Illinois Department of Public Health

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		IL6005979	B. WING		C 08/14/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	,
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- FRIENDS	SHIP SKILLED NSG &	CARLINV	ILLE, IL 6262	26	
(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		S 000		
V	Complaint Investiga	ation			
	1845030/IL104660				
S9999	99 Final Observations		S9999		
	Statement of Licens	sure Violations			
	300.1210b) 300.1210d)6) 300.3240a)				
	Nursing and Person b) The facility shall pand services to attanguate and services to attanguate and well-being of the research resident's complan. Adequate and care and personal coresident to meet the care needs of the research.	General Requirements for all Care provide the necessary care in or maintain the highest mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing tare shall be provided to each e total nursing and personal esident. Restorative measures inimum, the following			
	care shall include, a and shall be practice seven-day-a-week b 6) All necessary pre assure that the resid as free of accident h nursing personnel si			Attachment A Statement of Licensure V	10

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

TITLE

(X6) DATE 08/31/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6005979 08/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 826 NORTH HIGH FRIENDSHIP SKILLED NSG & REHAB CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to follow standard of care practice for transfers for 1 of 3 residents (R2) reviewed for transfers in the sample of 3. This failure resulted in R2 receiving fractures to the 2nd and 3rd toes on the right foot during transfer into the shower. Findings include: R2's Clinical Record, dated 1/3/18, documents in part: R2 was admitted to the facility on 1/3/18 with diagnosis to include Displaced Fracture of Medial Condyle of Right Femur and Right Ankle Fracture. R2's Minimum Data Set (MDS), dated 3/20/18. documents R2's Brief Interview for Mental Status (BIMS) score of 15, cognitively intact and requires 2+ person physical assist for transfers, total dependence. R2's nurse's notes, dated 4/22/18 at 8:37 PM, document: Right foot - toes are red, swollen, and sore to touch, still able to move foot and toes, fax sent to V11, Medical Doctor. R2's Physician Order Sheet (POS), dated 4/23/18, documents orders from V11 for Cephalexin (an antibiotic) Capsule 500 milligrams

(MG), Give 1 capsule by mouth three times a day

FORM APPROVED

PRINTED: 09/19/2018 Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6005979 08/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **826 NORTH HIGH** FRIENDSHIP SKILLED NSG & REHAB CARLINVILLE, IL 62626 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 for right foot red and warm and swollen, give for 10 days. R2's POS, dated 5/16/18, documents orders from V10, Orthopedic Doctor: Wear Bledsoe boot with ambulation for right second and third Proximal Phalanx fractures. R2's POS, dated 1/3/18, documents in part, Skin Inspection/Nursing Weekly Assessment on Wednesday night shift. R2's Non-Pressure Skin Condition Report started on 5/16/18 for R2's toes. Skin Inspection was not started on 4/22/18 when redness swelling and pain was first observed. The facility Incident Tracking System, Monthly Incident Summary Log Report, dated May 2018. documents on 5/16/18, R2 had an X-Ray done on her right foot at her routine doctor appointment which documented fractured 2nd and 3rd toes on her right foot. The facility Incident Investigation/Administrative Summary, dated 5/16/18, documents in part: "Type of Incident: Fractures. Brief description of the Incident/event: Resident returned from MD office, c/o (complaint of) toes right foot, x-ray

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done. Summary of Investigative findings: Resident returned from doctor visit, stated x-ray of right foot had been done. Staff assessed foot. Resident had admitted to the facility initially due to

right femur fracture. Resident required a

mechanical lift for transfers. Resident stated she had bumped her toes once in shower room when being assisted into shower stall a while back in shower chair. Staff had stated they had turned the shower chair side ways to assist in getting chair up into stall safely. (V5, Certified Nurse Aide)

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On 8/6/18 at 2:03 PM, R2 stated, "(V5) was upset because I had a doctor's appointment that morning and she had to give me a shower; it was probably about 6 or 6:30 AM, I can't remember

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(X3) DATE SURVEY COMPLETED C B. WING __ IL6005979 08/14/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRIENDSHIP SKILLED NSG & REHAB 826 NORTH HIGH CARLINVILLE, IL 62626						
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S9999	Continued From page 4	S9999				
	the exact date. She was rushing around and banged my foot up against the wall in the shower room. I told her, 'I think you broke my toes.' She said, 'I didn't hurt you; I just brushed your toenail up against the wall.' I told her I wanted someone else to give me a shower, she told me, 'there is no one else.' (V6 Licensed Practical Nurse, LPN) was the only nurse that looked at my foot and said it was red and swollen and she was going to call (V11). At my next appointment with (V10), I told him a CNA banged my foot into the shower wall. I told him to take an x-ray of my foot, he did and it showed the broken toes."					
	On 8/8/18 at 1:00 PM, V2, Director of Nurses (DON), stated, "The first time I heard of this incident was after (R2's) Doctors appointment on 5/16/18, I was not aware of it before that." When asked if she would expect the CNA to inform her or a nurse about the incident, V2 stated, "Yes, but (V5, CNA) assessed it herself and didn't see any problems with her toes."					
	On 8/8/18 at 3:28 PM, V5 stated, "I put her on the shower chair and turned the chair sideways. While I was pulling her up into the shower, I scraped her toenails on the wall. I did not report it to the nurse because I looked at it and didn't see anything wrong with her toes. I should have reported it, but I didn't. I don't remember when this was; it's been awhile go. (V13, CNA) was helping me, but she doesn't work here anymore."					
	On 8/9/18 at 11:00 AM, V14 (V10's nurse) stated, "This office keeps Encounter sheets. They are a heads up on what is going on with our patients and it is documented that (R2) stated a CNA at the Nursing Home that she lives in ran her foot into a wall and she states her 2nd and 3rd toes were painful."					

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such occurrence to his/her supervisor as soon as practically possible. *The Nurse Supervisor and/or Charge Nurse is to immediately examine individuals involved in accidents or incidents to

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FPOJ11