

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2008
NAME OF PROVIDER OR SUPPLIER BEVERLY FARM FOUNDATION			STREET ADDRESS, CITY, STATE, ZIP CODE 6301 HUMBERT ROAD GODFREY, IL 62035		
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W 331	Continued From page 69 A mandatory meeting was held on September 19, 2008 regarding change in condition of residents and communication of those changes. The Director of Nursing and Assistant Executive Director will monitor the 24 hour nursing reports for adequate resolution of resident concerns. Nursing will be in-serviced on providing timely medical treatment, physician notification and appropriate method of transportation based on client's condition. The following policies will be reviewed and revised as indicated: Nursing Service Policy, Emergency Service Policy and Physician Notification Policy. Although the Immediate Jeopardy is removed, the non-compliance continues at the time of the exit because the facility has not had the opportunity to fully implement their plan or evaluate it's effectiveness.	W 331			
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.1220j) 350.1230b) 350.1620d)3) Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or	W9999			

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W9999	<p>Continued From page 70 welfare of a resident.</p> <p>Section 350.1230 Nursing Services</p> <p>b) Residents shall be provided with nursing services, in accordance with their needs.</p> <p>Section 350.1620 Content of Medical Records</p> <p>d) In addition to the information that is specified above, each resident's medical record shall contain the following:</p> <p>3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition.</p> <p>These REGULATIONS are not met as evidenced by:</p> <p>Based on interviews and record review, the facility nurses failed to thoroughly assess the medical condition and lack of ambulation for 1 of 1 individual (R7) who was hospitalized from 9/1-9/5/08 for surgery of a left femur fracture when they:</p> <p>a) Failed to ensure thorough nursing assessment and documentation of a change in R7's ambulation ability.</p> <p>b) Failed to identify and communicate a change in R7's ability to ambulate.</p> <p>c) Failed to notify the physician of R7's lack of</p>	W9999			

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W9999	<p>Continued From page 71 ambulation and ensure timely medical treatment.</p> <p>d) Failed to ensure appropriate transportation, based on R7's medical condition, to an emergency room.</p> <p>Findings include:</p> <p>The 7/22/08 Individual Habilitation Plan (IHP) states that R7 is a 67 year old female who resides at Logan Hall (West hall) with the diagnoses of Profound Range of Mental Retardation (MR), Mood Disorder, Early Acquired Encephalopathy.</p> <p>The 8/16/--9/15/08 Medication Administration Record (MAR) identifies R7 with the following diagnoses; Psychotic Behavior, Bipolar Disorder, Obsessive-Compulsive Disorder, Hypertension, Hypothyroidism, Osteoporosis, Seronegative Rheumatoid Arthritis, Chronic Yeast Infections and Chronic Constipation.</p> <p>R7's IHP documents that she has an IQ (intelligence quotient) of 20, with a Mental Age of 2 years and 5 months; and a Broad Independent Age of 1 year, 5 months." This plan also states that R7 "is able to say a few words, but mostly gestures to communicate her wants and needs." R7 is 6'1" tall and weighs 138.2 pounds, ambulates independently, enjoys roaming around exploring her environment but needs help in getting up from low seats or the floor.</p> <p>Nurses Note from 7/10/08 through 8/14/08 were reviewed. There are no notes relating to foot concerns until 8/14/08 at 1:30 AM which states that the evening nurse reported that R7's 2nd toe, left foot was bleeding, when she returned</p>	W9999			

