

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/03/2019
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NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.610a) 300.1210b)2) 300.1210d)2) 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		
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Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/24/19
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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>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</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>2) All treatments and procedures shall be administered as ordered by the physician.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow the Physician Assistant's order to apply a left hand brace/splint to prevent contractures or tightening of the muscle on R5's left arm. This failure resulted in R5 developing a contracture to his left hand. This failure affected one (R5) of three residents (R5, R6, and R7) reviewed for Activities of Daily Living.</p> <p>Findings include:</p> <p>On 3/29/19 at 11:00AM surveyor met R5 in his room. R5 observed to not have splint on upper extremities.</p> <p>On 3/29/19 at 11:00AM V4, Certified Nursing Assistant (CNA), said she did not know if R5 should wear a splint or brace and she did not apply one. V5, CNA, was assisting V4 with R5 and said she did not apply a splint or brace on R5.</p> <p>On 3/29/19 at 12:38PM R5 observed feeding self lunch with left hand resting on his lap. No splint on left wrist. R5 told surveyor someone had told him over a month ago he was going to get a splint for his left wrist, but he has not received the splint.</p> <p>On 3/29/19 at 1:28PM R5 observed in bed without a splint on his left wrist.</p> <p>On 3/29/10 at 2:58PM V2, DON, accompanied surveyor to R5's room. R5 had no splint on his left wrist. No splint located in R5's room by V2.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 3/29/19 at 1:26PM V7, Nurse, said she has not seen R5 with any splint or brace on his arm, but recalls his left arm to be swollen.</p> <p>On 3/29/19 V8, CNA, said he sees R5 a lot in the building. V8 said he has never noticed R5 to have a splint or brace on his arm.</p> <p>On 3/29/19 V9, CNA, said she has been assigned to R5 regularly in the past. V9 said she had not put any splint or brace on R5, and said "I don't think he has one."</p> <p>On 3/29/19 at 2:35PM V14, Licensed Practical Nurse (LPN), said it is be the nurses' responsibility to remove a splint or brace.</p> <p>On 3/29/19 at 3:09PM V2, DON, said there is not a splint or brace in R5's room.</p> <p>On 4/2/19 at 10:14AM, V12, Physician Assistant with Pain Management and Rehabilitation, said R5 had a cerebral vascular accident, pain, and neuropathy. V12 said she ordered a splint for R5 to prevent any contracture to his left hand and digits. V12 said she ordered the splint for R5 on 1/7/19. V12 said she was just notified that the splint order had not been followed by the facility. V12 said when she was treating R5 he had weakness in the left side and was neglecting the left side from the stroke, but she did not document a contracture. V12 said the splint was ordered to prevent a contracture. V12 said R5 is alert and oriented, and reliable to say if staff was applying the splint or not.</p> <p>On 4/2/19 V15, Occupational Therapist, said she received an order to evaluate R5 and completed the evaluation on 4/1/19. V15 said R5 has a</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>contracture of the left hand and digits. V15 said R5's major limitation right now is his wrist. V15 said the pain in the left wrist prevents R5 from flexing his hand.</p> <p>On 4/2/19 V16, Director of Rehab, said R5 was in Occupational Therapy from 12/19/18 until 1/13/19. V16 said R5 did not have a contracture on his left hand during this treatment. V16 said a stoke patient goes through the following stages during recovery, flaccid, to spastic, to normal tone. V16 said on 1/8/19 R5 still had left hand weakness. V16 said from reading the notes, the Physician Assistant (V12) placed the order for a splint, but the Interdisciplinary Team was not notified. V16 said the purpose of the splint is to prevent contractures.</p> <p>On 4/2/19 at 11:45AM V2, DON, said a nurse entered the order for the splint into R5's record. V2 said the nurse should have passed the order on to therapy to get the appropriate fitting device, and "this part probably did not happen." V2 said the unit managers do the restorative documents for each resident. V2 said normally the Therapy Department will refer a resident to restorative program and or make recommendations. When V2 was asked to show the recommendation for R5 she said there is no restorative form for R5.