

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2019
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NAME OF PROVIDER OR SUPPLIER WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
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(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
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S 000	Initial Comments Complaint Investigation 1995993/IL114874	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

09/17/19

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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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>months.</p> <p>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)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to develop a plan of care with intervention to ensure safety during transfers for 1 of 3 residents (R1) reviewed for safe transfers. This failure resulted in R1 having 2 falls during staff assisted transfers on 07/08/19, and the second fall R1 sustained a laceration to the left lower leg requiring sutures at the local hospital.</p> <p>Findings include:</p> <p>R1's clinical records shows R1 has diagnoses of a history of falls, difficulty walking, unsteadiness on feet, need for assistance with personal care, pain in the left knee, cellulitis of left lower limb, bilateral primary osteoarthritis of knee and knee effusion.</p> <p>R1's progress note dated 7/2/19 at 12:17a.m documents admission summary, resident (R1) 72 y/o (year old) female who went to local hospital ER (emergency room) on 27th post fall, admitted for left leg pain and cellulitis.</p> <p>On 8/27/19 at 2:24p.m V10 (Physical Therapist) stated R1 was admitted to the facility post fall at home. R1 had an injury to the left lateral knee (hematoma). V10 said R1 presented with gross weakness and left lower extremity pain reducing functional mobility compared to independent prior</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>level of functioning. V10 said R1 required moderate assist when transferring from sitting to standing position, meaning staff is providing 50% of weight bearing support. V10 said R1's standing balance is fair minus meaning R1 needed to hold on to a four leg walker so that she does not lose her balance when standing during a transfer. V10 said R1 required a four leg walker during all transfers from sitting to standing.</p> <p>R1's physical therapy evaluation and treatment dated 7/2/19 shows reason for referral as patient referred to PT (physical therapy) due to new onset of decrease in strength, decrease in functional mobility, decrease in transfers, decrease in range of motion, reduced ability to safely ambulate, reduced functional activity tolerance, increased need for assistance from others and pain indicating the need for PT to evaluate for assistive devices, increased independence with gait, facilitate with all functional mobility, promote safety awareness, improve dynamic balance, increase functional activity tolerance, increase LE ROM (lower extremity range of motion) and strength, decrease complaints of pain and facilitate discharge planning. RLE (right lower extremity) WFL (within functional limits), LLE ROM impaired (limited range of motion of left knee and ankle secondary to pain). Static standing fair (-) (minimum Assist or UE support to stand w/o LOB to reach ipsilateral; unable to weight shift) dynamic standing is Fair (-) (minimum Assist or UE (upper extremity) support to stand w/o LOB to reach ipsilateral; unable to weight shift.</p> <p>R1's fall scale dated 7/2/19 documents fall scale is 50, category is high risk for falls. R1 has history of falls; R1 has more than one diagnosis; ambulatory aid used number 1 is checked for</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>none/wheel chair/bedrest/nurse assist; gait is checked for weak; and mental status shows R1 knows the limits of her ability to ambulate safely.</p> <p>R1's baseline care plan dated 7/1/2019 documents Section B - Functional abilities and goals - mobility - bed mobility support provided one person physical assist, transfer support provided two plus person physical assist, walk in the room support provided two plus person physical assist, walk in corridor support provided two plus person assist and locomotion on unit support provided two person plus physical assist.</p> <p>Section H - safety risk, does resident have a history of falls? Yes is documented. Did resident have a fall any time in the last month prior to admission/entry or reentry? Yes is documented. Specify fall during the last month prior to admission? "Post fall" is documented. Did resident have a fall any time in the last 2-6 months prior to admission/entry or reentry? Yes is documented. Specify fall during 2-6 months prior to admission, "post fall" is documented.</p> <p>On 8/30/19 11:30a.m.V2 said the facility develop care plans within 5 days of admission and R1's plan of care was individualized.</p> <p>R1's care plan dated 7/8/19 documents the resident (R1) is high risk for falls related to gait/balance problems. The goal will be free of falls through the next review date. Interventions are to anticipate and meet the resident's needs, educate the resident/family/caregivers about safety reminders and what to do if a fall occurs and review information on past falls and attempt to determine cause of falls. Record possible root cause, alter/remove any potential causes if possible. Educate resident/family/care givers/IDT</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>as to cause.