

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2021
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY NSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025
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S 000	Initial Comments	S 000		
S9999	<p>Complaint 2147610/IL139216 - F689G cited</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6) 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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</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</p> <p>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 Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement safe transfer techniques during mechanical lift transfers for 2 residents (R2, R3) reviewed for resident injury/accidents. This resulted in R3 sustaining a fractured Left great toe and a 5</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>centimeter (cm) by (x) 1 cm x 1cm skin tear between the left great toe and left second toe.</p> <p>Findings include:</p> <p>1. R3's face sheet, undated, documents a diagnosis of Guillain Barre Syndrome, Convulsions and Functional Quadriplegia.</p> <p>R3's Minimum Data Set (MDS), dated 10/6/21, documents R3 has severe cognitive impairment and is dependent upon staff for transfers.</p> <p>R3's Care Plan, dated 10/15/21, documents R3 has a fracture of the left great toe with stitches between the left great toe and the left second toe. R3 requires an assistance of 1-2 staff with transfers and utilizes a mechanical lift.</p> <p>R3's Skin Integrity Event, dated 10/14/21 at 9:22 AM by V15, Licensed Practical Nurse (LPN), documents R3 sustained a laceration between the left great toe and left second toe, deep with a moderate amount of blood loss, occurred during a mechanical lift transfer and R3 was sent to the Emergency Room for evaluation.</p> <p>R3's Progress Note, dated 10/14/21 at 7:50 AM by V9, LPN/Wound Nurse, documents "Upon entering R3's room, it was observed that R3 had a 5 centimeter (cm) x 1cm x 1cm laceration between the left great toe and first toe, laceration extended from the bottom portion of the toe to the top of the toe with bright red blood oozing from the wound, the fat layer was exposed. A pressure dressing was applied with approximately 60 milliliters (ml) of blood loss. Awaiting ambulance arrival."</p> <p>R3's Progress Note, dated 10/14/21 at 6:24 PM</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>by V15, LPN, documents R3 returned from the emergency room with stitches between the left great toe and the second toe.</p> <p>R3's Progress Note, dated 10/21/21 at 11:04 AM by V2, Interim Director of Nurses (DON), document R3's foot was caught on the chair during a transfer causing the left great toe to bend and causing a laceration. Incident happened on 10/14/21. Therapy evaluated and resident to wear a foot protector on the left foot during transfers.</p> <p>R3's Investigative Final Report, undated, documents R3 was being transferred to her chair and the left great toe came into contact with her chair causing the left great toe to bend and the skin between the left great toe and second toe to open. R3 was sent to the emergency room for evaluation where she received stitches. An x-ray indicated the left great toe was fractured.</p> <p>R3's Hospital History & Physical, dated 10/14/21, documents "Patient presents from nursing home with a laceration between the 1st and 2nd toes. The nursing home is not sure how the injury occurred. Patient is not alert, oriented and is non-verbal. There is approximately a 5cm laceration between the 1st and 2nd toes with bruising and swelling to the 1st toe. Patient's toe was a traumatic laceration injury. With the patient being bed bound she cannot have caused an injury of this nature on her own."</p> <p>R3's Hospital X-Ray Report of the left foot, dated 10/14/21, documents a fracture of the proximal phalanx of the left great toe.</p> <p>On 10/28/21 at 10:50 AM, V8, Certified Nurse's Assistant (CNA), stated she noticed blood on</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R3's sock, she removed the sock and blood was dripping from R3's left foot. V8 stated she was transferring R3 with the mechanical lift from the bed to the reclining wheelchair and "I was the only one in the room doing the transfer."</p> <p>2. R2's Face Sheet, undated, documents a diagnosis of Generalized Osteoarthritis.</p> <p>R2's MDS, dated 8/12/21, documents R2 is dependent with an assistance of two staff for transfers.</p> <p>R2's Care Plan, dated 3/13/20, documents R2 requires assistance with activities of daily living.</p> <p>On 10/21/21 at 3:00 PM, V3 and V4, CNAs, were transferring R2 using a full body mechanical lift. V3 lifted R2 up in the mechanical lift and transferred R2 from the bed to the wheelchair. During the transfer, R2 was dangling in the air and was not touched/guided by any staff person into the wheelchair.</p> <p>On 10/28/21 at 10:00 AM, R2 stated she uses the mechanical lift for transfers and "sometimes there's 2 staff present and sometimes there's only 1 staff present."</p> <p>On 10/28/21, V10, DON, stated mechanical lift transfers require the assistance of two staff.</p> <p>The Manual/Electric Portable Patient Lift Owner's Operator and Maintenance Manual, undated, documents under section 1 - general guidelines, "Manufacturer recommends that two assistants be used for all lifting preparation, transferring from and transferring to procedures."</p> <p>The "Safe Lifting and Movement of Residents",</p>	S9999		
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S9999	Continued From page 5 with a revision date of 7/2017, documents "In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents." (B)	S9999		