

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/02/2021
NAME OF PROVIDER OR SUPPLIER WAVERLY PLACE OF STOCKTON			STREET ADDRESS, CITY, STATE, ZIP CODE 501 FRONT STREET STOCKTON, IL 61085		
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F 000	INITIAL COMMENTS	F 000			
F 689 SS=G	<p>Facility Reported Incident of March 30, 2021/IL132289</p> <p>F689 cited</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to safely transfer a resident to prevent a fall. This applies to one of three residents (R1) in the sample of 3. Staff utilized a pivot transfer instead of using a mechanical lift as care planned. The facility failure resulted in R1 sustaining a fracture to her left hip requiring surgical intervention.</p> <p>The findings include:</p> <p>The facility face sheet shows R1 has diagnosis of hemiplegia (paralysis) of the left side, obesity, lack of coordination and difficulty in walking. The facility assessment dated 2/22/21 shows R1 is cognitively intact and requires extensive assistance of two staff for transfers, and has impairment to one side of her body. The facility care plan dated 3/30/21 shows R1 required extensive assist of two staff and the mechanical</p>	F 689	<p>Submission of this Plan of correction does not constitute in any way an admission of any facts and/or conclusion of law reflected in the alleged deficiencies nor does it constitute a waiver of the facility's right to contest the deficiencies and/or remedies imposed as a result of this or future surveys.</p> <p>The following plan of correction shall also serve as the Facility's written credible allegation of compliance that will be achieved by the stated date of completion.</p> <p>The Facility will ensure that each resident receives adequate supervision and assistance devices to prevent accidents. The Facility will ensure that it will continue to safely transfer residents per Facility's policies.</p>	4/3/21	

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

TITLE

(X6) DATE

Electronically Signed

04/15/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1 stand lift for all transfers.</p> <p>The nursing progress note dated 3/30/21 shows R1 had fallen during a transfer. R1 was assessed after the fall and was showing verbal and non-verbal indicators of extreme pain and unsafe to transfer back to bed. An ambulance was called. A nursing note later that same day showed R1 had sustained a fracture to her left hip.</p> <p>On 4/2/21 at 9:00AM R1 was up in her wheelchair eating breakfast. R1 said "I feel rough, it hurts". At 9:50AM R1 was taken to her room to be transferred back to bed. R1 was shaking and facial grimacing observed. R1 said she hurt a lot. When R1 was asked if one staff member transferred her alone the day she fell, R1 shook her head yes. At 12:30PM, V6 R1's POA was in the resident room. V6 said her mother (R1) was in a lot of pain and she was worried for her mother. At 1:30 PM, R1 continues to say she is in a lot of pain. V6 said the staff are calling the doctor to get more pain medications for her (R1).</p> <p>On 4/2/21 at 1:45 PM, V3 CNA (Certified Nursing Assistant) said she was the CNA doing the transfer the day R1 fell and broke her hip. V3 said she was transferring R1 from her bed to her wheelchair by herself and was not using a mechanical lift. V3 said she had no reason for why she did not use the mechanical lift as care planned. V3 said two staff usually transfer R1 to her chair.</p> <p>On 4/2/21 at 9:00 AM, R4 (R1's roommate) said she did not witness the fall but said there was only one CNA in the room and no mechanical lift was brought into the room. R4 said the</p>	F 689	<p>I. Corrective action for residents identified in the deficiency.</p> <p>On 3/30/2021 resident was immediately sent to hospital.</p> <p>Upon resident returning back to facility, the care plan/patient care summary was updated accordingly, and mechanical lift with 2 persons assist has been applied. All staff have been made aware of the changes to the plan of care.</p> <p>On 3/30/2021 V3 was disciplined by Director of Nursing.</p> <p>The Director of Nursing also provided 1:1 re-education with V3 regarding: safe transfer of residents, following residents plan of care, where to get plan of care info on each resident, checking equipment that it is in good working order prior to using equipment for transfers, resident transfer policy, and mechanical lift policy.</p> <p>II. Identifying other residents with potential for being affected and corrective action.</p> <p>Other residents who require transfers have the potential to be affected by this practice, but no others were identified.</p> <p>III. Systemic changes to reasonably assure deficiency does not recur.</p> <p>Education with appropriate staff was conducted by the Director of Nursing on 4/3/2021 included:</p>		