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W9999	<p>Continued From page 72 from Day Training (DT). It further states there was a small amount of blood on the dressing, no apparent discomfort.</p> <p>Per 8/14 and 8/15/08 Nursing Notes, this foot condition progressed to some swelling of 2nd and 3rd toes of her left foot and on 8/15/08 the doctor was notified. An Xray was ordered and a mobile x-ray is taken 8/15/08.</p> <p>The 1:00AM 8/16/08 Nursing Notes states that the 8/15/08 Xray report identified that R7 has a "questionable non-displaced calcaneous fracture (fx) of the right foot, left foot negative for fx."</p> <p>The 2:00AM 8/17/08 Nursing note identifies that R7 was seen by a podiatrist, dressing intact no apparent discomfort.</p> <p>R7 was seen by an orthopedic physician, Z9, on 8/22/08. Z9 states in his report the following:</p> <p>"This patient is a 67 year old female with a chief complaint of pain in her right heel. I have no history for this patient. She is a (facility's name) resident. The attendant does not know what if anything has happened to her. She is tender over the right heel. Neurovascular status is intact. She seems to move the foot." This report further states, "The patient has an x-ray report from 8/15 which shows a questionable non-displaced fracture of the calcaneus. I do not have the films therefore I went ahead and repeated x-rays today which show an obvious fracture of the calcaneus in good position. Actually there is some radial density around the fracture line making me wonder about the age of this."</p>	W9999			

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W9999	<p>Continued From page 73</p> <p>At this time Z9, per above report, placed a short leg cast on R7's right foot with a walking shoe.</p> <p>A Special Interdisciplinary (IDT) Staffing, per IHP documentation, was held on 8/26/08. This IDT met to discuss R7's "level of supervision." The IDT "agreed that R7 should be able to remain building independent due to being able to ambulate on her own with the cast." The IDT also agreed "to encourage R7 to stay off of her feet as much as possible while her foot is healing and to keep the cast covered during shower time."</p> <p>There is no evidence that nursing developed a plan as to how they would keep R7 off her feet. And there is no documentation in regards to R7's mobility needs when out of the building (i.e. wheelchair, how they were going to keep R7 off her feet). They also did not assess R7's risk for falls.</p> <p>According to the 8/26/08 Nursing Note of 1315, R7 was given an intramuscular (IM) medication in her right deltoid, in preparation for an eye exam with Z10.</p> <p>The 8/26/08 consultation report states that the IM medication was given at 8:30AM and that R7 needed cataract surgery.</p> <p>Per review of Nursing Note of 8/26/08 there is no documentation by the nurse of monitoring R7's response to or level of sedation of the IM medication upon her return to the facility, as per facility's policy.</p> <p>The facility's policy and procedure for "Pre-Medication Administration" states the</p>	W9999			

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W9999	<p>Continued From page 74 following:</p> <p>"3) Nursing staff will examine the individual after completed procedure and as needed until sedation subsides and the nurse will document the results of their examination in the nurse's notes.</p> <p>4) The consumption of diet, participation in programming as well as continued Attendance at Developmental Training or return home and response to the pre-medication should be documented in the nurse's notes."</p> <p>The next Nursing Note on 8/26/08 at 8:00PM, identifies the notification of R7's guardian, Z4, of a injury to R7's left 1st digit of a light grey area on the knuckle that was not witness. The 8:30PM nursing documentation states R7 had a shower, has cast to right foot that is dry and intact free of infection and that antifungal deodorant spray applied as order. There is no further Nursing Note 8/26/08 documentation</p> <p>An 8/26/08 7:00PM injury report, by R7's Care Plan Coordinator, E5, identifies the above injury to R7's "left (pinky finger)," but there is no evidence of investigating the cause of the injury. The review comments, on this injury report, by the Director of Nursing (DON) E1, states that "Staff has indicated that R7 will fall to the floor. R7 has incidents of screaming, yelling and pinching others. R7 is unable to tell what has happened. Currently R7 has a boot cast on her right foot due to fractured heel."</p> <p>There is no evidence that E1 reviewed R7's behavior data in consideration of the injury.</p>	W9999			

