STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001523	A. BUILDING: _____ B. WING _____	10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER HOME HISPANIC ELDERLY	1401 NORTH CALIFORNIA CHICAGO, IL 60622

(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
S 000	Initial Comments Complaint 1886552/IL106334 F689 Annual Certification & Licensure	S 000		
S9999	Final Observations Statemt of Licensure Violations: 300.610 300.1210b) 300.1210d)6 300.3240a) 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	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations are not met as evidence by: Based on interview and record review, the facility failed to transfer a resident with the required number of staff members and to use the required mechanical lift. This applied to 1 of 4 residents (R25) reviewed for falls/accidents in the sample of 29. This failure resulted in R25 being sent to local ER (Emergency Room) for evaluation of pain and swelling to the left ankle, with a resulting fracture to the left ankle. Findings include: R25 has diagnoses significant for Parkinson's Disease and Lack of Coordination. R25's MDS (Minimum Data Set) dated 7-25-18 indicates R25 requires the extensive assistance of two or more staff members to transfer. This MDS also indicates R25's BIMS (Brief Interview for Mental	S9999		

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S9999	Continued From page 2 Status) score was "9," indicating moderate cognitive impairment. V10's (Nurse) note 8-3-18 at 2:30 pm documents, "Writer observed left ankle noted slightly swollen, complaining of pain to the touch and with movement. Unable to give a description of what happened. Left leg elevated with a pillow and immobilized. V11 (Physician) was called and made aware. V11 ordered to get X-Ray and arterial Doppler with ABI (Ankle Brachial Index)." V10's note 8-6-18 at 3:20 pm documents, "Received X-ray results, V11 made aware, order to send out to hospital ER (Emergency Room) for left ankle fracture distal tibia and distal fibula." R25's 8-3-18 X-ray noted "Oblique fracture of the distal tibia and an incomplete oblique fracture of the distal fibula." V2 stated 10-17-18 at 11:32 am the initial report of R25's injury was sent to IDPH (Illinois Department of Public Health) on 8-6-18, which was the day the facility received the X-Ray results. The facility fax machine was not working, and numerous faxes, including R25's X-ray result, came out of this machine once fixed on 8-6-18. V2 investigated this fracture, and it was found that on 8-2-18, V12 (CNA - Certified Nursing Assistant) stated that at approximately 6:30 pm that evening, R25 twisted her left ankle as V12 was attempting to transfer R25 from a shower chair into bed. V12 acted alone in transferring R25 and did not report to anyone that R25 twisted her left ankle during this transfer. V12 only reported to V10 that R25 was complaining of left ankle pain and did not tell V10 the reason. V2 stated it was known that R25 was a mechanical	S9999		

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S9999	Continued From page 3 lift transfer, and needed two staff members to assist in transfers. R25 received a splint and soft cast in the hospital, and returned to the facility 8-8-18. V12 was disciplined for "improper transfer of resident resulting in an injury." V2 provided a copy of this "Employee Report" warning. V2 also provided copies of the written statements of V12 and V10. The final investigation report was faxed to IDPH 8-13-18, and indicates, in part "Upon investigation it was determined that mechanical lift was not used for the transfer by the CNA. CNA was in-serviced on transfer procedures and process of resident refusal and disciplined appropriately." V9 (Restorative Nurse) stated 10-17-18 at 12:35 pm, R25 has been using a mechanical lift and two staff members to transfer "for more than three years." V9 does quarterly, annual, and significant change restorative assessments on all residents. R25's most recent "Transfer and Bed Mobility/Limited Lift Review" was completed 7-25-18 and indicated "M = Mechanical Lift (Requires 2 Caregivers)." V9 stated the symbol (the facility uses "H" to designate mechanical lift) is posted on a communication board behind the head of the bed of each resident, to inform staff of how the resident transfers. All CNA's are to use two staff members to assist in transferring residents via mechanical lift. For showers, residents requiring a mechanical lift should be placed in a shower sling, laid on top of his/her bed, then raised up via the mechanical lift and placed in his/her wheelchair. The resident should then be taken to the shower room, and raised up and placed in the shower chair utilizing the mechanical lift and shower sling. Once done	S9999		

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S9999	Continued From page 4 showering the resident, the CNA's should place the resident back in his/her wheelchair, using the shower sling and mechanical lift. The resident is then taken back to his/her room, and placed in bed, again using the mechanical lift and two assists. The shower sling is then sent to the laundry. Residents should not be transported to their rooms using the shower chair, and residents requiring mechanical lifts should not be transferred by only one staff member under any circumstance. R25's care plan includes the intervention: "Resident will be transferred with a 2 person transfer when using a mechanical lift, or per our policy and procedure and manufacturer's guidelines." Facility policy (undated) titled, "Limited Lifting Resident Handling Policy" documents: "Mechanical lifting devices shall be used for any resident requiring a two person assist. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted. The transferring needs of residents will be assessed on an ongoing basis and designated into one of the following categories: H = Mechanical Lift with 2 caregivers." Facility policy titled, "Fall Prevention Program" (undated), documents: "Transfer conveyances shall be used in accordance with the plan of care." (B)	S9999		