ST JAMES WELLNESS REHAB VILLAS
1251 EAST RICHTON ROAD
CRETE, IL 60417

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
ST JAMES WELLNESS REHAB VILLAS
1251 EAST RICHTON ROAD
CRETE, IL 60417

ST JAMES WELLNESS REHAB VILLAS
1251 EAST RICHTON ROAD
CRETE, IL 60417

STATEMENT OF DEFICIENCIES
S 000 Initial Comments
2077353/IL126869- F689 G

S9999 Final Observations
Statement of Licensure Violations:
300.610a)
300.1210b)(5)
300.1210d)(8)
300.3240a) Section 300.610 Resident Care Policies

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.

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

Attachment A
Statement of Licensure Violations

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

STATE FORM
6009 XJRN11
If continuation sheet 1 of 5
 Continued From page 1

resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

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.

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:

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.

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)

These Regulations were not met as evidenced by:

Based on observation, interview and record review, the facility failed to transfer resident in a safe manner. This resulted to the resident (R4) sustaining acute hematoma in the left lateral leg which required an emergency embolization procedure.
**ST JAMES WELLNESS REHAB VILLAS**

1251 EAST RICHTON ROAD

CRETE, IL 60417

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9999</td>
<td>Continued From page 2</td>
<td>S9999</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This applies to 1 resident (R4) reviewed for transfers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings include:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R4 is a 87-year-old resident who has multiple medical diagnoses to include weakness and unsteadiness on the feet. R4's Minimum Data Sheet (MDS) dated 7/22/20 showed that R4 is alert and oriented and requires extensive assistance with transfer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>On 9/15/20 at 2:10 PM, R4 was resting in bed with her left lower leg wrapped with wound dressing. R4 gave the following statement: &quot;I was going to sit in the chair. V11 (Certified Nursing Assistant/CNA) and V12 (Nurse) transferred me from bed to the chair with a white sheet/white blanket. While they were hoisting me from bed to chair, V11 lost her grip on the sheet which was holding my left leg, causing my leg to hit the left leg of the chair. It was so painful, I screamed, and I saw my left leg getting bigger and swelling up. They called the ambulance and I was brought to the hospital. I underwent an immediate procedure (embolization) to stop the bleeding. The doctor told me that I sustained 3 holes in my arteries and if the arteries did not get fixed, I would have lost my life or my leg. I know what a gait belt is and they (V11 and V12) did not use it on me during that time. I didn't tell anyone here about what really happened because I don't want to put anyone in trouble and I get along well with them (staff) here. But I had to tell the doctor in the hospital the truth when they interviewed me so they could figure it out what treatment they're going to give me.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>On 9/16/20 at 9:55 AM, R4 gave the same statement that she had given the day before with</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
regards to her leg incident. At 10:22 AM, V5 (Wound Care Nurse) provided wound care to R4. R4's dressing has blood stains which had seeped through from her hematoma. When V5 removed the dressing, it revealed a dark purplish/blackish hematoma in her left lateral leg, located just below the side of the left knee extending down by the ankle which measured as Length (L) 25.5 centimeter (cm) x 15.8 (cm). There were two openings (one in the upper and one in the lower part) in the hematoma which were excreting dark red blood. R4 was in pain and anxious during wound care as evidence by her grimacing facial expression and intermittent verbal expression of pain.

On 9/16/20 at 10:20 AM, V11 (Certified Nursing Assistant/CNA) stated that she and V12 (Nurse) transferred R4 from bed to chair with a gait belt. R4's feet were both on the floor, but she was not fully bearing her weight. About 2-5 minutes later of sitting in the chair, R4 started screaming in pain. R4's left leg started to fill up and was getting bigger. V11 called V12 immediately. V11 also stated that there was no incident that happened during transfer and she didn't know why it happened to R4's left leg.

On 9/16/20 at 12:35 PM, V12 (Nurse) stated that she (V12) and V11 transferred R4 into the chair with a gait belt. R4 couldn't fully stand. R4 was able to put her feet on the floor and pivot. She only had partial weight bearing. R4 did not hit her leg anywhere during transfer. When R4's leg started filling up with fluids, she was not crying but she looked nervous.

On 9/16/20 at 1:25 PM, V13 (Wound Care Physician) gave the following statement: R4 has wound in her leg which is a hematoma. V13
asked R4 what had happened to her leg but R4 told him that she didn't know. There are two openings in the hematoma one in the superior and one in the inferior area. V13 saw it on 9/15/20 and measured it as (L) 25.3 cm x (W) 17 cm. R4's hematoma can only be caused by trauma unless R4 is taking a serious anti-coagulant (blood thinner) medication. However, R4 has no anti-coagulant except for the Aspirin. R4's laboratory result showed that her INR and PTT are normal. So V13's conclusion is that the hematoma could have happened due to trauma.

Hospital Record dated 8/31/20 Showed: R4 was admitted with left lower extremity acute hematoma. R4 states that she was being moved in bed when the left lateral side of her leg below the knee hit the side of the bed. R4 stated that she has instantaneous pain and noticed very quickly that the leg began to swell. R4 was brought into the emergency room for further evaluation. On arrival a large left lateral leg below the knee hematoma was noted. Hemoglobin was within normal limits. CT angios done showing subcutaneous hematoma. Physician reviewed this with interventional radiologist. Ultimately R4 was taken to interventional radiology lab where embolization of the left anterior tibial artery runoff was done.

Procedure: Arterial Embolization
CT Angiography to Left Lower Extremity
Findings: A soft tissue mass present in the anterior left lower leg measuring 23 cm x 11 cm x 4 cm. The mass is mostly soft tissues with serpiginous calcification and enlarged venous structures noted throughout. The mass extends to the skin. The mass does not extend to the deep fascia osseous structures of the lower leg.
<table>
<thead>
<tr>
<th>ID</th>
<th>ID</th>
</tr>
</thead>
</table>
| S9999 | Continued From page 5  
Impression: Soft tissue mass may represent hematoma.  
Radiology: Left leg  
History: Significant swelling following trauma.  
Findings: There is a significant soft tissue swelling along the anterior aspect of the leg likely representing hematoma.  
Facility's Policy and Procedure for Safe Lifting and Movement of Residents showed:  
- In order to protect the safety and wellbeing of staff and residents, and to promote quality care, this facility uses mechanical lifting devices for the lifting and movement of the residents.  
Policy Interpretation and Implementation:  
- Mechanical lifting shall be used for any resident needing a two person assist. Except during emergency or unavoidable circumstances, manual lifting is not permitted.  
| S9999 |