

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000855</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/29/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEMENT HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 NORTH MORGAN BEMENT, IL 61813</b>
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S9999	<p>Final Observations</p> <p>LICENSURE VIOLATIONS:</p> <p>300.1210a) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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</p>	S9999	<p><b>Attachment A</b></p> <p><b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>02/10/15</b>
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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview the facility failed to follow manufacturer's guidance and facility protocol for a mechanical lift transfer. The willful action of staff to transfer a resident with the assistance of one staff person instead of two resulted in neglect of R1. R1 sustained a fall from the mechanical lift which resulted in a fracture of the distal femur. R1 is one of 4</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>residents reviewed for falls in the sample of four.</p> <p>Findings include:</p> <p>The Physician Order Sheet dated January 2015 lists diagnoses for R1 of - Parkinson's Disease, Vascular Dementia and Severe Osteoporosis. The Minimum Data Set (M.D.S.) assessment, Section G, dated 11-18-14 indicated R1 required staff assistance for all activities of daily living and required the assistance of 2 staff members for transfers. The Resident Care Plan dated 8-14-14 documents that transfers are to be accomplished with a mechanical lift with the assistance of two staff members.</p> <p>The Facility 'Low Lift' Policy (not dated) describes the procedure for the use of mechanical lifts. The policy states: "Training of all licensed and unlicensed nursing personnel initially, upon introduction of equipment to the home, and annually will be conducted by Nursing Administration and/or equipment vendor. All new employees shall demonstrate to licensed personnel the ability and knowledge of lift operation prior to use of any lift on a resident. Lifting of residents without the aid of lifting equipment and/or assistance will not be permitted."</p> <p>Annually Mandated Inservices by the corporate owner group list 'Mechanical Lifts' as an 'Accident Prevention' topic. This document is dated 8-2007 with revision on 7--22-13. According to E1 on 1-29-15 at 9:50 a.m. the key topics listed are to be inserviced annually to all personnel.</p> <p>Nurses Notes dated 12-4-14 at 7:05 PM state: "CNA (Certified Nurse Aide) (E2) stated the (mechanical lift) sling that was under resident was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>not on properly, CNA was adjusting resident and sling to transfer and resident started sliding out of wheelchair. CNA safely and slowly lowered resident to floor." Physical exam revealed "range of motion within normal limits for resident, no complaints of pain, no external rotation of the lower extremities."</p> <p>Nurses Notes dated 12-5-14 at 8:30 AM document that R1 complained of left knee and hip pain. A portable x-ray was ordered by the attending physician (Z1) showing an acute slightly impacted fracture of the distal femur. R1 was transferred to a local emergency room on (12-5-14 at 1:30 PM).</p> <p>The x-ray report dated 12-5-14 documents the following impression: "Acute slightly impacted fracture distal medial metaphyseal area of the femur."</p> <p>The mechanical lift user's manual states on page 11 - ". . . highly recommends that at least two caregivers be present."</p> <p>Mechanical Lift educational training was conducted by Nursing Administration on 10-10-14 and 12-5-14. These trainings were mandatory (according to E1) and attended by all CNAs. Return demonstrations of the lift protocol was conducted. The Inservice Training sign-in sheet documents the attendance of E2 on 10-10-14.</p> <p>The document (not dated) entitled 'C.N.A. In-Service for (mechanical) Lift' describes the protocol steps discussed during inservices. The final protocol step states - "Never use a mechanical lift by yourself - always assure there is a minimum of two nursing staff during transfers with a mechanical lift". This document was</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>written by E1 (Administrator).</p> <p>On 1-29-15 at 9:50 AM E1 stated: "Hoyer lifts require two assistants. The CNA (E2) did the lift alone. She (E2) is no longer employed by the Facility."</p> <p>E3, E5, and E6 were interviewed during the observation (1-29-15 at 1:00 PM) of mechanical lift transfer. All responded that two or more staff should be present for lift transfers.</p> <p>(B)</p>	S9999		
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