

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2012
NAME OF PROVIDER OR SUPPLIER ST MARY'S SQUARE LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(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
Z 000	COMMENTS CONDITIONAL LICNSURE FOLLOW UP TO SURVEY DATE 8/26/11 St. Mary's Square Living Center is in compliance with their Plan of Correction for 350.620 a), 350.1250 a) b), and 350.1840 b) for this survey.	Z 000		
Z9999	FINDINGS LICENSURE VIOLATIONS 350.670 f) 3) 350.1230 b)3)7) 350.3240 a) Section 350.670 Personnel Policies f)3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented. Section 350.1230 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 3) Periodic reevaluation of the type, extent, and	Z9999		

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TITLE

(X6) DATE

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

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Z9999	Continued From page 1 quality of services and programming. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. Section 350.3240 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to implement their system to prevent neglect when they failed to implement safeguards to prevent additional falls for 2 of 2 individuals with a repeated pattern of falls, some of which have resulted in physical injury. (R1 and R10) Findings Include: 1) R1 per current Individual Service Plan (ISP) dated 2/22/12, is a 61 year old female with diagnoses of Profound Mental Retardation and Post-Menopausal. Under the section titled "Adaptive Devices" it states "Helmet; wheelchair PRN [as needed]." Under the section titled "Other Medical Comments" R1's ISP of 2/22/12 states, R1 "continues to have frequent falls and is often evaluated by nursing with neuro checks and frequent assessments." Under the section titled "Functional Skills" it states, R1 "utilizes a helmet with face-shield for safety due to falls. Formal programming is currently in place. [R1] also utilizes a clip alarm for the helmet which attaches to her shirt and the helmet to make staff aware of when [R1] may remove the helmet. [R1] may	Z9999		

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Z9999	<p>Continued From page 2</p> <p>also utilize a motion sensor when sitting in a chair with arms to alert staff when she moves from the chair. At night [R1] utilizes a soft helmet while in bed with a motion detector by the bed, and a floor mat [sic] alarm to make staff aware if [R1] gets up during the night. [R1] utilizes a low hospital bed with hand rails with floor mat next to the bed for safety."</p> <p>The section titled Functional Skills continues, R1 "ambulates independently, however at times has been noted to be unsteady. She utilizes a helmet with an alarm, hip, knee and elbow pads throughout her daily routine." The ISP continues, R1 "has had incidents of falling in the TV lounge, dining room, hallways, shower room, parking lot, at day training, and in her room."</p> <p>R1's "Program Progress Note" forms from her clinical record were reviewed starting in 2/12. The following falls were noted:</p> <p>2/02/12 - 'Res. [resident] presents on floor in TV lounge [with] laceration to the [upper] lip approx [approximately] 1/2 inch long [with] lg [large] amt [amount] of bleeding noted."</p> <p>2/04/12 - "Res fell in DR [dining room] on floor. landed primarily on lt [left] side [and] hit back of helmet on floor."</p> <p>2/11/12 - "res fell to buttocks."</p> <p>2/16/12 - "Threw self on floor striking side of helmet." E3 [Qualified Mental Retardation Professional, QMRP] note identifies location as dining room.</p> <p>2/23/12 - "resident presented on floor in sun lounge."</p> <p>2/26/12 - "Nurse in office heard fall went out to see [and] saw res propped up on R [right] elbow had fallen on R side - checked res for any bruises [and] reddened areas seen a small bruise bluish</p>	Z9999		

