

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/28/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOMENCE MEADOWS NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SOUTH WALNUT MOMENCE, IL 60954</b>
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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
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.1210b) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>11/14/14</b>
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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Based on interview and record review the facility failed to keep resident bathrooms free of personal care equipment when not in use, as a result one resident, R2 tripped over a toilet seat riser, fell and sustained a fracture.</p> <p>This applies to one resident (R2) out of four sampled residents reviewed for fall incidents. The findings include:</p> <p>R2 was admitted to the facility 5/3/13. The admitting diagnosis shown on the Physician Order sheet for that date showed that R1 was admitted with Transverse Mellitus with Paraplegia to the lower extremities. R1 was to receive rehabilitation to strengthen her ability to ambulate and return home.</p> <p>On 10/15/14 at 10:00am R2 was sitting in a wheelchair in her room. R2 had a black immobilizer boot device applied to the left leg. " I broke my leg. I am doing much better now after three surgeries. Looks like I will get to go home soon ". R2 explained that when she first came here she was in a different wing of the facility. R2 explained that she had a roommate R1 who needed a " riser " (a device that increases the height of the toilet) on the toilet. R2 said that she is only four feet 10 inches tall. R2 explained that she asked E3 (Registered Nurse) to have the device removed as she could not get it off the toilet and it was too high for her to get on without falling. R2 said that E3 was not able to get the device off either and would let maintenance know that it needed to come off. R2 said that no one ever came to take it off. R2 stated that a few days later, " I tripped over the legs of the riser and fell all the way down on the floor with my walker. I broke my ankle and needed to have surgery. They had to put hardware in my ankle.</p>	S9999		
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S9999	Continued From page 2  The wound from the hardware got infected and I had to have surgery two more times after that. I was on intravenous antibiotics for at least eight weeks. Sometimes I felt sick and warm. I told the nurses but no one ever even took my temperature ". R2 's clinical record showed that on 4/5/14 R2 fell in the bathroom. The incident report for 4/5/14 at 10:15 am showed that R1 was found on the floor of the bathroom and that the left ankle was abnormally positioned and protruding sideways. The Initial Fall Investigation for this fall showed that R2 stated that she tripped over the commode on the toilet with her walker. On 10/16/14 at 11:10am E3 via telephone said that she had no recall of whose toilet riser it was and if R2 needed to have it. E3 could only recall that R2 's ankle was visibly deformed and needed immediate medical attention. Documents from the community hospital dated 4/5/14 showed that R2 had a left trimalleolar fracture requiring surgical intervention. On 10/15/14 E6 Registered Nurse presented a written statement showing that she was the manager on duty when R2 fell. E6 stated that R2 was observed on the floor outside the bathroom door. R2 told E6 that she had to move the raised toilet seat to use the toilet. After R2 was done she went to move the seat back and got the device caught on her foot causing her to fall. (B)	S9999			