

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/09/2019
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NAME OF PROVIDER OR SUPPLIER ALDEN TOWN MANOR REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN CICERO, IL 60804
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S 000	Initial Comments Statement of Licensure Violations	S 000		
S9999	Final Observations Complaint Investigations 1897782/IL107693 1897786/IL107699 Statement of Licensure Violations 300.610a) 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 01/21/19
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S9999	<p>Continued From page 1</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 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.</p> <p>300.1210d)6)</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 Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>failed to follow its policy and procedure for the use of a mechanical lift by failing to ensure that two caregivers were present during a mechanical lift transfer of a resident. This deficient practice affected one of one residents (R12), reviewed for mechanical lift transfers in a sample of 12. This failure resulted in R12 falling from the lift to the floor and sustaining an impacted fracture of the right femoral neck (hip fracture with broken ends of the bone jammed together by direct forceful blow).</p> <p>Findings include:</p> <p>Facility's Final Investigation (12/12/2018) documents: Conclusion/Summary: Resident was being transferred, from the shower bed, to her bed via (mechanical lift). Once in the room, the sling came away, from the lift, and resident fell to the floor. Subsequent to the fall, resident was sent to Emergency Room, and returned with the diagnosis of right femoral neck fracture. Upon interviewing the staff member, performing the transfer, she stated the strap "snapped" and the resident fell to the floor. Inspection of the sling revealed no curling or fraying of the snaps, and the integrity of the sling material was good and intact.</p> <p>Interviews obtained by V1 (Administrator) of V11 (CNA-Certified Nursing Assistant) and V16 (CNA) document that both CNAs initially gave and signed statements that they were both present during R12's transfer via mechanical lift. Follow up interviews of V11 and V16 by V1 document that V11 and V16 recanted their initial statements stating that V11 was alone in the room when transferring R12 back to bed using the mechanical lift. V16's interview of 12/10/2018 documents V16</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>was alone when she transferred R12 back to bed. V16 stated that the strap snapped after R12 fell from the lift. V16 confirmed to V1 that she had received training regarding the use of the mechanical lift.</p> <p>V11's interview of 12/10/2018 documents that V11 admitted that her initial statement wasn't true; that she wasn't in the room when R12 fell during the transfer and that she initially said that both she and V16 transferred R12 back to bed because she didn't want V16 to get into trouble. R12 informed V1 that only one staff member was present during the transfer when she fell from the lift.</p> <p>V11 (CNA 12/19/2018 at 2:08 PM) said V16 (CNA) was alone when V16 transferred R12 back to bed with the mechanical lift. "V16 told me R12 fell. She asked me to say that I helped her with the transfer. I did say that I helped with the transfer. I know it was wrong."</p> <p>V11 said she did receive training at facility regarding proper protocol to use during mechanical lift transfer; at least two staff should be present during a mechanical lift transfer.</p> <p>V2 (Director of Nursing, 01/09/2019 at 2:58 PM) said there should always be 2 staff or more present when using a mechanical lift to transfer a resident. V2 said a resident could fall or the lift could tip over if protocol not followed.</p> <p>V16 was not available for interview during the investigation.</p> <p>R12's Face sheet documents the following diagnoses including: Heart Failure, Type 2 Diabetes Mellitus, Atrial Fibrillation, Hypertension, Generalized Edema, and GERD (Gastro-Esophageal Reflux Disease).</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R12's MDS (Minimum Data Set, 12/03/2018) documents: -BIMS (Brief Interview for Mental Status): 13 (cognitively intact) -Transfer: 4/3 (Total dependence/Two+ persons physical assist) R12's Resident Transfer Evaluation (effective date 12/03/2018) documents: E. Total mechanical lift: Resident does not bear weight. Fall Risk Assessment (effective date of 12/03/2018) documents: 1. Mobility 4. Uses Total Mechanical Lift or Sit to Stand.</p> <p>R12's Care Plan documents: Focus: (R12) requires the use of a mechanical lift for transfers related to poor standing ability due to lower extremity weakness. Date initiated: 12/13/2013. Interventions: Provide two staff assistance for transferring.</p> <p>R12's Post Occurrence Documentation Note 12/07/2018 at 10:36 AM documents: Description if initial: CNA states, she and another CNA went in to transfer resident to shower bed, during transfer with mechanical lift from bed to shower bed, harness broke and resident fell to the floor landing on her left side. R12's Progress Note 12/07/2018 at 10:57 AM documents: Writer called by assistive staff to resident's room. Resident observed on the floor at bedside between the legs of the mechanical lift, left side-lying with legs stretched outwards, alert and complaining of pain to left posterior ear and lower back. Assessment reveals large closed lump behind left ear. Neck stabilized with pillow. NP (Nurse Practitioner) in to assess. Staff instructed to not move resident. 911 called. Evaluated and transferred to (local hospital). Resident admitted with impacted right femoral head fracture and possible right knee fracture.</p>	S9999		
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S9999	Continued From page 5 R12's Hospital Record (12/07/2018) documents: Findings of right hip x-rays: There is an impacted fracture of the right femoral neck. "Total Mechanical Lift" protocol (05/2016) documents: 6. One caregiver is to focus on the resident's head and body positioning while the other is operating the lift. Staff did not follow the facility's mechanical lift protocol. (B)	S9999		