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Z9999	Continued From page 3 on R elbow [and] instantly swelling [and] warm to touch R elbow." 3/02/12 - "Res present sitting on floor during vanning [waiting in the lobby for the day training van] TL's [team leaders] report res fell off bench to R side." 3/17/12 - "TL reported that resident fell to her knees and hands." QMRP note identifies location as hallway. 3/24/12 - "Res noted to have fallen to buttocks X [times] 2 this shift." QMRP note identifies both locations as the dining room. 3/27/12 - "resident dropped to her knees and buttocks hitting her right elbow on the chair arm." Investigative report identifies location as dining room. 4/11/12 - "DT [day training] reports - resident fell hitting head on cabinet - with helmet in place." 4/16/12 - "res noted to have fallen to buttock." 4/19/12 - "TL reported that resident presented on floor face down - with all protective gear (helmet arm pads knee pads - etc) in place - resident assessed - resident has a 1/2 cm - laceration to her upper lip area - on Lt side - area had small amount of active bleeding." Investigative report identifies location as dining room. 4/20/12 - "res. put self on floor during vanning. On neuros from previous fall." 4/21/12 - "Res noted to have fallen X 2 this shift." QMRP note identifies one location as dining room no location for other. 4/26/12 - "Res. presents on buttocks in TV lounge. peer states she fell down." An injury investigation report dated 2/25/12 states that, "On 2-25-12 at 11:45pm, [R1] fell." The report states that E1 [nurse] "stated that she heard a noise and went out of the nurse's station to see what caused the noise and observed [R1] propped up on her right elbow. Upon	Z9999		

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Z9999	<p>Continued From page 4</p> <p>assessment, [E1] noted instant swelling and bruising of the right elbow. When attempting to get the range of motion for the right arm, [R1] showed signs of rejection by yelling." The report states that R1 was sent to the hospital and returned with a diagnosis of a "contusion of her right elbow." The report continues, "A special staffing was held on 2-27-12 to discuss this fall. Recommendations from this staffing were to have [R1] re-evaluated at physical therapy and to utilize elbow and knee pads throughout her daily routines. Staff will continue to encourage [R1] to be more aware of her surroundings. Staff will continue to monitor [R1] to help ensure her safety."</p> <p>An injury investigation report dated 3/29/12 states that R1 "presents with red discoloration to her right elbow without any bruising or swelling." The report continues, "It should be noted that [R1] experienced a fall on 3/27/12 at 7:45pm where she had dropped to her knees hitting her right elbow on the arm of a chair in the dining room." The concluding paragraph states, "Upon investigation, the cause of the discoloration to [R1's] right elbow was most likely due to the fall she experienced on 3/27/12. A special staffing was held on 3-30-12 to discuss [R1's] falls. Recommendations from this staffing included purchasing a different type of elbow pad/protector that stay in place better, to continue all previous safeguards in place, to continue current helmet/safety compliance program, refer to [prosthetics company] for replacement of padding in helmet." The report ended with "Staff will continue to monitor [R1] to help ensure her safety."</p> <p>An injury investigation report dated 4/19/12 states that "On 4-19-12 at 5:30pm, [R1] presents on the</p>	Z9999		

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Z9999	Continued From page 5 floor face down. [E2 direct care] observed [R1] lying on the floor in the 2nd floor dining room. [E2] stated that [R1] had risen from her chair in the dining room and fell face first to the floor. [R1] was assessed by nursing and upon assessment a 1/2" cm laceration was noted to her upper lip on the left side." The final paragraph states, "It should be noted that [R1] utilizes a helmet, knee pads, anti-slip shoes, elbow pads, a chair with arms, a string alarm on her helmet, and hip and buttock protective undergarments. All protective gear was in place at the time of this fall. It should also be noted that [R1] is on programming for helmet/safety compliance. Staff will continue to implement programming as needed. Staff will continue to monitor [R1] to help ensure her safety." A "Special Staffing" form dated 2/02/12 states that it was held "to discuss [R1's] falls." It states that R1 "currently wears a helmet with a face - shield and a pull string alarm and is on a Helmet Safety Program. She wears shoes with Velcro to eliminate the possibility of tripping over shoe strings and staff monitors her to make sure she is not wearing socks only to decrease the likelihood she will slip and fall." Included in the recommendations is "Refer to Physical Therapy for a re-evaluation", "Purchase and utilize hip guards to be worn at all times", and "Continue to use a gait belt when assisting [R1] to ambulate. R1's Physical Therapy Assessment dated 2/10/12 under the section titled recommendations it states, "Resident wears helmet secondary to falls Resident uses wheel chair for long distances PRN, shower chair for bathing PRN. Gait belt for staff assist to guide PRN." A Special Staffing form dated 2/27/12 states, "A	Z9999			

