STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS First Certification revisit to Annual Survey done 10/23/14. F280 and F323 Cited.	{F 000}		
{F 280} SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to revise the care plan after a fall from the facility van for one of five residents (R87) reviewed for care plan revision post falls in a sample of 14. Findings include:	{F 280}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 280}	Continued From page 1	{F 280}		

On 12/9/14 at 1:50 pm, R87 stated, "I know why you are here. It's about the fall from the van deal, isn't it? I thought I was dead. When (E4/CNA/Certified Nurse Aide/Transporter) went to take me off the van to go to my Doctor (Z8/Orthopedic Physician), (E4) unhooked the wheelchair, started to push me out the back of van onto the lift but the lift was on the ground. I went flying out the back and landed on my back, still in the wheelchair. (E4) fell out too. I hit my head. The back of my head had a bump with scratches. The scratches were bleeding and I am on Coumadin, so that scared me more. There was supposed to be two people transporting that day but there was only one. (E1/Administrator) finally talked to me on Friday, four days later. I asked (E1) why there weren't two staff on the van like there is supposed to be. There were always two before. (E1) told me they do not necessarily have to have two to assist in transport. I was going to see (Z8/Orthopedic Physician) that day for the fracture to my right arm and wrist. That is the reason I am in the nursing home, because I fell at home and broke them. After the van deal, I was scared to death. I was nauseated and dizzy for days after. My ribs still hurt real bad. I was told they are severely bruised. I couldn't believe (E4) was driving the van the very next day when they sent me to see my doctor (Z2/R87's Primary Care Physician). (E1) never did come ask me what happened. Neither (E1/Administrator) or the Director (E2/Director of Nursing), came to ask me what happened."

R87 stated on 12/12/14 at 11:00am, "That incident on the van, let me tell you, I was scared to death. (E4/Transporter/CNA) was shook up at the time but didn't really say anything to me afterward, and didn't say anything the next day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 280}	Continued From page 2	{F 280}		

when (E4) took me (R87) to see my other Doctor (Z2/Primary Care Physician), not sorry or anything. Didn't really talk to me at all. That doesn't seem like the right thing to do. You would think someone from Administration would have come talk to me about what happened, but they didn't. The DON (E2) came in for less than five minutes not the day after, but the next day after that."

The facility provided a copy of R87's physician (Z2) visit of 12/3/14 which notes the following Diagnoses: "Fall from no-moving wheelchair, Fall from stationary vehicle, Head contusion, Concussion without loss of consciousness and Cervical strain (Whiplash). A second clinical note by Z2 (R87's Primary Care Physician) dated 12/10/14 contains the note, "Clinically (R87's) trauma resulted in rib contusions which is a clinical diagnoses rather than radiographic."

R87's care plan dated 10/20/14 states that R87 requires assist of 2 staff with sitting up in bed, 2 staff to transfer (R87) and is a moderate risk for fall related to pain from a recent fall that caused a right humerous fracture. There were no updates or revision to this care plan for the fall, the rib contusions, whiplash, bruising, lacerations, concussion or any of the injuries diagnosed by Z2 on the post fall visit of 12/2/14. When a copy of the care plan was requested on 12/9/14, the facility provided a care plan with a revision on that same day, 12/9/14 that R87 had fallen while in wheelchair from the back of the (facility) van. The care plan does not address R87's fears and anxiety resulting from the fall.

E5 (CPC/Care Plan Coordinator) stated on 12/12/14 at 8:15am, "The reason there is no fall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 280}	Continued From page 3 revision is because (R87) hasn't fallen in the facility." E5 (CPC/Care Plan Coordinator) said on 12/16/14 at 10:15 am, "It would have been the social services director that did not address and update the care plan for (R87's) anxiety. Yes, I am overall responsible for the care plan but I was not aware of his fears and anxiety at the time of the fall or that (R87) was still having anxiety about it." E9 (SSD/Social Service Director) reported on 12/16/14 at 10:40am, "I know very little about what happened to (R87). I don't know how it happened just that there was a fall. I am not aware that (R87) has any anxiety about it. I guess I should have had a formal sit down with him (R87). I know (R87) keeps quiet due to his previous military police experience (R87) said that it was startling. I should have sat down and talked more. I will do that now. I will address it now in the care plan."	{F 280}		
{F 323} SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and	{F 323}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 323}	Continued From page 4	{F 323}		

interview, the facility failed to safely operate the wheelchair lift on the facility transport van for one of five residents (R87) reviewed for falls in a sample of 14. This resulted in R87 falling out of the van onto the concrete parking lot. R87 incurred injuries of a swelling, hematoma, and lacerations to the back of the head, Whiplash to the neck, rib contusions and bruising to the bilateral shoulders. R87 complained of nausea, vomiting, and dizziness in the days following days the incident.