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W9999	<p>Continued From page 75</p> <p>The behavior objective identified in R7's 7/22/08 IHP is to "reduce agitated behavior to an average of 2 or less incidents per day for 12 consecutive 28-day documentation periods."</p> <p>Per behavior documentation review, for the time frame of 8/19/08 through 9/1/08, R7 has had no behaviors identified in the AM or PM. Confirmed by record review and 9/11/08 1:05PM interview with the Care Plan Coordinator (CPC) E5, there is no behavior documentation that occurs on the midnight shift nor is a specific staff documentation directive identified in R7's behavior plan.</p> <p>On 8/27/08, per Nursing Note, R7 was given a physical by Z11. Z11 dictated notes state that R7's "Right leg in a cast. Does have fungal toenails. She does have swelling of MIP joints both hands but there is no apparent acute arthritis going on."</p> <p>Nursing Notes of 8/28/08 8:00PM states that R7 was up ambulating (without difficulty), and per the staff "Midnight Monitoring " sheet, from 10:00PM--6:00AM, she slept all night in her bed.</p> <p>Direct Support Person (DSP) E8 states, per 9/3/08 written statement, that she had the "Blue Group" (R7's) on 8/29/08 and that R7 was walking normally. E8 further wrote "On Friday morning, 8/29/08, I took R7 to the dentist. R7 was given a pre-med for the visit at the dental center. After returning home, R7 mostly sat around due to the fact she was pre-medicated."</p> <p>E8 was interview on 9/9/08 10:35AM. E8 confirmed that she took R7 to the dentist at 7:30AM on 8/29/08; R7 walked out to the bus and</p>	W9999			

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W9999	<p>Continued From page 76</p> <p>she walked fine. E8 continued to say that after her pre-med, R7 was loud and irritated and wanted to walk around the halls. E8 stated R7 "was really agitated after dental work." According to E8, R7 walked fine on to and off the van, except, that she was slower. E8 stated that it was about 10 or 10:30AM when they got back to Logan and R7 just wandered around the halls, ate lunch and wandered more. E8 further stated "She was really irritated all the rest of my shift which ended at 4:00PM."</p> <p>Confirmed by 9/9/08 10:20AM interview with License Practical Nurse (LPN), E36, and per review of DT's "Daily Medical Log," R7 was given Ativan 2mg IM in her left gluteal muscle, by E36. At this time R7's Vital Signs (VS) were Temperature (T) 97.4, Pulse (P) 88, Respirations (R) 24, Blood Pressure (B/P) 130/74. E36 stated that when R7's dental was over, she saw her walk out to the bus and she was fine. There is no further monitoring of R7, by E36, after the dental or VS documented only that she was "sent home."</p> <p>The dental assistant, E37, on 9/9/08 10:10AM, stated that R7 tolerated the dental cleaning, she was cooperative and nothing unusual occurred. When again interviewed on 9/9/08 12:35PM, E37 stated that they do not have a written protocol on monitoring the individuals after a dental pre-med, but that she has been here 14 years and she was sure the nurses know that we send them home so that staff can monitor them and so they can lay down.</p> <p>Nursing Notes of 7:00PM 8/29/08 were reviewed, and there is no documentation of monitoring R7 after her dental, just that she was "seen by</p>	W9999			

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W9999	<p>Continued From page 77 dentist."</p> <p>Per 9/3/08 written statements of DSPs' E6 and E27, who were assigned R7's care on the PM shift of 8/29/08, R7's ambulation was unsteady and she was placed in a wheel chair by the PM supervisor E42.</p> <p>E27, during 9/10/08 3:20PM interview, stated, that on PM shift of 8/29/08, when E42 and I lifted her from the wheel chair "she acted like she couldn't put any weight on either foot."</p> <p>On the back of the Medication Administration Record (MAR) is documented, that on 8/29/08 at 7:00PM, "Tylenol 325 mg 2 tabs" were given for complaint of "severe pain." The effectiveness of the Tylenol med was not documented on the back of the MAR nor is there Nursing Note documentation of the reason for the pain med or the lack of R7's ambulation ability.</p> <p>The 9/3/08 written statement of DSP, E8, states that on 8/30/08, Saturday morning, she got R7 up for breakfast. E8 wrote that she "noticed that when R7 stood up, her legs were shaking and (she) would immediately sit back down. This is unusual for R7. Also after I did get her dressed, she sat in her bed for about 2 more hours before coming up to eat. She walk to the dining room slowly and holding the hand rail. She looked scared of falling. The rest of the day she sat around the house."</p> <p>On 8/30/08 Saturday at about 12:00PM, according to supervisor E35's written statement, R7 would not bare any weight on the foot with the cast (right). According to E35, per 9/11/08 interview, R7 was sitting on the couch, she stood</p>	W9999			