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Z9999	<p>Continued From page 6</p> <p>special staffing was held to discuss [R1's] recent fall. She was heard to have fallen in the hallway on 2/26/12." The only change in recommendations from the special staffing of 2/02/12 to the special staffing of 2/27/12 is to "Purchase and utilize elbow and knee pads to be worn through out her daily routine" and "Continue current programming at [the facility] and [day training]." R1's ISP of 2/22/12 already contains the statement, "[R1] utilizes a helmet with face-shield and alarm, chairs with arms, motions sensor alarm, a low bed with a mat, a soft helmet and motions sensor while in bed, shower chair and a specialing program. [R1] utilizes hip protectors at all times over her depends. [R1] wears knee and elbow pads throughout her daily routine." The special staffing of 2/27/12 did not contain any strategies on how the facility was going to prevent R1 from falling while up out of bed when most falls were occurring.</p> <p>A Physical Therapy Assessment dated 3/08/12 states that R1 has decreased safety awareness and does not follow directions. The assessment does not include any new recommendations on preventing R1 from falling.</p> <p>A Special Staffing form dated 3/30/12 states, "A special staffing was held today due to recent falls. Since 2/27/12 [R1] has experienced 4 falls at [the facility]." It states, "In January, [the facility] tried using a walker with [R1] but were unsuccessful." The staffing form continues, "She uses hip pads, knee and elbow pads daily as well as her helmet with face shield. Physical Therapy has determined she is not safe in a wheelchair as she sits backwards or sideways and attempts to put her legs over the side rest which are all dangerous positions for a wheelchair." The recommendations from the special staffing are as</p>	Z9999		

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Z9999	Continued From page 7 follows; "Purchase different type of elbow pad/protector. Continue all previous safeguards in place. Continue current helmet/safety compliance program. Refer to [prosthetics company] for replacement of padding in helmet. Continue to attempt medication reductions. Continue current programming at [the facility] and [day training]." No new strategies were developed to prevent R1 from falling while up out of bed when most falls were occurring. R1's "Fall Risk Assessment" dated 2/20/12 with a reviewed date by E3 of 4/27/12 contains 10 check marks in the "Yes" column. The Fall Risk Assessment at the bottom of the forms states, "10 or more risk factors identified indicate resident at high risk of falling (a "yes" answer indicates a risk factor)." This indicates that R1 is identified as at high risk of falling. There are no recommendations on the assessment on fall prevention strategies. A QMRP note by E3 states, "On 4/25/12 a special staffing was held to discuss [R1]'s recent falls. It was discussed and agreed upon by the IDT [Interdisciplinary Team] to continue the Helmet/Safety Compliance program as well as all safeguards previously put into place. [R1] will also be reviewed again by PT [Physical Therapy]. [R1] will be reviewed May by the [the facility's specially constituted committee] for possible continuation of medication reduction." The note continues, "it was also discussed that based on a discussion wither [sic] sister in the past regarding diabetes in the family that at the time of a fall nursing will be notified and will check her blood sugar as well as blood pressure. Based on the information regarding diabetes her blood sugar was checked in the past with the result that [R1's] blood sugar was within normal range." No	Z9999		

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Z9999	<p>Continued From page 8</p> <p>recommendations were included on how currently to prevent R1 from falling.</p> <p>E3 [QMRP] was interviewed on 5/03/12 at 9:54am. E3 was asked what is in place to prevent R1 from falling. E3 stated that if R1 needs assistance to walk, staff are to use a gait belt. E3 stated that R1 is to use a chair with arms and use it appropriately. E3 stated that staff are to monitor for trip hazards. E3 stated that at a Special Staffing on 8/16/11 a gait belt was recommended. When asked what has changed since that Special Staffing, E3 stated that they added hip protectors, added knee pads and elbow pads to protect her elbows.</p> <p>When asked if R1's supervision level had increased since she continues to have falls, E3 stated that staff on the floor monitor her and that she [E3] monitors her as well. E3 was asked if it is the QMRP which fills out the Fall Risk Assessment. E3 stated that she filled it out but speaks with nursing regarding the medication section. When asked if a person scores high risk on the assessment what does that trigger, E3 stated that they "review the stuff in the plan and decide if there is something else we should add." When E3 was asked if there have been any recent changes to R1's plans to actually prevent falls from happening, E3 stated no. E3 stated that they have added safeguards and to monitor the environment.</p> <p>R1 was observed on 5/03/12 at 9:17am. R1 was laying curled up on a couch in the second floor activity room. Her helmet was off and laying on the couch but the alarm did not go off because the helmet did not go far enough from her. E4 [direct care staff] came up to her and reapplied the helmet and tried to get her to sit up correctly</p>	Z9999		