</p> <p>R1's individualized plan of care were without documentation showing how much physical assistance/weight bearing R1 required during a transfer and there were no documentation noted for the use of four leg walker during transfer to assist with standing balance</p> <p>Facility incident report titled "other injury" dated 7/8/19 at 10:57a.m completed by V5 (Nurse) shows Resident (R1), incident location - resident room, revision date 7/8/19at 3:15pm, resident complained of pain to the left knee upon assessment resident had a purple bruising on the knee. Painful to touch. Assess resident left leg, swelling noted, called MD, order received to x-ray left leg, gave resident pain pill as ordered, notified resident family. No injuries observed at the time of the incident. Pain level 8, alert, ambulatory with assistance. Mental status orientated to person, place, situation and time. Injury type - bruise left knee front. Predisposing physiological factors - "others" is checked. Predisposing situation factors - "ambulating with assist" is checked. Witnesses' shows "other" dated 7/8/19. "People notified" shows physician and family.</p> <p>On 8/27/19 at 1:45p.m. V6 (Certified Nursing Assistant/CNA) said on 7/8/19 during the morning, she was assisting V9 (CNA) with transferring R1 from bed to wheelchair. V6 said R1 was rocking herself forward in an attempt to stand. Once R1 stood up (independently), R1's bed moved. R1 lost her balance and R1 plopped back down on the bed. V6 said R1 was using the bed rail (on the right hand side) for support in the attempt to stand. V6 said after that she (V6) told (V9) to lock the wheels on the left side of R1's bed. V6 and V9 then assisted R1 to the wheel</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>chair with the wheelchair. V6 (CNA) said the bed should be checked to ensure that it is locked prior to transferring a resident from bed to wheelchair. V6 said the bed should be locked for safety reasons. V6 said they did not use a four leg walker to assist R1 with her standing balance during the transfer. V6 said she reviewed R1's care card to determine that R1 required two person assist with transferring.</p> <p>Review of R1's care card dated 7/2/19 shows transfer 2 assist box is checked; there was no documentation noted to use a four leg walker to assist with standing balance.</p> <p>On 8/29/19 at 2:01p.m. V11 (Restorative Nurse) said R1 required 2 person assist with transfers. V11 said all the aides know to check the care card prior to assisting any residents with a surface to surface transfer. V11 said the card care is completed by her after the physical therapist does the evaluation of the resident. V11 said the care card shows how many assist is needed during bed mobility and transfers, if resident requires a mechanical lift, and devices needed during transferring. V11 said there is not a box to check on the form if the resident used a four leg walker for standing balance during a transfer. V11 said she did not write the information in on the form because she did not think she saw it on the Physical Therapy evaluation.</p> <p>Several calls made to V9, no answer, message left.</p> <p>A review of V9's written statement dated 7/8/19 documents M.O assisting resident from bed to wheelchair. Aide (V9) went to get help with transfer after getting resident ready for the day,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>lead (V6) attempted to sit resident on the side of the bed, while doing so the resident expressed her leg was hurting and had been hurting for a while. After sitting on the bedside the resident tried to stand but could not. After the second try she was able to stand but the bed moved back and the resident slid back onto the bed. The aide (V9) then immediately locked the bed. The resident (R1) attempt to get in the chair once more and the mission was accomplished. Aide is (V9), Lead is (V6), resident (room number) - (R1).</p> <p>On 8/29/19 at 10:40a.m V5 (Nurse) said it was reported to her on 7/8/19 by V6 and V9 that during transfer of R1 from bed to wheelchair R1 stood up and R1 fall back on to the bed because the bed was not locked. V5 said she notified the physician and an X-ray was ordered of the left knee. V5 said the bed should be locked during all transfers and the bed should be checked prior to transferring any resident.</p> <p>A review of R1's physical therapy treatment encounter notes dated 7/8/19 at 1:37pm shows resident (R1) entered session stating she "twisted" her knee this AM. Observed LLE (left lower extremity) swelling. Ice applied at the end of session for pain relief. Gait: instructed resident on gait training emphasis on with bariatric RW (roller walker), w/c (wheel chair) follow, 3L oxygen, 2x 30 feet. No knee buckling observed during mobility. Resident (R1) declined stair climbing today secondary to LLE discomfort.</p> <p>Facility incident report titled "fall during staff" dated 7/8/19 at 6:50p.m completed by V8 (LPN) shows resident (R1), incident location - resident room, revision date 7/15/19 at 11:03pm, writer alerted to resident room by family. Resident (R1) observed lying supine on the floor next to the bed.