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W9999	<p>Continued From page 78</p> <p>up on her own, bearing all her weight on her left leg and would not put weight on the foot with the cast. E35 stated that she and E39 then sat R7 back down on the couch. E35 continued, this is where Registered Nurse (RN), E44 "looked her over in the activity room while she (R7) was sitting on the couch." E35 stated that she informed E44 that R7 was having trouble walking and was told, by E44, that it was because of her stress FX of the heel. E44 told E35 that she had already given her Tylenol that morning. E35 stated that she told E44 that R7 needed something stronger. Per E35's written statement E44 informed E35 that R7 had a Vicodin order but that she was out and that she would "E-Run" it. E35, when interviewed on 9/11/08 at 12:38PM, stated that an "E Run" means the pharmacy will deliver it that day.</p> <p>Per review of the 8/16/08--9/15/08 MAR, R7 was given Tylenol on 8/30/08 325 mgs 2 tabs at 8:00AM and at 12:00PM for complaint of pain.</p> <p>The 11:00AM 8/30/08 Nursing Note documentation, in regards to R7's pain, only states "Res.(resident) ambulating very slowly today." At 1:30PM, E44 documented that pharmacy to do an E-Run on Vicodin, that R7 complains of pain in right foot and "is not wanting to hardly walk."</p> <p>Vicodin ES tablet is documented as given on Saturday 8/30/08 at 4:00PM and 8:00PM, per 8/16/08--9/15/08 MAR, for pain in R7's right foot.</p> <p>DSP, E45, documented, on the Midnight Monitoring sheet of 8/30/08, that R7 slept from 10:PM---6AM in her bed.</p>	W9999			

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W9999	<p>Continued From page 79</p> <p>DSP, E8, per 9/9/08 10:38AM interview, stated that R7 was dressed and in a wheel chair when she arrived at 6:00AM on Sunday 8/31/08. R7 did not appear in pain, she would somewhat help you when you toilet her, however, she would hang on to or grip something to hang on to like "Don't let me fall."</p> <p>The investigatory written statement of DSP,E31, states the following:</p> <p>"I worked the 2-10 shift on Sunday Aug 31, 08. When I came in R7 was in the hall sitting in a wheelchair. Throughout the shift I tried to get her to go and do different activities but she refused. The only place she wanted to be was in the hallway by the nurse's station. When I went to give her her shower she wouldn't bear no weight down on her left leg at all. Her right leg has the cast on it. I had to manhandle R7 into the tub, back to the wheelchair and into the bed. When she was standing she would put a little bit of weight on her R (right) leg. When I got her into the bed I put her as close to the wall as I possibly could. I did my final bed checks at 10:00PM and she was still by the wall and perfectly fine. After I put R7 to bed I reported this to Nurse E44 and to the supervisor (E42). I asked other workers if R7 had fallen because she acted real timid as if she had fallen and was scared to walk."</p> <p>Per 8/16/08--9/15/08 MAR, the nurse gave R7 a Vicodin tablet at 8:00PM on 8/31/08 and documented on the back of the MAR the reason for the medication as "moan/groan right foot." Then the nurse documented that R7 was quiet without distress as a result.</p> <p>The nurse documents on 8/31/08 9:00PM nursing</p>	W9999			