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Z9999	Continued From page 9 but R1 continued to attempt to lay down. 2) R10, per current ISP of 11/16/11, is a 56 year old female with diagnoses of Profound Mental Retardation, Post Menopausal, and Pre-Senile Dementia. Under the section titled "Other Medical Comments" it states, R10 "continues to have occasional falls with minor or no injury in which she is assessed and treated by nursing appropriately." Page 7 of R10's ISP states, R10 "currently uses the following adaptive devices to decrease incidents of falling: custom orthopedic shoes and a wheelchair PRN." R10's "Program Progress Note" forms from her clinical record were reviewed starting in 2/12. The following falls were noted: 2/14/12 - "TL [team leader] reports hearing residents try fall [sic] and noticed res. on her bottom." 2/27/12 - "Resident fell onto her buttocks at 5:45 while standing in front of the elevators on 3rd floor." 3/01/12 - "Res fell to buttocks. Unwitnessed fall." 3/05/12 - "Resident pushed by peer and fell onto her buttocks." Identified by progress note as "med line." 3/07/12 - "Resident observed sitting on her buttocks." 3/15/12 - "Res fell in dining room striking left side of back (mid), then to buttocks." 3/18/12 - "resident was pushed by peer landing on her buttocks." 3/27/12 - "TL reported resident lost her balance and went backwards against elevator doors - and then slid down to floor on her buttocks." 3/30/12 - "Res presents on floor laying on right side. Fall unwitnessed but heard fall [and] head	Z9999		

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Z9999	Continued From page 10 hit floor." 3/31/12 - "reported res fell [and] hit head. Appears [with] 1" [inch] goose-egg on head." A later entry states "There is a bruise on resident [upper right] forehead." 4/01/12 - "Fell to floor backward to buttock in front of med room door." 4/05/12 - "Res fell back in hall landing on buttocks then hit base of back of head on carpeted area of wall near elevator." 4/11/12 - "TL reports, Res. fell onto buttocks, [no] inj's [injuries] noted. Res. wearing coccyx + hip protector." 4/12/12 - "Res stepped off elevator [and] lost balance fell to buttocks." 4/19/12 - "Assisted off toilet by TL got up to standing position [and] 'went limp' fell to floor on buttock." 4/21/12 - "Res fell in dining room off chair landing on back." 4/22/12 - "Res fell to buttocks on 1st floor. Pads in place." 4/29/12 - "Resident fell onto her buttocks at 6:10pm while in the dining room." An injury investigation report dated 3/31/12 states that "On 3-31-12 at 1:20pm, [R10] presents with a 1 " raised area to right upper forehead." The report states that the injury occurred in the dining room. It states, "It should be noted that a special staffing was held on 4-1-12 to discuss this incident. Recommendations from this staffing included implementing a soft helmet for [R10] to utilize and purchasing hip and coccyx guard underwear. Staff will continue to monitor [R10] to help ensure her safety." A Program Progress Note dated 3/31/12 states, "reported res fell [and] hit head. Appears [with] 1 " [inch] goose-egg on head." The time listed for	Z9999		

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Z9999	<p>Continued From page 11</p> <p>this entry was 2:20pm. Another entry dated 3/31/12 but with no time noted states, "Neuro continue - There is a bruise in residents [upper right] forehead."</p> <p>An "Addendum to ISP" dated 4/08/12 and signed by E5 [QMRP] states, "As a result of a special staffing for falls, [R10] will wear a helmet to protect her head during falls. [R10] is currently non-compliant to wear her helmet and will begin formal programming to desensitize her and encourage her to wear her helmet.." The Addendum to the ISP dated 4/08/12 did not contain any new strategies to prevent R1 from falling.</p> <p>R10's "Fall Risk Assessment" is dated 8/31/12. E5 verified during interview on 5/03/12 at 9:37am., that the correct date should have been 8/31/11. R10's Fall Risk Assessment contains 9 check marks in the "Yes" column. The Fall Risk Assessment at the bottom of the forms states, "10 or more risk factors identified indicate resident at high risk of falling (a "yes" answer indicates a risk factor)." This indicates that R10 per this assessment, is not identified as at high risk of falling. There are no recommendations on this assessment on fall prevention strategies.</p> <p>Physical Therapy Assessments for R10 were reviewed. A Physical Therapy Assessment dated 12/29/11 for R10, under the section titled "Recommendations" it states, "Staff assist on/off elevator. Shower chair PRN for bathing. Wheel chair for mobility PRN." A Physical Therapy Assessment dated 2/23/12 contains the exact same recommendations." A Physical Therapy Assessment dated 3/08/12 states the same recommendations but also includes "Staff to attempt use of wheeled walker for ambulation</p>	Z9999		

