monitor facility performance to ensure corrections are achieved and are permanent:

The Director of Nursing will designate an administrative staff member to complete a weekly QA audit fall management tool for 8 weeks on residents triggering risks for falls. This audit will include a review of risk factor assessments, risk care plan interventions, short-term post occurrence interventions and long-term post-fall preventions plans. Nursing management will conduct IDT walking rounds & reassess fall risk post occurrence. Any concerns or problems identified in this process will be promptly reported to the Director of Nursing Services and/or designee for follow up and/or corrective actions. Further audits will be completed as designated by audit findings and facility need. Findings from this process will be reported at least quarterly to the facility's Quality Assessment and Assurance Committee for review and/or recommendations.

Date of Corrective Action Completed: 12/2/14 (Abated 10/30/14)

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