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>Blood noted to (L) leg. Assessment completed by nurse (V13). Resident remains alert and orientated x3 during assessment. Writer called 911 for ambulance to be dispatched to facility. Upon return to resident's room, writer noted tourniquet and dressing to lower left extremity. Taken to hospital - Y. Injury type - laceration left lower leg (front). Level of conscious - alert. Predisposing environmental factors "none" is checked, Predisposing physiological factors - "weakness/fainted" is checked. Predisposing situation factors - "during transfer" is checked. No witnesses found. Family member notified on 7/8/19 at 6:50p.m.</p> <p>On 8/27/19 at 12:19p.m V7 (CNA) said she was transferring R1 on 7/8/19 around 6:30 p.m. from bed to the wheelchair with the assistant from R1's family. V7 said she assisted R1 to a standing position. R1 was moving slowly. One step of trying to pivot, R1 complained about her leg giving out and R1's leg start buckling and R1 was eased to the floor. V7 said once R1 was on the floor, she (V7) noticed blood coming from R1's leg and upon lifting R1's pant leg she (V7) noticed R1's leg was cut open. V7 said she did not check the point care click system to determine what type of physical assist R1 required prior to assisting R1 with the transfer. V7 said she was the only facility staff assisting with R1's transfer. V7 said she did not use a four leg walker to assist with R1 standing balance.</p> <p>On 8/27/19 at 4:58p.m V8 (Nurse) said it was reported to her on 7/8/19 that during transfer of R1 by V7 and a family member, R1 stood up, R1 complained that her knee was giving out and R1 was lowered to the floor. V8 said she does not have more details because she was not in the room when the incident occurred.</p>	S9999		
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S9999	Continued From page 9	S9999		
	<p>R1's progress notes dated 7/8/19 at 6:50p.m show writer (V8) alerted to resident's room by family. Resident observed lying supine on the floor next to the bed. Blood noted to (L) leg. Assessment completed by nurse. Resident remains alert and oriented times 3 during assessment. Writer called 9-1-1 for ambulance to be dispatched to facility. Upon return to resident's room, writer noted a tourniquet and dressing to lower left extremity.</p> <p>A review of R1's progress notes dated 7/8/19 at 10:39p.m document 72 y/o (year old) female A/OX3 (alert and oriented time 3) with no signs of any distress alerted by family member that her mother "is bleeding everywhere." Patient observed lying on floor with left leg soaked in blood. Assessment performed and left leg noted with large deep wound laceration to left leg with bleeding noted still. Tourniquet applied above the left leg wound laceration and bleeding stopped. Left leg wound packed with wet saline and covered with (namebrand) pads and dressing. Daughter stated she and the CNA were transferring her mother to bed and when she stood up, her leg gave out and collapsed. Patient denies any pain, LOC (loss of consciousness), dizziness, or blurred vision. 911 initiated and arrived on scene. Crew arrived on scene, patient care transferred to medics with paperwork. Patient left on stretcher to ER (emergency room).</p> <p>R1's hospital records dated 7/8/19 at 8:10pm document trauma history and physical, patient seen immediately upon admission, 72 year old female with history of COPD (Chronic Obstructed Pulmonary Disease), HTN (Hypertension), CHF (Congestive Heart Failure) presenting after fall with leg laceration. Patient resides in a nursing</p>			

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S9999	Continued From page 10 home and reports having a fall, and then had a laceration of her leg. Physical exam, skin 20x 7 centimeters laceration to left medial lower leg without active bleeding, 10 cm bruising to left inner thigh. Diagnosis, left leg laceration. Facility policy titled "Transfer activities" dated 2006, basic responsibility licensed nurse and nursing aide, restorative nursing assistant, other. Purpose, to transfer the resident from bed to chair, toilet or tube safely. Equipment positioning devices as necessary, transfer belt. Facility policy titled "Safe lifting movement of residents" dated 2001 with revised date 2008 documents in order to protect the safety and well-being of staff and residents and to promote quality care this facility uses mechanical lifting devices for the lifting and moving of residents. The transferring needs of residents shall be assessed on an ongoing bases. Residents transferring and lifting needs shall be documented in the care plan. Assessment of the resident transferring needs shall include, mobility of the resident (degree of dependency), size of the resident, weight bearing ability, and cognitive status. Facility policy titled "transfers and lifts" with no facility name, no effective date, no approved by name, no date, no revision date, documents the resident care plan should be explicit on exactly how to be transferred or lifted. Know the resident's weight bearing status and balance problems. Make sure all equipment or assistance is available. <p style="text-align: center;">(B)</p>	S9999	