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F 689	<p>Continued From page 2 mechanical lift is rarely used to transfer R1.</p> <p>On 4/2/21 at 1:25 PM, V5 RN (Registered Nurse) said CNA's are to follow the patient care summary document in each residents room to know how to care for the resident. V5 said the information on the patient care summary comes right off the care plan and it is the safest way to transfer each resident.</p> <p>On 4/2/21 at 9:50 AM, V4 CNA said R1 is to be transferred with two staff present and are to use the mechanical lift.</p> <p>On 4/2/21 at 11:25 AM, V1 DON (Director of Nurses) said she was the nurse working the day R1 fell. V1 said V3 came to get her to tell her R1 had fallen during the transfer. V1 said R1 fell because V3 did not lock the brakes on R1's wheelchair. V1 said she was not sure who was in the room when R1 fell or if the mechanical lift was in the room. V1 said R1 was in a lot of pain and she just wanted to get her transferred to the hospital. V1 then said R1 was transferred by one staff member and no mechanical lift was used. V1 said the care plan should always be followed and that this was a serious accident that could have been avoided.</p> <p>On 4/2/21 at 10:15 AM, V2 Rehabilitation Director said a resident is assessed by her when they are admitted to the facility or if the resident has a change in condition, to determine the safest way to transfer each resident. V2 said R1 has a flaccid left side, does not follow commands well and will not turn to her sides. V2 said the safest way to transfer R1 was with two staff and the mechanical stand lift. V2 said transferring R1 with one staff and no mechanical stand lift is very</p>	F 689	<p>1)Resident transfer policies and proper transfer technique. 2)Mechanical lift policies and proper mechanical lift technique. 3)Accessing Resident's plan of care, and following resident's plan of care. 4)Checking transfer equipment to make sure it is in good working order prior to using.</p> <p>IV. How corrective actions will be monitored.</p> <p>Director of Nursing or designee will conduct QA Audit Tool for Resident Transfers. The QA study will include:</p> <p>1)Did staff check the careplan prior to transfer? 2)Did the staff member utilize the correct transfer method as stated in the resident careplan (mechanical, sit to stand,1-2 person with gait belt, stand by assist)? 3)Did the staff member ask for assistance if the resident is a two person transfer? 4)If using a mechanical lift, did the staff inspect the sling for signs of wear and tear? 5)Did the staff member prepare the environment prior to transfer: clear an unobstructed path for the lift machine; Ensure there is enough room to pivot; Position the lift near the receiving surface; and Place the lift at the correct height.?</p>		

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F 689	<p>Continued From page 3</p> <p>dangerous and should never be done that way. V1 said with R1's injury and previous deficits, she does not see R1's rehab going very well and is not sure if R1 will be able to get back to where she was before.</p> <p>The facility physical therapy note dated 12/22/20 shows R1 had been evaluated for transfer ability after a change in condition. The note shows R1 had potential for decline in functional transfers which would result in decreased safety and an increased need for assistance. The precautions listed on R1's therapy notes shows she is a fall risk and has left sided weakness and a left upper extremity contracture.</p> <p>The hospital records for R1 dated 4/1/21, showed a diagnosis of acute closed left hip fracture after a fall at the nursing home. Surgery was preformed on 3/31/21 to repair the hip.</p> <p>The undated facility policy for resident handling shows the resident handling policy exists to ensure a safe environment and transfers will be designated into categories for each residents safe transfer. This policy is to be followed at all times.</p>	F 689	<p>6) Did the staff member test the lift controls, ensure the emergency release feature works, and make sure the lift is stable and locked?</p> <p>7) If transferring to a wheelchair did the staff check that both breaks were in the locked position prior to the transfer?</p> <p>8) Did the staff verbally prepare resident for transfer?</p> <p>9) If a mechanical lift was utilized, did the staff member use the equipment correctly?</p> <p>10) Was the transfer method, if not using a lift, performed correctly using a gait belt?</p> <p>11) Was the resident positioned for comfort after the transfer?</p> <p>The QA study will be conducted 3 times a week for 6 weeks. The QA study will be conducted for at least 9 residents weekly. All observations will be discussed at morning meeting and the monthly QA meetings. Any concerns, related to the study, will be immediately addressed.</p> <p>Administration will monitor for overall compliance.</p>		