

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2015
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NAME OF PROVIDER OR SUPPLIER GLENVIEW TERRACE NURSING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 GREENWOOD ROAD GLENVIEW, IL 60025
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a)</p> <p>300.1210b)</p> <p>300.1210c)</p> <p>300.1210d)6)</p> <p>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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing</p>	S9999	<p>Attachment A</p> <p>Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/17/15
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S9999	<p>Continued From page 1</p> <p>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 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 are not met as evidenced by:</p> <p>Based on interviews, and record reviews, this facility failed to use a gait belt while transferring a resident to a wheelchair for one of five residents reviewed for transfers in a sample of 10. This failure resulted in R1 sustaining a lumbar spine fracture during a transfer while in this facility.</p> <p>Findings include:</p> <p>R1's medical record notes R1 was admitted to this facility on 5/25/15 status post lumbar laminectomy, generalized muscle weakness, neuropathy, difficulty in walking, personal history of fall, and anxiety. R1 sustained an L2 (lumbar spine second vertebrae) fracture on 6/8/15.</p> <p>On 6/16/15 at 10:45am, R1 stated that R1 has had multiple falls (at least 10) since January 2015 and that this is the reason for the spinal surgery on 5/20/15. R1 stated on admission to this facility, R1 did not have feeling in both legs and feet. R1 stated that R1 wears a left leg brace due</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>to foot drop and the TLSO (thoracolumbosacral orthotic) brace for back support after recent surgery. R1 stated that feeling is just now returning to both feet. R1 stated on 6/8/15 R1 was standing up from wheelchair in bathroom when both knees buckled, and then R1 abruptly sat down again in wheelchair. R1 stated that R1 had participated in a lot of therapy that day and was tired. R1 stated that R1 has increased anxiety due to fear of falling and injuring self again.</p> <p>During interview on 6/17/15 at 2:45pm, E11 LPN (licensed practical nurse) stated that she admitted R1 to this facility on 5/25/15. E11 denies being aware that R1 had fallen multiple times prior to admission to this facility. E11 stated that she was not aware that R1 wears an AFO splint for left foot drop, wears a TLSO brace status post lumbar spine surgery, R1 has neuropathy in both legs, or that R1 requires the use of an assistive device with ambulation. E11 stated that she was aware that R1's gait was unsteady and that R1 could not transfer self, but did not think R1 was a fall risk.</p> <p>During interview on 6/16/15 at 12:15pm, E4 (director of restorative therapy) stated that gait belts are to be used by staff at all times when assisting residents. E4 stated that this facility insists on gait belts usage on all residents. E4 stated that each resident's care plan is individualized indicating how much assistance is needed for transfers, toileting, and ADLs (activities of daily living). E4 stated that the staff are expected to review the care plan at beginning of their shift and note if resident needs one or two staff members to assist with transfers, toileting, and ADLs.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>During interview on 6/16/15 at 2:49pm, E5 CNA (certified nurse assistant) stated that she was holding onto R1's left arm while R1 stood in bathroom when R1 sat down too fast in wheelchair. E5 stated that R1 was wearing AFO brace and TLSO brace at the time this occurred. E5 denies using a gait belt when assisting R1 stating that she knows R1 and did not need to use gait belt.</p> <p>During interview on 6/16/15 at 4:10pm, E1 (administrator) stated that the gait belt is part of the staff uniform and that staff are expected to use the gait belt when transferring and toileting residents.</p> <p>During interview on 6/17/15 at 11:00am, Z1 (nurse at R1's neurosurgeon's office) stated that she does not know how hard R1 hit the seat of wheelchair when R1 sat down, but spinal fractures just don't happen. Z1 stated that R1 was seen by Z2 (neurosurgeon) on 6/9/15 and complained of persistent severe back pain and numbness to lower extremities; R1 informed Z1 and Z2 that R1's knees buckled and R1 fell back into wheelchair. Z1 stated that if a gait belt had been used at that time, it could have softened the impact to R1's spine possibly preventing R1's spinal fracture. Z1 stated that R1 was admitted to an acute care facility after appointment on 6/9/15 due to L2 (lumbar spine second vertebrae) fracture and increased pain.</p> <p>Review of Z2's consultation note dated 6/9/15 notes R1 is three weeks status post L3-L5 decompression and fusion. R1 was walking a lot with physical therapy throughout the day on 6/8/15 and became tired at the end of the day. R1 was being brought to the bathroom in a wheelchair when R1 stood up from the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>wheelchair, R1's knees buckled and R1 fell back into the wheelchair. Immediately, R1 felt increased pain in the back and could not walk secondary to the pain. R1 was admitted to an acute care facility for pain control due to L2 fracture.</p> <p>Review of R1's lumbar spine CT (computerized tomography) scan dated 6/9/15 notes an acute fracture of R1's left L2 transverse process and a subtle, complete non-displaced right L5 pedicle/transverse process fracture.</p> <p style="text-align: center;">(B)</p>	S9999		