

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/13/2018
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NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
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S 000	Initial Comments Complaint: 1893506/IL103011	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)d)6) 300.3240a) 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/27/18
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S9999	<p>Continued From page 1</p> <p>care needs of the resident</p> <p>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:</p> <p>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 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow their Transfer Techniques Policy and failed to use the mechanical lift for 1 of 3 residents (R2) reviewed for accidents and incidents in a total sample of 6. This failure resulted in R2 being admitted to the hospital with a fracture to the right leg and right hip.</p> <p>Findings Include:</p> <p>The Resident Transfer Evaluation dated 2/12/18 and the ADL Functional Assessment dated 4/24/18 documents that R2 requires the use of a sit-to-stand, or a mechanical lift machine for transfers with 2 person physical assist and</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>extensive assistance with weight-bearing.</p> <p>The Incident Report dated 5/27/18 documents that staff was transferring R2 from the wheelchair to the bed without the mechanical lift and heard a popping sound. R2 stated "I felt my right leg pop." There was no swelling or redness noted and no complaints of pain when the leg was moved or touched. The MD was notified and orders were received for a stat x-ray of the right leg.</p> <p>The Radiology Report dated 5/27/18 at 8:30pm documents that R2 sustained a proximal tibial fracture to the right leg. The MD was notified and R2 was transferred to the local hospital for evaluation and treatment. The hospital records dated 5/29/18 documents that R2 was diagnosed with a right proximal tibial fracture and a right non-displaced femoral neck fracture. No surgical intervention was done and R2 was given a leg immobilizer.</p> <p>On 6/7/18 at 2:55pm V6 (Restorative Nurse) stated "The resident was assessed for using the sit to stand and the resident did better when using it. It was being used for the safety of the resident. The sit to stand was unavailable because they were being used by other residents. There are 4 sit-to-stands for the whole building; 1 machine for the 3 floors and 1 extra machine. I'm not sure where the extra sit-to-stand was located at the time of the incident."</p> <p>On 6/7/18 at 3:25pm V6 (CNA) stated "The resident was asking to go back to bed because R2 was in pain from sitting up in the wheelchair. The sit-to-stand was being used by another floor and the resident did not want to wait. The CNA came to get me to assist the resident back to</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>bed. We did a traditional pivot. The other CNA held the resident's upper body and we transferred the resident on the bed and heard a popping sound. The resident had no complaints of pain but we notified the nurse. "</p> <p>The Transfer Techniques Policy documents that staff is to safely transfer residents from one location to another and use a mechanical lift when necessary. When residents are unable to assist, staff should obtain the equipment from the designated area and bring to beside. Staff should obtain the assistance of another person if necessary for a safe transfer.</p> <p>(B)</p>	S9999		
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