

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/30/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF CHAMPAIGN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 EAST SPRINGFIELD CHAMPAIGN, IL 61820</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
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S9999	<p>Final Observations</p> <p>LICENSURE VIOLATIONS:</p> <p>300.1210b) 300.1210d)6) 300.1220b)2) 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. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status,</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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 resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to take measures to prevent accidents and revise post fall interventions for one of five (R6) residents reviewed for falls in the sample of 8. This resulted in R6 sustaining 3 fractured ribs in an additional fall.</p> <p>The findings include:</p> <p>The facility Incident Report stated on 7/5/14 at 2:30 AM, R6 was found sitting upright on the floor beside his bed. R6 stated he got up to go to the bathroom and fell. No injuries were noted immediately following the fall. The undated State Report stated R6 started to have increased pain to the left rib area. Nurse Practitioner was notified and X-ray was ordered. X-ray completed on 7/5/14 indicated acute mildly displaced fractures of the left lateral 9th, 10th, and 11th ribs.</p> <p>The facility Incident Report stated on 5/29/14 at 11:48 AM, R6 stated he was walking from the chair to the bed, lost his footing, and fell on the floor. R6 sustained a scraped left knee. Post fall recommendations were to encourage R6 to use</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>call light and reinforce need of staff to provide assistance to transfer and ambulate.</p> <p>The facility Incident Report stated on 5/27/14 at 7:00 AM, R6 was observed falling in his room. There were no noted injuries. Post fall recommendations included Physical and Occupational therapy evaluation and keep commonly used articles in reach.</p> <p>The facility Incident Report stated on 5/14/14 at 2:45AM, R6 found on the floor of his room. There a trace of blood noted from R6's left foot. R6's room was changed to a room closer to the nurses station.</p> <p>The facility Incident Report stated on 5/10/14 at 5:30 AM, R6 was found on the floor of his room close to the bathroom. R6 stated he hit his head on a chair. There was no visible injury. Post fall recommendations stated to encourage R6 to call for assistance when transferring or needing to go to the bathroom.</p> <p>On 7/18/14 at 2:00 PM, E1 (Director of Nurses) stated post fall interventions are put into place following each fall. E1 stated the interventions put into place following R6's fall on 5/29/14 only included reminding R6 to use call light and call for staff to provide assistance to transfer and ambulate. E1 stated these interventions had also been recommended following previous falls. E1 stated R6 was impulsive and needed reminders.</p> <p>(B)</p>	S9999		