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NAME OF PROVIDER OR SUPPLIER ST MARY'S SQUARE LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 239 SOUTH CHERRY GALESBURG, IL 61401		
(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	
Z9999	<p>Continued From page 12 with gait belt."</p> <p>An Addendum to R10's ISP dated 3/18/12 and signed by E5 states, "As a result of a PT [Physical Therapy] evaluation on 3-8-12, [R10] will be trained to walk with the aid of a walker. PT noted that [R10] will not walk with the walker on her own and that programming is recommended. [R10] will be supplied a walker and will begin programming to walk with the aid of a walker, a gait belt, and a one staff member assist for a total of twenty-five feet daily." "QMRP Summary" dated 3/31/12 states that a "Walker Usage" program has been initiated and that R10 had "used her walker 7 days this month with staff assist and gait belt."</p> <p>E5 was interviewed on 05/03/12 at 9:37am. E5 was asked regarding the fall with injury on 3/31/12 what is being done to prevent further falls for R10. E5 stated that R10 is now on a formal program to properly use a walker. E5 stated that R10 can use the walker but intermittently. E5 stated that staff assist R10 into and out of the dining room and that R10 is to sit in chairs with arms. E5 stated that R10 was to be assessed by Physical Therapy again next week.</p> <p>When asked if R10's level of supervision had increased due to the number of falls, E5 stated, "Not at this time." When asked when the fall assessment was completed, E5 stated 8/31/11. When asked if he was the one who completed the fall assessment, E5 stated, yes that the QMRP does the assessment annually around the time of the annual staffing. E5 was asked what would cause the fall assessment to be done sooner than annually. E5 stated, "A great change in the individual. I haven't seen much of a change." When asked if R10 was not at high risk</p>	Z9999			

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Z9999	<p>Continued From page 13</p> <p>for falls per the fall risk assessment, E5 stated not under this criteria. E5 stated, "I treat her as a high risk."</p> <p>When asked, if R10 is using a walker with staff why all the falls in April. E5 stated that R10 is not using the walker all the time, just during the training period. When asked if the rest of the time R10 ambulates independently, E5 stated, yes. When asked, if R10 is safe to ambulate independently why the walker program, E5 stated, "She's not fully safe. I don't believe it will be very long before [R10] will be unsafe to walk." E5 stated that R10 is to be evaluated again by Physical Therapy.</p> <p>E6 [Director of Nursing] was interviewed on 5/03/12 at 2:17pm. After running down all of R10's falls since 2/12, E6 was asked if R10 is at high risk for falls. E6 stated, "Yes, I guess I would say that." E6 stated that R10 has a new diagnosis of dementia and stated that she did not know if that contributes to the falls. After reviewing the fall risk assessment, E6 verified that the assessment does not find R10 at a high risk of falls. When asked if this assessment reflected an accurate risk for falls for R10, E5 stated, "I'd have to say, not at this point."</p> <p>R10's most recent "Addendum to ISP" dated 4/08/12 and most recent Fall Risk Assessment of 8/31/11 do not contain strategies to address R10's continued pattern of falls. R10 has had six falls since the most recent Addendum to her ISP dated 4/08/12.</p> <p>Facility Policy 1.23 "Administrator's Investigative Committee" defines "Neglect" as "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."</p>	Z9999			

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Z9999	Continued From page 14 Under the section titled "Function" #3. states, "To protect individuals from further harm." <p style="text-align: center;">(B)</p>	Z9999			