

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/17/2023
NAME OF PROVIDER OR SUPPLIER ALLURE OF PERU		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET PERU, IL 61354		
(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 Investigation 23210067/IL167383	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	Continued From page 1 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 requirements are not met as evidenced by: Based on record review and interview, the facility failed to prevent a safe and secure transfer for one of three (R1) residents reviewed for safe transfers in a sample of three. This failure resulted in R1 falling on 11/15/2023 and receiving a Displaced oblique distal diaphyseal fracture of the left femur. Findings Include: R1's V7/ Physician Assistant History and Physical, dated 11/15/2023, documents the following, "(R1's) left leg shortened and internally rotated. Motor limited due to pain." R1's Trauma Level 2 History and Physical, dated 11/15/2023, from V8/ Orthopedic Surgeon documents, "73-year-old female Caucasian patient who was brought into the trauma bay, who fell from her wheelchair while being transferred in vehicle. (R1) was found to have a distal left femur fracture. Patient presents with left leg internally rotated, very tender." R1's X-Ray of the left femur, dated 11/15/2023, documents, "Displaced oblique distal diaphyseal	S9999			

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S9999	Continued From page 2 fracture of the left femur. The fracture is probably acute. Distal fracture fragment is displaced anteriorly and medially." The State Agency Notification report, dated 11/20/2023, documents,"(R1) was being transferred to the facility from an appointment. Because of another driver, the facility driver was forced to stop the vehicle quickly. (R1) slipped to the floor of the van. The facility van driver called 911 immediately. (R1) was sent to the emergency room. (R1) sustained a closed fracture of the left femur." On 12/16/2023 at 1PM, R1 was laying in the bed resting, eyes appear to be closed. Resident did not respond when she was spoken to. On 12/16/2023 at 12:27PM ,V6/Transportation Aide, stated, "I was taking (R1) to the hospital for a blood transfusion. On the way back to the facility, I went around a curb and there was a mail track stopped in the middle of the road. I was driving about 45 miles an hour and I had to suddenly stop very fast. (R1) had slid out of her wheelchair and onto the floor. (R1) was positioned between her wheelchair and the front console. I called 911 and then released the seat belt to give the paramedics room to take care of (R1)." On 12/17/2023 at 1:35PM V1/Administrator stated," I was told by (V6/Transportation Aide) that (R1) had slid out of her wheelchair, coming back from a blood transfusion. (V6) had to unexpectedly put the brakes on because there was a mail truck in front of her, so she had to stop suddenly or hit it. (R1) had a sling under neath her, a personal chair alarm, and was very wet. (V6) said she had to release the seat belts	S9999			

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S9999	Continued From page 3 and remove the wheelchair for the paramedics. (R1) was admitted to the local hospital with a fracture of the left femur." On 12/16/2023 at 11:45AM, V2/DON (Director of Nurses), stated,"(V6/Transportation Aide) was taking (R1) for a blood transfusion. They were coming back and (V6) had to stop suddenly because a mail truck was parked in the way and (V6) was afraid she was going to hit the truck. (R1) slid out of her wheelchair landing on the foot pedals and must have hit the console. (R1) broke her left leg." R1's Nurses Notes, dated 11/15/2023, documents, "Received a call from (V6/CNA/Transportation Aide) van driver stating that (R1) had been strapped in her wheelchair returning to the facility when the driver was forced to stop quickly. (R1) had slipped out of her chair, onto the floor. (V6) van driver states that (R1) was complaining of pain and 911 was called. (R1) was taken to a local hospital. (R1's) son was notified." The facility policy, "Van Usage and Policy and Procedure", with no date, documents, "When employees operate a facility van, they have inherent responsibilities to care for the vehicle and the residents, obey all state and local traffic laws and abide by drivers operating procedures. Procedure: 3.B.Wear seat belts anytime the vehicle is in motion and require all passengers to wear seatbelts. 3.C.Ensure all residents and wheelchairs are safely secured. (A)	S9999			

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