Findings include:

R87's admission face sheet dated 10/20/14 notes R87 to be 86 years of age and includes the following Diagnoses: Closed fracture of the Humorous, Atrial Fibrillation, General Muscle Weakness, Neoplasm Polycythemia Vera, History of Falls and Chronic Ischemic Heart Disease. The Resident Assessment and Care Screening for R87 dated 10/27/14 notes R87 requires extensive assist of two for transfer, dressing, and toileting. It documents R87 to be 6 foot 5 inches and 241 pounds.

On 12/9/14 at 1:50 pm, R87 stated, "I know why you are here. It's about the fall from the van deal, isn't it? I thought I was dead. When (E4/CNA/Certified Nurse Aide/Transporter) went to take me off the van to go to my Doctor, (E4) unhooked the wheelchair, started to push me out the back of van onto the lift but the lift was on the ground. I went flying out the back and landed on my back, still in the wheelchair. (E4) fell out too. I hit my head. The back of my head had a bump with scratches. The scratches were bleeding and I am on Coumadin, so that scared me more. There was supposed to be two people

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 323}	Continued From page 5	{F 323}		

transporting that day but there was only one. (E1/Administrator) finally talked to me on Friday, four days later. I asked (E1) why there weren't two staff on the van like there is supposed to be. There were always two before. (E1) told me they do not necessarily have to have two to assist in transport. I was going to see (Z8/Orthopedic Physician) that day for the fracture to my right arm and wrist. That is the reason I am in the nursing home, because I fell at home and broke them. After the van deal, I was scared to death. I was nauseated and dizzy for days after. My ribs still hurt real bad. I was told they are severely bruised. I couldn't believe (E4) was driving the van the very next day when they sent me to see my doctor (Z2/R87's Primary Care Physician). (E1) never did come ask me what happened. " Z6 (R87's friend) was also present during this conversation stated, "I rode in the front seat of the van. I saw it all happen. It looked like (E4) was pushing (R87) backward in the wheelchair when they both fell out the back of the van. I don't know if (E4) lost control, but I do know (E4) had already activated the lift to the ground. We were at the Emergency Room from 2:15 pm until 5:00pm. Neither (E1/Administrator) or the Director (E2/Director of Nursing), came to ask me what happened."

The facility notification of R87's incident sent to the (state agency) dated 12/2/14, reports the following, "(R87) was on the van on 12/1/14 at 2:00 pm going to a doctor's appointment. The transportation driver was unloading (R87) at the (clinic) from the van in (R87's) wheelchair. (E4/CNA/Certified Nurse Aide/Transporter) started to push the wheelchair onto the electric lift, thinking (E4) had raised it up to the level of the van floor. (R87's) wheelchair fell to the ground

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 323}	Continued From page 6	{F 323}		

and the van driver (E4) fell along with (R87) to the ground. (R87) bumped his head on the ground. Several nursing staff from the clinic came out to assist (R87). (R87) was immediately taken to the hospital emergency room for evaluation. The nurse practitioner has recommended an x-ray of (R87's) ribs be done tomorrow morning when (R87) goes to see (Z2/Primary Care Physician). Signed (E2/DON/Director of Nursing)."

E8 (LPN/Licensed Practical Nurse) stated on 12/9/14 at 1:00 pm, "The x-ray was to be done at the Doctors office the next day. There is nothing in the chart that shows it was done." E4 (Z2's nurse) stated on 12/10/14 at 11:48 am, "We did not get any info requesting an x-ray from (Z7). The note we got does not mention that. We did not get an x-ray of the ribs on (R87). They did not report to us any bruising on (R87's) back."

