

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2024
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NAME OF PROVIDER OR SUPPLIER GRAND VIEW ALZHEIMER'S SCC	STREET ADDRESS, CITY, STATE, ZIP CODE 6210 N UNIVERSITY STREET PEORIA, IL 61614
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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
A 000	Initial Comment Original Complaint Investigations #2427187/IL177729 - Section 295,4060 h)3) cited #2427177/IL177716 - Section 295,4060 h)3) cited #2427456/IL178094 - Section 295,4060 h)3) cited #2427486/IL178132 - Section 295,4060 h)3) cited, Section 295.4020 f) cited #2427499/IL178084 - Section 295,4060 h)3) cited	A 000		
A4020	Section 295.4020 Mandatory Services This Regulation is not met as evidenced by: Section 295.4020 Mandatory Services Each establishment shall provide or arrange for the following mandatory services: f) Assistance with activities of daily living as required by each resident. (Section 10 of the Act) Type 3 Violation Based on observation, interview and record review, the facility failed to reposition and provide incontinent care timely for two of three residents (R3 and R4) reviewed for repositioning in a sample of six. Findings include: On 9-18-24 at 1:00 pm, E2 (Health Services Director) stated immobile residents should be repositioned and provided incontinence care at least every two hours. On 9-18-24 at 12:00 pm E20 stated the facility does not have any policies regarding repositioning.	A4020		

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

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A4020	<p>Continued From page 1</p> <p>1. On 9-18-24 at 5:30 am, E4 and E8 (Caregivers) transferred R3 from her bed to her Specialized wheelchair chair with a mechanical lift. E4 stated she changes R3 about every one to two hours at night to keep her dry. From 6:00 am to 7:55 am, R3 remained in the day area by the front nurses station. At 7:55 am, R1 was taken to the back dining room where she remained until 9:35 am when she was pushed into the back activity area. At 10:30 am, R1 was again moved to the back dining room for a snack. At 11:00 am, E11 (CNA) took R3 to her room to change her. R3 was incontinent of urine. E11 stated R3 could not reposition herself and had been up in her Specialized wheelchair chair since her came on shift at 6:00 am without being repositioned.</p> <p>R3's service plan dated 7-10-24 documents R3 is a hospice patient, is non-ambulatory, needs assistance with all activities of daily living, requires assistance with repositioning and has a specialized wheelchair.</p> <p>2. On 9-18-24 at 5:00 am, R4 was sitting up in a specialized wheelchair in the front day area. R4 remained there until 7:55 am when she was pushed to the back dining room for breakfast. At 9:10 am, R4 was taken to her room, transferred to bed and provided incontinence care. R4 was not repositioned or given incontinence care for four hours and ten minutes.</p> <p>R4's service plan dated 7-29-24 documents R4 has a diagnosis of Alzheimer's disease, if receiving hospice services, needs assistance with all activities of daily living, is non-ambulatory, has a specialized wheelchair, is incontinent and requires staff assistance for repositioning.</p>	A4020		

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A4060 A4060	<p>Continued From page 2</p> <p>Seciton 295.4060 Alzheimer's and Demential Programs</p> <p>This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: A) May wander; and B) May need supervision and assistance when evacuating the building in an emergency;</p> <p>Violation</p> <p>Based on interview and record review, the facility failed to follow their fall policy by not documenting R1's fall, notifying family and physician of R1's fall, and completing paperwork required per facility policy for one (R1) of three residents reviewed for falls in a sample of six.</p> <p>Findings include:</p> <p>The facility's Fall Management and Post Fall Investigations policy dated 5-15-23 documents the following: After a fall "An incident report will be completed by the medication team member, licensed nurse team member or the administrator. The supervisor in charge will notify the physician and responsible party of the fall. The health services director or designee will update the resident service/care plan. Post fall QAPI (Quality Assurance and Performance</p>	A4060 A4060		

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A4060	<p>Continued From page 3</p> <p>Improvement) tool and Fall Risk Evaluation tool is completed after each fall."</p> <p>On 9-17-24 at 11:40 am, E1 (Administrator) stated on 9-15-24, she came to the facility after about 11:30 pm related to personnel issues. E1 stated R1 was sitting on the floor in front of his chair in the common area. E1 stated she assessed R1 who was not injured and asked E17 (CNA) to sit with R1. E1 stated after dealing with the personnel issue, she and E15 (CNA/Certified Nursing Assistant) helped R1 up and to bed.</p> <p>As of survey date 9-18-24, there is no mention of R1's fall in his record nor is there any incident report or follow up that was produced. There is no evidence that R1's family or physician was notified of the fall.</p> <p>On 9-18-24 at 1:00 pm, E2 (Health Services Director) stated she was not aware of R1's fall on 9-15-24.</p>	A4060		