

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007678</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SYCAMORE HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 SYCAMORE QUINCY, IL 62301</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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 300.1210c) 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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan</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: 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>01/16/15</b>
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*Attachment A Statement of Licensure Violations*

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S9999	<p>Continued From page 1</p> <p>resident</p> <p>These requirements were not met as evidenced by: Based on record review and interview, the facility failed to ensure all residents were transferred with the required assistive devices, for one of three residents (R1) reviewed for falls, in a sample of three. This failure resulted in R1 being transferred from the wheelchair to the shower chair, without the use of a mechanical lift, R1 falling and sustaining a femur fracture.</p> <p>Findings include:</p> <p>A Fall Risk Assessment, dated 11/17/14, documents R1 has the current diagnoses of Osteoporosis, Osteoarthritis, History of Falls, Muscle Weakness, and Hemiplegia and scored R1 as being "High Risk" for falls.</p> <p>A Plan of Care, dated 12/11/14, documents R1 "had an actual fall due to her releasing hands off (sit to stand) lift during transfer. (R1) reevaluated and now will be a (mechanical lift) for transfers. Date initiated: 9/10/2013." Additionally, the Plan of Care documents R1 as "total assist of two staff for transfer, toilet use and bathing. (Mechanical) lift for all transfers...Date initiated: 9/09/2014."</p> <p>Nursing notes, dated 12/05/14 at 7:30 p.m., document the nurse was "called into shower room. (R1) was sitting in front of shower chair with (complaint) of pain to left leg...received orders to send to E.R. (Emergency Room)."</p> <p>A Incident Report Form, dated 12/06/14, documents on 12/05/14 staff were "transferring (R1) from (wheelchair) to shower chair with two assist and gait belt. Shower chair rolled. (R1)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>lowered to floor. (Complaint) of leg pain. Sent to E.R. for evaluation. Admitted with left femur (fracture)."</p> <p>A Hospital Discharge Summary, dated 12/10/14, documents "The patient (R1) was admitted with a fracture of the left femur after patient sustained a fall at the nursing home. (R1) underwent surgical repair...on 12/06/14."</p> <p>On 1/07/15 at 12:34 p.m., E2 (Director of Nursing) stated that a resident who requires a mechanical lift to transfer, would need to be transferred from a wheelchair to a shower chair with a mechanical lift. E2 concluded that R1 has required the use of a mechanical lift for all transfers ever since she fell during a transfer using a sit to stand, over one year ago.</p> <p>(B)</p>	S9999		

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