E4 (CNA/Transporter) stated on 12/9/14 at 2:45pm, "I was taking (R87) to the doctor by myself and the friend (Z6) was with us. I put the lift down on the ground as if I was picking someone up for transport but instead it should have been up even with the van for dropping off per transport. (R87) has two broken bones in the left arm. They had removed the right wheelchair arm as it irritated the sore arm. (R87) was facing the driver seat and I was facing the back exit. I could only push the left side arm of the chair and couldn't get good control of it. I didn't realize I left the lift down on the ground and we (E4) and (R87) went over the edge and onto the parking lot. I got out of the van, tuned on the lift from the back of the van and put the lift down to the ground. I then went around to the side and inside the van to unhook (R87). It was an error on my part. I landed on my feet." E4 was asked if there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 323}	Continued From page 7	{F 323}		

was supposed to be one or two staff on the van for transport. (E4) stated, "I believe that is the way it is supposed to be. There usually are two staff. They split the duties. One staff drives and the other staff does resident care. There is usually one on the ground and one in the van during loading/unloading. The aide that had been going with me, (E7/CNA/Transporter) quit the day before this happened, leaving just me to transfer. Now we have a second staff/helper. Ever since that happened to (R87), they have been really good to assure some one goes with me. I didn't have formal training. (E7) showed me how to do the job. I did not have any formal training. I did not see any manual on the lift on how to operate the lift. I just started transporting the end of September (2014). When I took the position, it was my understanding there would always be two people on the van for transport. I filled out two incident reports. One for (R87) and one in case I end up with injury on the job. There's no manual in a pouch on the van or anywhere on it. I was not give any training after the incident. No, I didn't get training after the fall either."

On 12/10/14 at 12:00pm, E7 said, "I used to be the transporter. But I just made a job change. We normally ran with two staff on the van. I didn't have any formal training on operating the lift. I was shown how by the previous transporter. I have never seen any manual with instructions,"

E1 (Administrator) was asked to provide the manufacturers manual for operation of the van lift. At 2:00 pm on 12/9/14, E1 stated, "We didn't have the manual on the lift so we called the supplier and are now downloading the manual for the lift from the Internet." The Operator Manual front page notes, "Read manual before operating

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 323}	Continued From page 8	{F 323}		

lift. Failure to do so may result in serious bodily injury. Keep manual in pouch." Page 26 states the lift operator's manual must be stored in the lift storage pouch at all times. Page 10 notes, "WARNING. Read manual and supplements before operating lift. Read and become familiar with all safety precautions, operation notes, details, operating instructions and manual operating instructions before operating the lift. Drivers and wheelchair lift attendants must read and become familiar with the contents of this manual before operation."

Z2 (R87's) Primary Care Physician provided a clinical note regarding (R87's) incident of 12/11/14. It includes the following physician note dated 12/10/14 at 11:10 am, "Clinically, (R87's) trauma resulted in rib contusions. In my mind, (R87) should mot have been in a position where (R87's) chair could move, i.e. brakes off and the chair not physically secured, until the lift is in proper position, if the door is open. Having two may have prevented the fall by giving more attention to both (R87) as well as the mechanical aspects of the van/lift. In my mind, this was gross negligence as (R87) should never have been in a state which allowed mobility until proper steps to ensure that the lift was in place of prevent this mishap. (R87) could very well have died or suffered serious, quality of life altering injuries as a result".

R87's progress note dated 12/3/14 at 1:05 am includes the following: "(R87) complains of rib pain. Noted to have bruise on mid upper back." Progress note of 12/9/14 at 12:56am documents, "Skin warm and dry, faded greenish bruise to bilateral posterior shoulders."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145800	A. BUILDING _____ B. WING _____	R 12/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET QUINCY, IL 62301

(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) COMPLETION DATE
{F 323}	Continued From page 9 On 12/10/14 at 2:45pm, R87 was observed to have a bump to the back of the head with two scabbed areas approximately 2.5 cm (centimeters) in length within the bump. Also observed was a yellow/reddish bruise on the left shoulder which was approximately 6cm wide by 3cm long. The right shoulder had the same color bruise approximately 3cm wide by 3cm long. At 3:00 pm on 12/10/14 E2 (DON)was asked if the doctor had been notified of the bruising. E2 had no response. R87 stated on 12/12/14 at 11:00am, "That incident on the van, let me tell you I was scared to death. (E4/Transporter/CNA) was shook up at the time but didn't really say anything to me afterward, and didn't say anything the next day when (E4) took me (R87) to see my other Doctor (Z2/Primary Care Physician), not sorry or anything. Didn't really talk to me at all. That doesn't seem like the right thing to do. You would think someone from Administration would have come talk to me about what happened, but they didn't. The DON (E2) came in for less than five minutes not the day after, but the next day after that. I fell at home and broke my arm. They put a plastic cast on that but didn't x-ray my hand. When I came here for therapy they were turning my hand and wrist and it hurt bad. I told them it hurt right from the get go. When they finally did x-ray it, well they told me my wrist was definitely fractured."	{F 323}		