

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6011589</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH HOLLAND MANOR HTH &amp; RHB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473</b>
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S 000	Initial Comments  Complaint Investigation  1993409/IL112088	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 care and personal care shall be provided to each	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE

05/21/19

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S9999	<p>Continued From page 1</p> <p>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 record review and interview the facility failed to follow their policy to have two staff members present while operating a mechanical lift and properly securing the standing lift's lower leg straps while transferring from bed to wheelchair for 1 of 3 residents (R1) reviewed for transfers. This failure resulted in R1 sustaining a full thickness oblique transverse fracture of the distal femoral metaphysis with mild angulation with posterior direction of the fracture apex.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>On 5/10/19 at 10:04 V3 (Licensed Practical Nurse/LPN) stated on 5/2/19 the CNA came and asked her to come in R1's room. V3 said R1 was sitting on the floor when she entered the room. V3 said during range of motion (ROM) to R1's leg (unsure which leg) R1 screamed and said her upper leg hurt. V3 said she notified the doctor and obtained orders for an x-ray because of pain during the ROM. V3 said R1 remained alert at this time, with her baseline of confusion. V3 said she did not think R1 had a fracture from being lowered to the floor and thought the pain may have been related to arthritis.</p> <p>On 5/10/19 at 10:30AM V2 (Director of Nursing) stated the facility policy is to have 2 CNAs (or nurses) present during a mechanical lift transfer. V2 said 2 persons should have been with the resident when the button was pressed for the transfer. V2 said the purpose of 2 persons is for safety. V2 said at orientation and throughout the year staff is trained on the safe use of the mechanical lifts. V2 said when the results of the x-ray were reported to the physician he gave the order to transfer the resident to the hospital for evaluation.</p> <p>On 5/10/19 at 10:50AM V4 (Certified Nursing Assistant/CNA) stated on 5/2/19 while transferring R1 from her bed to the wheel chair R1's leg slipped off of the foot rest. V4 said when she noticed she could not put R1's leg back up in the foot rest, R1 was screaming. V4 said at the same time R1 began to slide out of the sling. V4 said she lowered R1 to the ground and unhooked the sling. V4 said she assisted R1 to sit down on the floor with her left foot under her right thigh. V4 said she did not use the leg belt on the</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>mechanical lift to secure R1's legs during the transfer, because she was in a rush. V4 said she does use the leg belt with other residents. V4 said she was operating the mechanical lift alone. V4 said she was suspended following this incident. V4 said she had been trained on the safe use of the mechanical lifts prior to 5/2/19.</p> <p>On 5/10/19 at 11:08AM V5 (CNA) said she helped V4 lower R1 to the ground. V5 said she was in another room with another patient when V4 came to get her. V5 said when she entered R1's room she saw R1 next to the bed on the floor. V5 said she will transfer residents using 2 or 3 people when using the mechanical full body lift. V5 said uses assistance for the residents comfort and safety while using the mechanical lift. V5 said R1 only said her knee hurt (V5 is unsure which knee).</p> <p>On 5/10/19 V14 (Physical Therapist) stated based on his clinical opinion, when using the standing lift to transfer R1 the staff should use the leg harness to help stabilize R1's position and support R1's knees given her history of knee pain. V14 said he would recommend 2 person assistance while using the mechanical lift.</p> <p>On 5/10/19 at 11:48 AM V18 (CNA) said she always operates the mechanical lift with 2 staff persons.</p> <p>On 5/10/19 record review of R1's x-ray completed on R1's left hip, left tibia/fibula, left femur, and left knee on 5/2/19. The results of the left femur denote an acute distal femur fracture. Results of the left knee denote an acute distal femur fracture.</p> <p>On 5/10/19 at 2:20PM V13 (Nurse Practitioner)</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>stated she is very familiar with R1 and said she is not surprised that R1's legs gave out during the transfer on 5/2/19. V13 said the expectation is that 2 staff members should have been in the room while operating the mechanical lift.</p> <p>On 5/14/19 at 10:27AM V15 (Physician) stated once he was notified of R1's fracture he ordered for R1 to be transferred to the hospital and was then seen by an orthopedic. V15 said R1 had surgery for the fracture.</p> <p>On 5/14/19 Record review for R1 denote on 4/24/19 the Minimum Data Set (MDS) for R1 indicates R1 required extensive assistance from 2 or more persons for transfers. R1's most recent Brief Interview for Mental Status (BIMS) score was 13, cognition intact . R1's care plan at the time of discharge denotes R1 requires assistance with transfers using "2 person mechanical lift."</p> <p>On 5/14/19 hospital records were obtained for R1. According to a 3-view x-ray performed on R1's left knee on 5/3/19 the impression is a full thickness oblique transverse fracture of the distal femoral metaphysis with mild angulation with posterior direction of the fracture apex.</p> <p>The facility policy for Using a Portable Lifting Machine reads:</p> <p>The portable lift should be used by two staff members.</p> <p>The Instructions for use of the standing mechanical lift reads:</p> <p>Foot Support: For positioning before and supporting the resident's feet during raising and transferring.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Lower Leg Straps: Accessory used to ensure that the lower parts of the residents legs stay close to the knee support. Warning: The resident's feet shall always remain in full contact with the foot support. When raising check to ensure that the resident's feet do not lift from the foot support. If they do, lower the resident immediately until resident's feet fully reach the foot support.</p> <p>(A)</p>	S9999		
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