

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2014
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NAME OF PROVIDER OR SUPPLIER IMBODEN CREEK LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 180 WEST IMBODEN DECATUR, IL 62521
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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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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 resident to meet the total nursing and personal care needs of the resident</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as</p>	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

09/22/14

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to implement the plan of care for safe resident transfer for one of three residents (R1) reviewed for falls and mechanical lift use in a sample of three. This failure resulted in R1 incurring a fracture to the left pelvis.</p> <p>Findings include:</p> <p>The Minimum Data Set, 6/30/14, documents R1 as requiring extensive assist of two plus staff members for transfers. The Care Tool, 9/3/14, documents R1 as requiring a mechanical lift with the assistance of three staff persons for transfers. The Care Plan, 1/3/14, documents R1 as requiring a mechanical lift for transfers.</p> <p>The Event Report, 8/30/14 completed by E3 (Nurse), documents at 3:45pm R1 slipped out of the mechanical lift sling during a transfer. The witnesses to the incident are E4 and E10 (Nursing Assistants). R1 was sent to the emergency room for evaluation of a possible injury to the left leg and head. The Progress</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Notes, 8/30/14, document R1 admitted with a diagnosis of a Ramus Fracture. The Progress Notes, 9/3/14, document R1 returning to the facility at 6pm with a diagnosis of a Pubic Ramus Fracture.</p> <p>On 9/4/14 at 2:30pm, E9 (Nursing Assistant), stated on 8/30/14, while E9 assisted another resident, E4 and E10 (Nursing Assistants) entered R1's room to provide care prior to dinner. E9 was to return to R1's room to assist E4 and E10 transfer R1 with the mechanical lift after assisting the other resident. R1 was observed on the floor when E9 entered the room. E4 reported R1 slipped out of the mechanical lift sling during transfer. R1 is a three person transfer.</p> <p>On 9/4/14 at 1:26pm, E4 stated R1 is a three person transfer. E4 stated while E4 and E10 completed the mechanical lift transfer of R1 one strap of the sling came off and R1 fell to the floor. E4 confirmed she was supposed to wait for E9 to return to the room so E9 could assist E4 and E10 with R1's transfer.</p> <p>On 9/4/14 at 2:20pm, E10 (Nursing Assistant) stated on 8/30/14 at approximately 3:40pm, E4 and E10 entered R1's room to prepare R1 for dinner. E4 placed the mechanical lift straps on one side of the lift and E10 placed the straps on the remaining side. E10 used the controls to lift R1 off of the bed and R1 was moved away from the bed. E4 turned away to move the wheelchair so R1 could be lowered into the wheelchair. As E4 turned away, the strap fell off and R1 fell to the floor. E10 stated E4 and E10 were the only staff performing the transfer.</p> <p>On 9/4/14 at 11:25am, E2 (Director of Nursing), stated R1 is a three staff mechanical lift transfer</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>due to size.</p> <p>The Computerized Tomography Report of the Abdomen, Chest and Pelvis, 8/30/14, documents an impression of a Left Inferior Pubic Ramus Fracture.</p> <p>The facility policy, Safe Resident Handling Policy, documents procedures to reduce resident handling injuries include the specific method for transferring residents will be communicated to the nursing and care staff by ensuring this information is included in the Care Tool that guides staff with resident care.</p> <p>(A)</p>	S9999		



Living Center

SKILLED CARE

180 West Imboden Drive Decatur, IL 62521

217.422.6464 Fax 217.422.6526 www.imbodencreek.com

September 22, 2014

Illinois Department of Public Health
Attn: Allison Retzer
Division of Long-Term Care Field Operations
Quality Review Section
525 W Jefferson St, 5th Floor
Springfield, IL 62761-0001

Re: Complaint Survey #1463835 / IL71745

Dear Ms. Retzer,

Please accept the following information as Imboden Creek Living Center's allegation of compliance, signifying that this facility is in compliance with the regulations.

F242 – Self Determination – Right to Make Choices

- Administrator spoke at length with R1's daughter regarding staff not fulfilling the request family had made on residents behalf. Upon notification by daughter, administrator and DON spoke directly with E3 to identify why information had not been properly communicated to the care staff assigned to R1 that afternoon.
- Reiterated with care staff the importance of communication between shifts as well as during report from the nurse to the CNA's.
- In-service was conducted for nurses and CNA's on 9/5/14 and 9/12/14 with resident rights as a talking point.
- In order to ensure ongoing compliance: facility staff will encourage feedback from families and residents regarding requests/wishes, review in detail resident rights during admission process as well as during resident council meetings, and conduct a mid-year satisfaction survey with families and residents.
- Online in-service was assigned for all staff during July 2014; additionally, all staff will receive a handout this month that reviews resident rights.
- Date of completion: September 12, 2014

accept

F323 – Accidents and Incidents

- Upon notification of incident, DON came to facility. Interview was completed with all care staff assigned to R1 and root cause analysis completed.
- Assessment of lift and sling in use at the time of the incident was completed, it was determined that there was no obvious/visible disrepair of the equipment. Further assessment of all other lift equipment was done and determined to be in good working order as well; although, it was identified that the newer patient lifts were equipped with a swivel bar that has clips that eliminate the risk of the sling straps from slipping off. Upon this observation, facility removed patient lifts from use on the floor that did not have this safety feature, rented patient lifts that did, ordered replacement parts for the lifts that were placed out of order and returned them to the floor for use after the parts were replaced.
- All CNA's were inserviced on proper technique through return demonstration on the use of patient lifts within 48 hours of the incident.
- CNA's were instructed on the requirement of following each resident's individualized plan of care during meeting on 9/12/14.
- All nurses were inserviced on awareness of residents plan of care related to their personal care and the importance of holding care staff accountable.
- Quality Care CNA and supervisory staff have been instructed to hold all staff accountable for each resident's plan of care; provide oversight while on the floor and to perform ongoing periodic observation to ensure resident plan of care is understood and being followed.
- Date of completion: September 12, 2014 *accepted*

If you have any further questions or need any additional information, please do not hesitate to call me. Thank you in advance for your attention to this.

Regards,



Molly A Carpenter, BA
Administrator

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH) Docket No. NH 14-C0402
STATE OF ILLINOIS)
Complainant,)
v.)
LIVING CENTERS, INC.)
D/B/A IMBODEN CREEK LIVING CENTER,)
Respondent.)

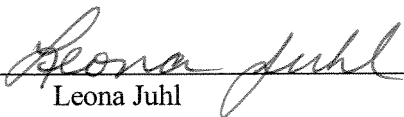
PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License and Imposed Plan of Correction; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: John M. Brinkoetter
Licensee Info: Living Center, Inc.
Address: 20 South Side Country Club
Decatur, IL 62521

Please note that Conditional License will follow under separate cover.

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 10th day of November 2014.



Leona Juhl
Long Term Care
Illinois Department of Public Health