Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001176	A. BUILDING: _____ B. WING _____	C 11/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HEALTH CENTER	4538 NORTH BEACON CHICAGO, IL 60640

(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	Final Observations Statement of Licensure Violation: 1 of 1 Violation 300.1210b)5) 300.1210d)6) 300.3240a) 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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. Section 300.3240 Abuse and Neglect 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) These Requirements are not met as evidenced by: Based on interview and record review the facility failed to operate a motorized wheelchair safely and check speed and power controls prior to transferring resident to power wheelchair for 1 of 3 residents R16 reviewed for safe transfers. This failure resulted in R16 sustaining an acute posterior calcaneal fracture (left heel fracture). Findings Include: On 10/31/18 at 1:22 Pm, R16 said on 10/2/18, V5 (CNA) was assisting her from bedside commode to electronic wheelchair. R16 said her back was to her wheelchair and V5 moved commode out of way to move wheelchair closer to R16. V5 turned power on the wheelchair and must have turned up the speed of wheelchair. R16 said the wheelchair than moved forward fast, hitting her in the back of left foot. V5 caught R16 so R16 would not fall and V5 called for help.	S9999		

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S9999	Continued From page 2	S9999		

On 11/2/18 at 12:04 Pm, V5 (CNA) said in regards to incident on 10/2/18, that she was assisting R16 from bedside commode to electric wheelchair. V5 assisted R16 up from commode to her walker to stand. V5 said she moved bedside commode to side and that electronic wheelchair was behind R16. V5 than turned on electric wheelchair and moved it forward towards R16 so she could sit down in wheelchair. V5 said wheelchair went faster than expected and hit V5 and R16. V5 said she caught R16 so she would not fall and called for help. V5 said she could not see the speed on the electronic wheelchair when moving it forward and did not check the speed of chair prior to moving the chair.

On 11/2/18 at 4:20 PM, V32 (physical therapy assistant) said when transferring any resident to a power wheelchair, staff would ensure the power wheelchair was powered off prior to transfer.

On 11/2/18 at 4:25 PM, V33 (Occupational Therapist) said for any residents transferring to an electronic wheelchair you should check to make sure power is off prior to transferring the resident for safety.

ON 11/2/18 AT 4:55 Pm, V2 (DON) said Certified Nursing assistants are not trained on how to use residents power/electric wheelchairs upon hire.

Local Hospital records dated 10/5/18 documents under care, "You were admitted to the hospital for evaluation of left heel pain and found to have left calcaneus fracture likely from trauma from motorized wheelchair. Local hospital x-ray of left foot dated 10/3/18 documents fracture of the posterior inferior aspect of the calcaneus.

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S9999	Continued From page 3 Local x-ray company report dated 10/2/18 documents under impression acute posterior calcaneal fracture. Facility's incident report dated 10/2/18 documents the root cause analysis determined incident occurred because the chair was already set at a high speed which caused chair to move faster and scrape the residents left foot. (B)	S9999		