

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000327	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2019
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NAME OF PROVIDER OR SUPPLIER PEARL OF ROLLING MEADOWS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4225 KIRCHOFF ROAD ROLLING MEADOWS, IL 60008
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 violation</p> <p>300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

03/15/19

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S9999	<p>Continued From page 1</p> <p>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:</p> <p>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.</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 are not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Based on observation, interview and record review, the facility failed to follow standards of practice and ensure that a mechanical lift was utilized according to manufacturer specifications and according to facility policy which affected one resident (R2) of four residents reviewed for mechanical lift transfers in a sample of 10. These failures resulted in R2 falling from the mechanical lift and suffering a right femur fracture which required surgical repair.</p> <p>Findings include:</p> <p>R2 is not interviewable. A Minimum Data Set (MDS) dated 1/22/19 documents a Brief Interview of Mental Status (BIMS) score of 2 out of 15 which indicates that R2 has Severe Cognitive Impairment.</p> <p>R2's MDS dated 4/28/18 documents: Functional Limitation in Range of Motion: 1) Impairment on one side 1) B. Lower extremity. This MDS also codes R2 as requiring Two+ persons physical assist for Transfer between surfaces.</p> <p>It is documented in R2's progress notes that on 6/26/18 at 7:20pm, R2 experienced a fall. On 2/21/19 at 12:00pm, V16 (LPN-Licensed Practical Nurse) indicated that she was R2's nurse on 6/26/18. V16 stated, "(V15-CNA-Certified Nurse Assistant) called me immediately after the fall. I was in the middle of report. (V15) said (R2) was on the floor. When I entered the room, she did not have the sling on. (V15) used a sit to stand lift. (R2) fell in the bathroom from the lift. She was in between the toilet and the sink. She complained of right hip pain." Per administration, V15 is no longer employed at the facility.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>V15's Statement regarding R2's fall reads: "At around 8:00, (R2) needed to go to the bathroom. I called out for help. (R2) said, "They normally do it with one person." At that point, I put her onto the lift myself. She asked me to use one buckle instead of two. I pushed her into the bathroom and she was trying to squat and she let go. She had her arms up in the air and she let go. She thought she was on the toilet. Her butt hit the toilet. She was between the sink and the toilet. She was laying on her back." V15 ran to the nurses station for assistance.</p> <p>R2's progress notes dated 6/26/18 document that R2 was transferred to a local hospital at 8:15pm and admitted with a right femur fracture.</p> <p>R2's Care Plan which was initiated on 8/2/17 documents: Focus: Requires assistance/potential to restore function for TRANSFERRING from one position to another as related to muscle weakness. Goal: At times, resident prefers to transfer using a sit to stand lift with two person assist. Interventions: Two person assist using sit to stand lift with blue sling.</p> <p>R2's Care Plan which was initiated on 2/14/17 documents: Focus: Transfer - sit to stand lift 2 person assist when using lift - blue sling. Goal: to transfer safely.</p> <p>On 2/25/19 at 2:00pm, V2 (DON-Director of Nursing) stated, "(R2) did not want the second buckle on. She said it was too tight. (V15) listened to (R2) regarding the buckle. What came out of this? We identified that there was not enough room in the bathroom to accommodate two staff people to assist with a bariatric type patient. Room was too small. Re-inserviced staff that two people are required for a mechanical transfer. That was our policy even before this incident. I ordered more support slings of proper</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>sizes, different sizes."</p> <p>V2 indicated that she no longer has the previous company's policy regarding sit to stand transfers but knows that the policy was that a mechanical transfer required two people for a safe transfer. On 2/25/19 at 1:11pm, V7 (CNA/preceptor for CNA's) stated, "We follow the guidelines to secure both straps for a safe transfer."</p> <p>On 2/26/19 at 10:20am, V5 (CNA preceptor) demonstrated a sit to stand transfer in the bathroom where R2's fall occurred. V5 stated, "Company policy is that two persons are required for a mechanical transfer. Need both buckles engaged and fastened for full support." V5 demonstrated that R2 could not have fallen on the floor with the sling support still in place. V5 lowered the machine to its lowest point and with V5 putting his maximum weight towards his buttocks, V5 was still suspended about six inches off of the ground. With V5 recreating the use of one fastened buckle, when he beared his full weight and put both arms in the air, the support sling began to slide upwards to his chest area. V5 stated, "Well I guess if she put all her body weight down and she raised her arms, if the support sling is not tight, she slipped through and fell on the floor."</p> <p>It was discovered that the bathroom was too small to allow the sit to stand machine to be directly in front of the toilet. The machine had to be angled towards the toilet which would make it difficult to lower R2 directly onto the toilet seat safely.</p> <p>The manufacturer specifications indicate that the mechanical lift should be used to transport residents over short distances with examples given as from bed to wheelchair and from wheelchair to toilet.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>The room that R2 resided in at the time of the fall was measured from the bed to the toilet in the bathroom. On 2/26/19 at 1:30pm, V18 (Maintenance Director) measured from the bed to just outside the bathroom door as nine feet. From just outside the bathroom door to the toilet, measured five feet. The total distance R2 was transported on the sit to stand device was 14 feet.</p> <p>On 2/26/19 at 3:15pm, V13 (Mechanical Lift Representative) indicated that the fastening of both buckles on the support sling were necessary for safety reasons. V13 stated, "If not both buckled, not enough support."</p> <p>On 2/21/19 at 12:26pm, V6 (Medical Director) confirmed that if staff used appropriate safety measures and followed manufacturer specifications for the sit to stand lift, R2's fall was avoidable. V6 stated, "Yes, the risk of injury should be less if mechanical lift used correctly. (R2's) right hip fracture could have most definitely been prevented."</p> <p>R2's hospital record documented that R2 required Intramedullary Nailing of Right Femur Fracture which was performed on 6/28/18.</p> <p>The manufacturer specifications for the sit to stand mechanical lift document: Intended use: (Mechanical lift) is a mobile raising aid intended to be used on a horizontal surface for raising to a standing position and short transfer (e.g. raising from bed and transit wheelchair, or from wheelchair to toilet) in hospital, nursing home or other health care facility. Warning: The sling chest support strap must always be applied and fastened when using the sling. The sling support strap will help to support the resident in the sling during the raising</p>	S9999		
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S9999	Continued From page 6 procedure. The strap also retains the sling in correct position around the resident. Warning: The resident shall not be transferred over long distances.	S9999		
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