

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2019
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON			STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002		
(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	
S 000	Initial Comments Complaint 1948231/IL117347- F689	S 000			
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/15/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2019
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002			
(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
S9999	Continued From page 1 and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Restorative measures shall include, at a minimum, the following procedures: 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. These Regulations were not met as evidenced by: Based on record review and interview the facility	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2019
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON			STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002		
(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
S9999	Continued From page 2 failed to maintain an environment free of clutter to prevent falls for one resident (R2) reviewed for falls. This failure resulted in R2's fall from tripping over roommates belongings, hitting his head on headboard and sustaining a fracture of the right frontal sinus and orbit. Findings include: R2's Initial Minimum Data Set (MDS), dated 9/12/19, documents that R2 is cognitively impaired, and requires limited assistance and one person physical assistance for bed mobility, transfers, and locomotion. R2's admission fall risk assessment, dated 9/5/19, documents a score of 16 high risk for falls with any score greater than 10 as high risk for falls. R2's Fall Risk Assessment, dated 9/13/19, documents a score of 19. R2's Transfer/Discharge sheet dated 9/5/19 documents a diagnosis of legal blindness. R2's Initial Baseline Care Plan, dated 9/5/19, documents R2 is visually impaired, walks independently, and has a history of falls. The Care Plan does not address the need to keep the environment free of clutter and tripping hazards. R2's Incident Report, dated 9/13/19 at 5:15 AM, documents the nurse entered R2's room to apply pain patch, when she pulled back R2's covers dried blood was noted to R2's face and on bed linens. The report documents laceration to the area above the right eye, into the brow region, small areas to outer aspect of right eye, lower aspect, 0.3 noted bruising, to right cheek 2 CM X 1.8 CM. R2's incident report documents trip hazard and clutter as predisposing factors. The	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2019
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002			
(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
S9999	Continued From page 3 facility Investigation Conclusion completed by V2, Director of Nursing (DON), documents R2 is legally blind, roommate's belongings thrown all over room, dried blood noted to headboard. Concluded that resident tripped over roommate's belongings causing him to hit head on headboard. R2's Nurse's Notes, dated 9/15/19 at 5:50 AM, documents reddish purple discoloration to right eyelid. Steri- strips intact to right eye. R2's Nurses notes, dated 9/16/19 at 2:50 AM, documents R2 continues to have reddish purple discoloration to right eye. This is the only nursing documentation in R2's clinical record in regards to injury. A CT report from when R2 was sent out to the hospital for behavior on 9/18/19 documents a minimally displaced fracture of the anterior wall the right frontal sinus, with some extension into the superior aspect of the right orbit roof which appears recent. On 11/14/19 at 1:22 PM, V2, Director of Nursing (DON), stated that R2's room was cluttered because R15 (roommate) was moving out the next day. V2 stated "there was stuff everywhere." V2 stated the facility should have had interventions in place for fall prevention, since R2 identified as high risk for falls and a history of falls. The Facility's Fall Management policy and procedure, dated as reviewed 2019, documents, "It is the policy to have a Fall Prevention Program to assure the safety of all residents in the facility." It continues, Under Standards: "3. Safety interventions will be implemented for each	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2019
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF ALTON			STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002		
(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	
S9999	Continued From page 4 resident identified at risk using a standard protocol." It further documents, Under Standard Fall/Safety precautions: All Residents, "5. The residents environment will be kept clear of clutter which would affect ambulation and remove hazards." (B)	S9999			