</p> <p>On 4/2/19 at 12:10PM V17, Occupational Therapist, said she supervised R5 during his last therapy treatment (12/19/18 until 1/13/19). V17 said the goal was to restore function to R5's left hand. V17 said R5 had no contracture and was not flaccid to the left wrist or hand. V17 said, at the time, she would not recommend having a supportive device, such as a splint, as part of R5's plan of care. V17 said someone should have called the physician to clarify the order and the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>goal for R5. After reading the new evaluation performed by V15, V17 said R5 now has a 43 degree flexion, or tightness, in the muscle of the left lower arm/wrist area because he had not been using his muscle. V17 said R5 has 0 degree of extension in the wrist, which means R5 can move the wrist with assistance. V17 said when R5 was discharged on 1/13/19 he needed assistance with activities of daily living (ADLs). V17 said if R5 had a restorative program and had difficulty with the program R5 would have been referred to therapy sooner than 3/31/19. V17 said exercises from a restorative program could have prevented the muscle from tightening. V17 said there is no note that R5 was referred to a restorative program.</p> <p>On 4/2/19 at 2:37PM V18, Medical Director, said he always expects nurses to follow orders given. V18 said if there is a question or concern regarding an order the nurse should contact the prescriber. V18 said a diagnosis of arthritis alone does not contribute to a contracture. V18 said a contracture can occur in an extremity from lack of use. V18 said exercise and range of motion can help prevent contractures.</p> <p>On 4/3/19 at 9:55AM V20, Minimum Data Set Nurse, said CNAs perform range of motion exercises while providing daily cares. V20 said if a resident is not in therapy they are assessed every quarter for range of motion. V20 said the result of the quarterly assessment is only documented when coded on the Minimum Data Set, section G0400.</p> <p>On 4/3/19 at 10:10AM V4, CNA, said she was assigned to R5 on 3/29/19, 4/2/19, and 4/3/19. V4 said she did not perform or assist R5 with any range of motion on 4/2/19 or 4/3/19.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>On 4/3/19 at 10:15AM V22, Unit Manager, said range of motion is encouraged on the unit with cares. V22 said the purpose of range of motion is to maintain function in extremities and to prevent decline or loss of function. At 10:50AM V22 said there is no documentation found in R5's record of range of motion performed. V22 said "there is nothing in place for a CNA to know who to do range of motion on."</p> <p>On 4/3/19 at 3:15PM V22 said the check mark and initial on R5's Treatment Administration record denote the treatment was completed or carried out.</p> <p>Record review on 3/29/19 of R5's Physician Orders for March 2019 denotes an order for left hand splint every shift was ordered on 1/7/19.</p> <p>Review of R5's Progress Notes on 3/29/19 dated 1/7/19 written by V12 read "left wrist brace ordered."</p> <p>On 4/3/19 R5's Treatment Administration Record (TAR) reads left hand splint every shift for left hand. The TAR for March 2019 has several check marks and initials indicating the splint is on for every shift.</p> <p>On 4/3/19 Review of R5's ADL documentation on the Documentation Survey Report v2 for March 2019 does not show documentation for range of motion performed on R5.</p> <p>Review of R5's care plan on 3/29/19 for ADL self care deficits does not identify the splint as an intervention.</p> <p>Review on 4/2/19 of R5's Occupational Therapy</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>(OT) Discharge summary for start of care 12/20/18 denotes: LUE (Left Upper Extremity) range of motion elbow/forearm=WFL (within functional limits); wrist= WFL; hand=WFL Contracture: Functional Limitation Present d/t (due to) contracture= No Diagnoses: cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery, muscle weakness, hyperlipidemia, and alcohol dependency, in remission.</p> <p>OT Evaluation and plan of treatment for start of care 4/1/19 denotes: LUE range of motion elbow/forearm= impaired; wrist= impaired; hand=impaired AROM (active range of motion)-Left wrist Flexion=43 degress; extension = 0 degrees (see above of therapist explaining these terms) Contractures: Functional limitations present d/t contracture=Yes; Functional limitations as resule of contractures: left wrist/hand/ Diagnoses: Contracture, left hand onset 3/31/19</p> <p>Review of R5's diagnoses on 4/3/19 includes the addition of diagnosis of contracture, left hand with onset date of 4/1/19.</p> <p>Facility policy on Braces/Splints reads: To maintain functional range of motion, decrease muscle contractures and provide support and alignment to weakened limbs through use of braces and/or splints. Verify medical practitioner's order. Unusual observations and/or complaints and subsequent interventions including communication with medical practitioner or rehabilitation therapist as clinically indicated.</p>	S9999		
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