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W9999	<p>Continued From page 80 notes the following:</p> <p>"Cool intact right (r with a circle around it) leg--no circ (circulation) impairment or swelling noted--Res. (resident) does not want to pick up that foot to ambulate given Vicodin 8P--toes pink--staff report res. (resident) has not wanted to walk on that foot since Fri. afternoon--res. (resident) had a dental appt. (appointment) Fri. AM--no swelling noted around cast."</p> <p>There is no documentation of a nursing assessment of R7's VS or ambulation ability, nor documentation of any fall precautions put in place (i.e. siderails, bedside commode, alarm etc.)</p> <p>There is no evidence that the nursing staff assessed E31's report of R7's refusal to bear weight on the left. There is no evidence of physician notification of a change in condition.</p> <p>DSP E46, during 9/9/08 9:10AM interview, stated that she worked midnights on Logan on 8/31/08. E46 stated that the PM supervisor, E42, told her that she would have the women's wing. Then E42 walked her down the hall and told her who were the "wettters" and who she had to use the (hydraulic) lift on. E46 also stated that E42 also told her she had to clean the wheelchairs and do bed checks every 30 minutes.</p> <p>There is no evidence that E46 got a report that R7 was not bearing weight or had a cast on her right foot.</p> <p>E46 during 5:00AM bedcheck, per 9/9/08 9:10AM and during second interview of 9/11/08 9:08AM, stated she saw R7 on the floor holding her back up with her arms and her legs straight out. E46</p>	W9999			

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W9999	<p>Continued From page 81</p> <p>stated that she "holler down the hall for help." At that time, DSP, E30, came and they attempted to get R7 up by the arms. E46 stated that R7 would not help them. Staff moved R7 prior to the nurse assessment.</p> <p>E30 per 9/8/08 4:05PM interview, stated that R7 was "dead weight" so she called for the male staff, DSP E20, who was doing 1:1 supervision with R5, to come and help. E30 further stated that neither she nor E46 knew that R7 had a cast on or had not been ambulating. E30 then left the area to do take over E20's 1:1 duties.</p> <p>E46, per 9/9/08 9:10AM interview, stated that E20 and I lifted R7 up by the arms and sat her on the end of the bed. E46 continued to state that R7 had urinated on the floor, so she changed her underwear and her night shirt. She then placed her in a wheel chair and wheeled her out to the women's activity room with the other clients who needed the early medication. E46 stated that she then went to get other clients up. According to E46, the nurse E29 came in a little after 5:00AM and both E30 and E46 told her that R7 was found on the floor. E46 stated that the nurse, E29, was giving meds and she assisted E29 with one of the individuals who was not cooperative. E46 further stated that the nurse looked at R7 in the wheelchair, saying "I don't think she fully examined her down, but she looked at her." E46 stated that R7 stayed in the wheel chair in the activity room until she left at 6:00AM.</p> <p>DSP E20, during 9/16/08 8:20AM interview stated he helped lifted R7 by her arms onto the end of the bed and that the nurse was not in the room at that time.</p>	W9999			

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W9999	<p>Continued From page 82</p> <p>E29's 9/1/08 Nursing Note documentation for R7 states: "5AM, Found sitting on floor--apparently slid from bed, upon exam, appears to be no injuries."</p> <p>This Nursing Note does not state when R7 was examined, and what was examined. There is no Nursing Note documentation of assessing R7's Vital Signs or ambulation ability after she was found on the floor. There is no evidence the nurse checked R7's extremities or check R7 for pain.</p> <p>E29 stated, during a 9/11/08 8:17AM interview, that she was 'unaware" that R7 had refused to bear weight when asked by the surveyor if she knew that R7 was unable to bear weight the day before.</p> <p>In E5's undated investigative statement (E5 is not a nurse), she arrived at Logan at 6:00AM. She stated R7 "looked very pale and was whining." E5 stated she told the nurse, E16 and a decision was made to let her sleep.</p> <p>There is no evidence on the 8/16-9/15/08 medication administration record that E16 assessed or administered pain medication to R7 following E5's report.</p> <p>E5's undated investigative statement continued that, she "decided to dress R7 and get her back in the wheelchair to try to get her to eat." As E5 was dressing R7 she "noticed that her left upper thigh was swollen." E5 continued that she asked E16 to look at her. According to E5's statement, E16 stated that R7 "was going to the hospital."</p> <p>E16's note at 8:30AM describes an assessment</p>	W9999			

