

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005946	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2015
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NAME OF PROVIDER OR SUPPLIER MCLEAN COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH MAIN NORMAL, IL 61761
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and</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	TITLE	(X6) DATE 07/27/15
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S9999	<p>Continued From page 1</p> <p>provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</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 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.</p> <p>These requirments are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to safely transfer and transport to prevent injury for two of 16 residents (R19, R21) reviewed for falls and transfers from a</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>sample of 24. These failures resulted in R19 receiving hospitalization for laceration repair, Subarachnoid bleed and Hematoma to the scalp, and R21 receiving hospital treatment and staples for a head laceration.</p> <p>Findings include:</p> <p>1. According to the current Physician's Order Sheet (POS) for 7/2015, R21 has multiple diagnoses including Severe Dementia, Spinal Stenosis, Kyphosis, and Arthritis. The Minimum Data Sets dated 2/5/15 and 4/30/15 assess R21 with severe cognitive impairment, and requiring total assistance for transfers and all activities of daily living. The careplan last reviewed on 5/1/15 states that R21 is transferred by mechanical lift with two to three staff.</p> <p>R21's Nurses Notes dated 2/13/15 at 2:30pm state, ". . . CNAs (Certified Nurses Aide) reported the {mechanical lift} tipped and frame hit resident in the back of head. Deep laceration to back of head. . ." The Physician was called and R21 went to the hospital. R21's Nurses Notes state that R21 returned to the facility on 2/13/15 at 5:50pm with three staples to the occipital area.</p> <p>The incident investigation included a demonstration/reenactment after the incident by E11 and E12 (CNAs) at 3:20pm on 2/13/15. This demonstration showed that while E12 was guiding R21 into the wheelchair, the lift became unsteady and the wheel came up off the floor, due to "the legs to the lift were not out, as they were under the resident's wheelchair." E11 and E12 could not verify exactly what caused the laceration, but the investigation determined it was "presumably from the strap hooks over {R21's}</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>head." The Root Cause Analysis sheet states that the frame of the lift hit the back of R21's head.</p> <p>Hospital Emergency Department records dated 2/13/15 describes a four centimeter scalp laceration, requiring three staples for skin closure. R21's Medication Administration Record for 2/2015 shows that Tylenol (analgesic) was given on four occasions from 2/13/15 to 2/15/15 for "discomfort from laceration. . . .grimacing. . . {signs/symptoms} of pain."</p> <p>On 7/7/15 at 12:00pm, E11 stated that at the time of the incident, the legs of the lift were "partially" open but not all the way, and the lift lost balance, hitting R21 in the head. E11 stated that he did not recall being specifically trained on the lift prior to the incident, but that E11 and all other staff were inserviced following the incident to always have the base legs open during the transfer. E11 stated that prior to the incident, the manufacturer's instructions were not on the lift during use, but they were placed on each lift after the incident.</p> <p>On 7/8/15 at 8:15am, E1 (Administrator) and E2 (Director of Nursing) confirmed that R21's incident of 2/13/15 was due to the legs of the mechanical lift not being open apart during the transfer. E2 stated that E11 and E12 had been educated prior to the incident in the correct procedure for use of the mechanical lift, and that E11, E12 and all staff were inserviced following the incident.</p> <p>The undated manufacturer's instructions for the mechanical lift states and diagrams the following: "Lifting and Moving the resident with the base open for balance and support. . . . Lock the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>wheelchair and approach from the front of the wheelchair with the base legs open."</p> <p>The facility policy for Mechanical Lift dated 5/18/2105 states to to use the mechanical lift, "refer to the manufacturer's manual for instructions."</p> <p>2. R19's Physician Order Sheet dated July 2015 documents diagnoses including Alzheimers Dementia, History of Falls and Osteoarthritis. Minimum Data Sheet (MDS) dated 6/5/14 and 2/12/15 document that R19 was totally dependent on staff for transfers and needed two plus persons physical assistance for transfers. R19's Care Plan with a start date of 9/26/13 documents, "use foot pedals at all times when up in w/c...."