

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012975	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2019
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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF STREAMWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107
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S 000	Initial Comments Complaint Investigation 1990796/IL109219 1990900/IL109326	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 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	<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

03/07/19

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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 300.3240 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 observation, interview and record review, the facility failed to ensure that a resident was safely transferred by staff. This resulted in (R1) sustaining a Right Distal Femur Fracture.</p> <p>This applies to 1 of 16 residents (R1) reviewed for falls in the sample of 16.</p> <p>The findings include:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1's Face sheet shows resident is a 92 year old female with the following diagnoses: Dementia with behaviors, Insomnia, Atrial fibrillation, Anxiety disorder, Hyperlipidemia, Gait and Mobility abnormalities, Overactive bladder, Constipation and Parkinson's disease.</p> <p>R1's Minimum Data Set (MDS) assessment dated October 10, 2018 shows R1's cognitive status is severely impaired. The MDS also shows R1 is totally dependent on (2) staff members for transferring resident with mechanical lift.</p> <p>R1's Care Plan dated January 1, 2019 shows R1 requires total assistance with transferring related to pain, cognitive deficits and fatigue and requires (2) person assist with mechanical lift related to a decrease in physical activity, weakness and diagnosis of dementia.</p> <p>The Facility's Incident Investigation Report faxed to the Illinois Department of Public Health shows R1 was transferred from her wheelchair to her bed by R1's assigned CNA (Certified Nursing Assistant). Investigation revealed the transfer was done and injury most likely occurred at that time.</p> <p>On February 5, 2019 at 10:00 AM, V2 Director of Nursing/DON) stated, "R1 is to be transferred via mechanical lift which requires (2) staff members. V10 (Certified Nursing Assistant/CNA) was the one who transferred R1 by himself using the mechanical lift." V2 stated V10 (CNA) transferred R1 on January 28, 2019 on his 3 PM-11 PM shift from the wheelchair to her bed and the fracture likely happened then. V2 stated on January 28, 2019 on the 11 PM-7 AM shift V11 (CNA) was R1's assigned CNA and noticed R1's right leg was bigger than her left leg and a red mark was</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>on the right side of her right knee. V2 stated V11 told the nurse on duty. V2 stated V12 (Licensed Practical Nurse/LPN) did not do a physical assessment on R1 to determine what the cause of her leg swelling was. V2 stated it was on January 29, 2019 at 7:45 AM when R1 was noted with right knee swelling and complaining of pain in the shower room; it was then that an assessment was done. V2 stated R1's change in condition was not reported to the family until January 29, 2019 at 7:53 PM, when R1's X-Rays determined R1 had a Right Femur Fracture.</p> <p>R1's X-Ray report dated January 29, 2019 shows R1 has an Acute Complete displaced spiral fracture of the right femoral shaft.</p> <p>R1's Hospital Records dated January 31, 2019 shows resident sustained a right femoral fracture and required an open reduction and internal fixation surgery with nailing and cerclage cabling to repair her femur.</p> <p>On February 5, 2019 at 3:55 PM, V4 (R1's Physician) stated R1's injury could have been prevented if the proper handling/standing manipulation was done. V4 stated R1's fracture was not a spontaneous fracture. V4 stated, "We see these displaced fractures as being caused by trauma, such as falls, dislocation or some type of mechanical injury that now a resident has to undergo surgery."</p> <p>The Facility's Transfer, Ambulation and Re-Positioning Policy and Procedure dated August 2010 shows the facility will promote safety for residents and staff during transfers, ambulation, and re-positioning through the use of body mechanics and safety devices ...Transfer status will be based on the number of staff</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>needed to perform the task and/or if a mechanical lift, slide board or other adaptive equipment is required. This information will be recorded on the Caregiver Alert and in the medical record.</p> <p>The Change in Condition Policy and Procedure undated shows: To keep the physician, who is in charge of medical care, and family members/legal representatives, responsible for health care decisions, informed of the resident's medical condition so they may direct the plan of care as neededNotification of the physician, legal representative, or interested family member, should occur promptly, according to federal regulations, when there is a change in the resident's condition.</p> <p>(A)</p>	S9999		
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