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W9999	<p>Continued From page 83 of R7's left thigh as "tight and edematous, foot slightly rotated outward" and "guarding, left leg/hip."</p> <p>In interview of 9/10/08 at 11:40Am, E33, Direct Support Person (DSP) stated that when she saw R7, "She was making sounds but you could hardly hear them. She had purple lips "and was pale." She said that there was, "a lot of heat coming from her leg." E33 said R7 was shaking. "We didn't know if she was shaking from shock or pain or being cold."</p> <p>E38, DSP stated in a 9/9/08 interview at 12:58PM that E5 was "extremely worried" about R7.</p> <p>In a 9/10/08 10:58 interview, E40 stated that it was about 8:30-8:40AM when E5 brought R7 into the dining room per wheelchair. E40 said that after the meal she went with E5 to dress R7. "You could tell she was in pain just how her face was."</p> <p>In E16's undated written investigatory statement, she documented an assessment at 6:15AM of the casted right leg and the left toe and added, "She offered no complaints of pain or guarding." There is no evidence in E16's statement that she assessed R7's upper legs or her ambulation status.</p> <p>When interviewed on 9/11/08 at 2:55PM, E16 acknowledge that E5 had told her that R7 "didn't want to stand up." E16 stated that she was "not exam in the building" when E5 had R7 in the dining room.</p> <p>The 9/1/08 8:30AM Nursing Note documentation is the first time that the physician was contacted</p>	W9999			

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W9999	<p>Continued From page 84 about R7's change of condition, per review of nursing notes from 8/28/08 through 9/1/08.</p> <p>Per facility policy and procedure of "NOTIFICATION OF PHYSICIAN OF INDIVIDUAL'S CHANGE OF CONDITION", the policy states: attending physician will be notified of a change in an individual's condition by Licensed Nursing personnel as warranted. The procedure of this policy states: 1. Physician notification is to include but is not limited to and then lists multiple medical conditions which include the following:</p> <p>1) Significant change in/or unstable vital signs (no Vital Signs have been documented, by nursing since Friday 8AM 8/29/08 when dental pre-medication was given at the DT center.)</p> <p>2) Any accident or incident with injury (Nursing assessments lack R7's Vital Sign and lack of ambulation ability)</p> <p>3) Abnormal complaints of pain (R7 receives a pattern of pain medication from 8/29/08 4PM to 8/31/08 8PM, that increases in strength from Tylenol to Vicodin)</p> <p>4) Unusual behavior (R7 is described, by staff interviews as previously mentioned, as having unsteady ambulation on Friday 8/29 PM shift. On Saturday 8/30/08 staff state R7 is walking slowly holding the hand rail as if afraid of falling and that she is not putting weight on casted foot and having trouble walking. By Sunday 8/31/08 PM shift, R7 is described by staff as non weight bearing and having to be manhandled in an out of a tub/wheelchair/bed.)</p>	W9999			

