

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2014
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NAME OF PROVIDER OR SUPPLIER MASON POINT	STREET ADDRESS, CITY, STATE, ZIP CODE ONE MASONIC WAY SULLIVAN, IL 61951
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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:</p> <p>300.1210a) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 08/27/14
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S9999	<p>Continued From page 1</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 record review and interview, the facility failed to ensure all residents were ambulated safely and according to the Plan of Care, for one of three residents (R1) reviewed for falls, in a sample of three. This failure resulted in R1 falling and sustaining a right hip fracture, after staff ambulated R1 to the dining room and left R1 standing alone at a wheeled walker while retrieving a chair.</p> <p>Findings include:</p> <p>A Physician's Order Sheet, dated 7/01/14, documents R1 has the diagnoses of Dementia, Abnormal Gait, Osteoporosis and Personal History of Falls. A Fall Risk Assessment, dated 7/23/14, identifies R1 as at high risk for falling. A Plan of Care, dated 4/30/14, instructs staff to ambulate R1 to and from all meals by utilizing a gait belt, wheeled walker and to follow behind R1 with a wheelchair. The 4/30/14 Plan of Care also identifies R1 as being at high risk for falls "related to tremor, (history) of falls, knees tend to 'bounce' and then give out, (osteoporosis), tremor, weakness, impaired balance."</p> <p>Nursing notes, dated 7/29/14 at 11:15 a.m., document R1 had a "witnessed" fall and R1 had fallen on the right hip. Nursing notes further</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>document, "Upon arrival, resident on floor being assessed by (Licensed Practical Nurse and Registered Nurse). Resident laying on back and noted (right) hip rotated externally and shortened when compared to (left) hip. (R1) stated some pain in (right) hip.....send to (emergency room) for (evaluation and treatment)." Hospital x-ray reports, dated 7/29/14, document R1 sustained a right intratrochanteric femoral fracture requiring surgical intervention.</p> <p>On 8/05/14 at 2:38 p.m., E4 (Certified Nursing Assistant) stated (E4) assisted R1 in ambulating to the dining room on 7/29/14. E4 stated R1 was utilizing a wheeled walker and a gait belt, but E4 did not have a wheelchair to follow behind R1 with. When they reached R1's assigned table, E4 stepped away from R1 to retrieve a chair and E4 let go of R1's gait belt. E4 stated R1 was standing with (R1's) hands on the wheeled walker and fell landing on the right hip. At 2:50 p.m., E4 demonstrated in the dining room how (E4) walked around the corner of the table, approximately four feet away from R1 to get a chair, when R1 fell.</p> <p>On 8/11/14 at 9:50 a.m., E5 (Occupational Therapist) stated, prior to R1's 7/29/14 fall, R1 fluctuated in the amount of assistance required to transfer and was identified as a minimum to moderate assist. E5 defined a minimum amount of assistance (for R1) as needing stand by assistance and contact guarding (holding on the to gait belt). E5 stated R1 required staff to stand by (R1) because R1's knees are weak and shake, making R1 "unpredictable at times." E5 stated R1 was on a "walk to dine" program, where staff were to ambulate R1 using a gait belt and wheelchair behind the resident while walking, in case R1 became unsteady and needed to sit.</p>	S9999		

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