</p> <p>On 7/6/15 at 1:52PM E15 and E16 CNAs (Certified Nursing Assistant) used a gait belt to transfer R19 from the wheelchair to the bed. R19's arms are contracted and her legs are contracted. R19 did not bear weight during the transfer.</p> <p>The Incident Accident Report for R19 dated 8/29/14 documents, "CNA (Certified Nursing Assistant) pushing resident in a high back w/c (wheelchair) in the hallway. . . . Resident tipped forward out of the w/c and landed on her (R19) right side of her (R19) body on the floor. 1 cm (centimeter) laceration noted to the left frontal scalp with a large amount of bright red blood. Resident (R19) was taken by ambulance to the Hospital Emergency Room for evaluation and treatment."</p> <p>The Physician's Orders dated 9/29/14 for R19 documents, "Admit to (hospital). Diagnosis:</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Subarachnoid bleed," signed by Z7 (physician).</p> <p>The Emergency Room Report for R19 documents, "Patient was at the Nursing Home per Emergency Medical Services, tumbled out of wheelchair while being pushed by an aide....Patient sustained a large hematoma and small laceration to forehead....plan for a ct (computer tomography) scan of head, laceration repair.....spoke to neurosurgery resident, will plan for admission.... Primary Impression: Subarachnoid bleed, Hematoma of scalp...Disposition: Admitted as inpatient."</p> <p>The Hospital Radiology Report for R19 dated 8/29/14 for the Head CT without contrast documents, "Impression: 1. Minor 2mm (millimeter) acute subdural hemorrhage along the right frontal lobe convexity. 2. Small amount of acute subarachnoid hemorrhage in the right frontal region."</p> <p>The Hospital Discharge Summary for R19 documents, "Discharge Diagnosis 1. Subdural hematomas 2. S/P (status post) mechanical fall..."</p> <p>R19's Nurses Notes dated 8/30/15 at 12:45PM documents, "...Body assessment revealed bruising to the right elbow, left elbow, left shoulder and right hand. Bruise noted to right calf mild scaring 3cm x 2cm wide. Area to right buttock is dark purple, mild scarring 3cm diameter and draining small amount of bloody fluid. Bumps noted to top of head, left temporal area, back of head and left forehead. 1cm laceration noted to left temporal area and left scalp. Right forehead has a 3cm diameter bump with bruising...."</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>On 7/8/15 at 10:34AM, E2 Director of Nursing stated, "Regarding the fall for (R19), they had everything in place. The CNA just did not put the foot pedals on the wheelchair like she was suppose to. I counseled her (E10 CNA) and wrote up a statement and we both signed the statement. It was operator error."</p> <p>3. On 7/6/15 at 1:52PM E15 and E16 CNAs prepared to transfer R19 and applied the gait belt very loosely. There was at least 5 inches between the gait belt and R19. Both E15 and E16 put their arms under R19's arms and grabbed the gait belt and lifted R19. The gait belt slid up R19's back during the transfer. R19's legs are contracted and did not bear any weight.</p> <p>After R19 was in her bed, E16 stated, "(R19) should be a {mechanical lift} transfer."</p> <p>R19's Care Plan with a start date of 9/26/13 documents, "...Staff assist of 1 to 2 for ADLS (Activities of Daily Living), may need 3 assist for transfers, and for toileting prn (as needed)..."</p> <p>R19's MDS (Minimum Data Set) dated 5/7/15 documents that R19 is totally dependent on staff for transfers, and needs two plus persons physical assist. There are no previous transfer assessments in the record. The MDS dated 6/5/14 documents that R19 was totally dependent on staff for transfers with 2 plus persons physical assist. On 7/8/15 the facility provided a Transfer Assessment for R19 with that date documenting that R19 is now a mechanical lift. On 7/8/15 at 4:00PM E6 confirmed that this was the only transfer assessment they have.</p> <p>The facility's undated Transfer policy documents, "...Standing Pivot Transfer (Active Transfer) This</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>transfer is used when a patient can bear all or some of his weight when standing."</p> <p>On 7/8/15 at 10:17AM, E2 Director of Nursing stated that R19 is not a mechanical lift transfer but if she needs to be they can make her one. She stated that it is Restorative's responsibility to evaluate the transfers.</p> <p>The facility's undated Gait Belt Policy & Procedure documents, "...Tighten the gait belt just prior to transfer, and release the belt as soon as the transfer is complete. The belt should be snug to avoid jerking or shearing force to the resident..."</p> <p style="text-align: center;">(B)</p>	S9999		