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W9999	<p>Continued From page 85</p> <p>E16 Nursing Notes of 9/1/08 continues, "8:50AM to (local hospital's initials) ER, Z7 guardian here and aware." "12:30PM Call from hospital to report fx left (symbol) femur. IDPH (Illinois Department of Public Health) notified."</p> <p>Z7, per 9/8/08 1:34PM interview, stated he received a call from Nurse E16, at 9:10AM. Z7 stated that E16 informed him that "she was sure R7 had a broken leg or hip," that R7 was found on the floor in her room around 5:00AM, that she was unable to bear weight at 9:00AM, and that she wanted to send her to the hospital. Z7 stated that he asked E16 if they had called an ambulance and was informed, by E16, they already got her up and put her in a wheelchair. At 9:15AM, Z7 stated that he was at Logan. Z7 continued to say that R7, who normally only says a few words, was quite agitated, upset and kept repeating some N word like Ne Ne Ne etc. Z7 said you could tell in her face she was in pain and she kept grabbing at you. Z7 stated that he stayed with R7 until about 9:50AM, when the maintenance man/transportation driver showed up to take her to ER. Z7 further stated he saw no point in moving her from the wheel chair to the ambulance. Z7 stated that the hospital called him at 10:08AM for consent and then he again spoke with them at 12:45PM about admitting R7 for surgery.</p> <p>Per ER nurse Z3, 9/11/08 8:02 interview, she took the phone call from facility staff at 9:45AM. The caller reported to her that R7 was found on the floor at 5:00AM. The caller said at that time they did not notice any deformity or pain. The caller said that when R7 was checked at 8:30AM, R7 was unable to bear weight, her leg was very edematous, was five times the size of the other</p>	W9999			

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W9999	<p>Continued From page 86</p> <p>leg and was turned outwards. The caller continued to say that she would hate to call 911 for this. She requested that the ER nurse call an ambulance for her. Z3 stated that she informed the caller that the hospital does not send out ambulances and gave the caller two names of services that do. Z3 then states that the next thing she knew, R7 arrives by van or car and not an ambulance.</p> <p>Nurse E16 confirmed, by 9/11/08 2:55PM interview, that she called the hospital to call in report, requested an ambulance and was given names of ambulance services. E16 then indicated that she was notified that the facility's transportation was available and since R7 seemed comfortable and not in immediate distress she went by wheelchair.</p> <p>DSP E40, in a 9/10/08 10:58AM interview, stated that she and a maintenance guy took R7, by wheel chair van, to the emergency room (ER). E40 stated they waited only about 5 minutes before they were given attention. E40 stated that she lifted R7 out of the wheelchair and put her on the (exam) table before the nurse walked into the cubicle. E40 stated that "a woman doctor took one look at her and said we are admitting her."</p> <p>Z6, per 9/4/08 11:24AM interview stated that she walked in and saw the patient and saw, "left leg extremely swollen at thigh, left knee externally rotated, left leg about 3 inches shorter than right." Z6 further stated that the "patient was noncommunicative, a Mentally Retarded individual, who grimaced when I touched her."</p> <p>The Emergency Service Patient Care Notes of 9/1/08 state that at 10:28 AM, R7 arrived per</p>	W9999			

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W9999	<p>Continued From page 87</p> <p>wheel chair; that staff reported that R7 was found on the floor at approximately 5:00AM, was put back to bed; that when R7 rose this am at approximately 9:00AM, she unable to bear weight on left side.</p> <p>Xray report, of 9/1/08, of left hip state in summary the following:</p> <p>"There is a comminuted angulated foreshortened proximal left femoral fracture."</p> <p>The surgical consultation report plan of treatment, of 9/2/08, states the fracture will benefit from closed reduction and internal fixation with intramedullary nailing.</p> <p>Per facsimile transmittal (FAX) of 9/1/08 at 9:51AM, the Illinois Department of Public Health (IDPH) was notified that R7, "sent to ER for eval. (evaluation) d/t (do to) not wanting to bear weight on Lt (left) leg." Facility's FAX to IDPH ,of 9/1/08 1:24PM, states R7 admitted to the hospital with fracture left femur. Per Nursing Note, R7 was re-admitted to the facility from the hospital at 1:05PM on 9/5/08.</p> <p>The facility failed to ensure appropriate ambulance transportation, based on R7's medical condition, to an emergency room.</p> <p>(A)</p>	W9999			