

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF CANTON	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET CANTON, IL 61520
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</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</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>	S9999		

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S9999	<p>Continued From page 2</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 300.3240 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 Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement a fall intervention by failing to add an anti-rollback device to a wheelchair for one of four residents (R4) reviewed for falls in the sample of six. This failure resulted in R4 having subsequent falls which resulted in R4 sustaining a Left Clavicle Fracture.</p> <p>Findings include:</p> <p>R4's Minimum Data Set (MDS) dated 5/14/15 documents that R4 has short and long term memory problems and moderately impaired decision making. The MDS documents that R4 requires extensive assistance with transfers and ambulation. The MDS documents that R4's balance is not steady when moving from a seated to standing position and that R4 is only able to stabilize with staff assistance. The MDS</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents that R4 uses a wheelchair and walker for mobility. R4's Care Plan dated 5/02/15 documents that R4 is at risk for falls due to impaired balance, poor coordination, unsteady gait, and history of falls. The Care Plan documents an intervention for anti-lock brakes (anti-rollback device) dated 5/12/15.</p> <p>R4's Incident Report dated 5/12/15 documents that at 4:45 PM, R4 was found on the floor in front of the wheelchair. R4's wheelchair brakes were not locked. The intervention documented to prevent future falls was adding anti-lock brakes (anti-rollback device) to the wheelchair.</p> <p>R4's Incident Report dated 5/22/15 documents that at 4:00 PM, R4 was "found on back in room between wheelchair and recliner. Resident attempted to transfer self to recliner without assistance." R4's Incident Report dated 5/31/15 documents that at 3:43 PM, R4 was observed to be sitting on the floor in front of the wheelchair and that R4 was bending over to pick something up off of floor.</p> <p>R4's Nursing Notes dated 6/1/15 at 8:03 AM document that R4 was complaining of pain to the left side of chest and was using accessory muscles to breath. R4 was sent to the emergency room for an evaluation.</p> <p>R4's Radiology Report dated 6/1/15 documents that R4 had a recent fall and that R4 has left anterior chest pain and bruising. The Report documents that R4 has an acute medial left clavicle fracture.</p> <p>On 6/2/15 at 3:41 PM, Z1 (R4's Primary Care Physician) stated that the fracture to the left clavicle is consistent with R4 falling from the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>wheelchair on 5/31/15.</p> <p>On 6/2/15 at 11:20 AM, E3 (Maintenance Supervisor) stated that there was a request for an anti-rollback device to be put onto R4's chair. E3 stated that the device was ordered and that it had been delivered to the facility on 5/29/15. E3 stated that the anti-rollback device has not been put on R4's wheelchair.</p> <p>On 6/2/15 at 12:00 PM, Z2 (Customer Representative of the company who sold the Anti-rollback Device) stated that the Anti-rollback device was ordered by the facility on 5/20/15. The Packing List dated 5/21/15 show that the anti-rollback device was packed and shipped on 5/21/15.</p> <p>On 6/2/15 at 11:45 AM, E4 (Director of Care Delivery) stated that on 5/12/15, E3 was told to put the anti-rollback device onto R4's wheelchair. E4 stated that E4 would expect that the device be placed by the next day or when available. E4 stated that E3 had said the anti-rollback device had to be ordered. E4 stated that there was not a new fall related intervention documented for R4 until the anti-rollback device was available but E4 would have wanted staff to keep R4 in direct sight until the anti-rollback device was added to the wheelchair. E4 stated R4 is impulsive and that R4 would not lock the wheelchair and that is the reason the anti-rollback was recommended.</p> <p>On 6/2/15 at 12:30 PM, E5 (Physical Therapist) stated that R4 has poor safety awareness and that posture is poor when standing. E5 stated that when standing up from the wheelchair and when sitting down into the wheelchair that R4 would not place hands in the appropriate place. E5 stated that R4 would not reach back to grab</p>	S9999		

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S9999	Continued From page 5 the wheelchair arms when standing or sitting and the anti-rollback brakes would keep the wheel chair from rolling back. E5 stated that the anti-rollback device would prevent the wheelchair from rolling out from under R4. (B)	S9999		