10. On 8/26/09 at 9:30 am E16 a Certified Nurse Aide (CNA) wheeled R16 backwards and back and forth in a rocking manner. R16’s wheelchair had no foot rests there was a potential risk of her feet getting caught between the floor and the wheelchair.

11. On 8/26/09 from 9:20 am to 10:00 am E15 called residents who were holding a doll ‘ye baby doll’ several times.

F9999 FINAL OBSERVATIONS

LICENSURE VIOLATIONS

300.1210a) 300.1210b)(6) 300.1220b)(2) 300.1220b)(7) 300.3240a)

300.1210 General Requirements for Nursing and Personal Care

a) The facility must provide the necessary care and services to obtain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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.

b) General nursing care shall include at a
**LEXINGTON OF ELMHURST**

### SUMMARY STATEMENT OF DEFICIENCIES

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>Continued From page 27</td>
<td></td>
<td>F9999</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**300.1220 Supervision of Nursing Services**

b) The DON shall supervise and oversee the nursing services of the facility, including:

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status.

7) Coordinating the care and services provided to residents in the nursing facility.

**300.3240 Abuse and Neglect**

a) An owner, licesnee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements are not met as evidenced by:

Based on observation, interview and record review the facility failed to:

1) Supervise R10 who was identified as wanderer with unsteady gait.

2) Analyze and evaluate the root cause of R10's multiple falls and injuries.

3) Implement the plan of care to supervise/assist R10 when ambulating, to transfer R10 with caution X 1 assist and provide close supervision when agitated/anxious.

4) Develop individualized interventions based...
Continued From page 28
R10's needs and to revise the interventions as needed.
(5) Provide adequate supervision by ensuring staff are adequately trained to transfer, proficient in dealing with resident behaviors and develop and implement plans of care to prevent incidents and accidents for R12, R23 and R6.
(6) Ensure the facility has a system in place to analyze these incidents to rule out abuse and to prevent the reoccurrence of them.

These failures resulted in:

(1) R10 sustaining a fracture of the right proximal humerus with slight rotation of the head lateral to shaft on 04-13-09 and on 05-01-09 (19 days after). R10's right shoulder fracture worsened to a comminuted fracture of the right proximal humerus with significant medial displacement of the right humeral shaft with respect to the humeral head fracture.
(2) R12 sustaining a fracture of the left femur on 8/7/2009 and an abrasion to the right side of the head and right knee after a fall while in the attendance with a Certified Nursing Aide (CNA).
(3) R23 sustaining a 2 inch laceration to the back of the head while being showered by CNA.
(4) R6 sustaining distal fibula fracture.

This is for 4 of 14 residents (R6, R10, R12 and R23) in the sample who were identified to be at risk for falls.

Findings include:

(1) The facility's incident investigation submitted to the Department dated 04-13-09 included the following: R10 was observed with some discoloration on the right arm and the right...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>145711</td>
<td>A. BUILDING _____________________________</td>
<td>09/02/2009</td>
</tr>
<tr>
<td></td>
<td>B. WING _____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

LEXINGTON OF ELMHURST

**STREET ADDRESS, CITY, STATE, ZIP CODE**

420 WEST BUTTERFIELD ROAD
ELMHURST, IL  60126

---

**SUMMARY STATEMENT OF DEFICIENCIES**

Each deficiency must be preceded by full regulatory or LSC identifying information.

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>Continued From page 29</td>
<td></td>
</tr>
</tbody>
</table>

- Shoulder. Bluish to purplish discoloration on the right upper arm and right shoulder area with some swelling, complaint of moderate pain and has limited movement when area was touched and moved ... X ray result revealed fracture of proximal humerus ....
- She has a recorded fall on 04-08-09. Assessment and follow ups showed no significant findings until 04-13-09.

R10’s nurses notes disclosed the following:
- 03-01-09 at 7:00 PM - right toe was hit by another resident’s wheelchair.
- 03-12-09 at 5:00 PM - bruise noted on the right hand (6.0 cm X 4.0 cm).
- 04-04-09 at 6:30 PM - fall - right elbow discoloration noted.
- 04-08-09 at 7:00 PM - fall - observed with some tiny bruises on the left hand.
- 04-13-09 at 1:55 PM - with purplish discoloration to right upper arm and right shoulder with some swelling noted, complaint of pain, unable to lift up (hand).

R10’s fall care plan dated 10-21-08 disclosed that R10’s risks for fall related to unsteady gait, does not use assistive device, holds on to rails at the hallway, impaired safety awareness, periods of agitation and wandering. The approaches listed are to supervise/assist when ambulating, to transfer resident with caution X 1 assist and provide close supervision when agitated/anxious. These approaches were not implemented and interventions were not individualized based on R10’s needs to prevent her from sustaining falls and injuries.

R10's plan of care dated 10-21-08 thru 08-09-09 showed the following:
<table>
<thead>
<tr>
<th>(X4) ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Continued From page 30</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11-10-08 - noted on the floor at hallway</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11-11-08 - noted on the floor at her room.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12-14-08 - noted in the floor at the dining room.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01-10-09 - remains at risk for falls</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>04-04-09 - assisted on the floor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>04-08-09 - noted on the floor.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>04-16-09 - falls 2 X with in the last 2 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confused with periods of agitation, wandering, unsteady gait, may be difficult to direct, impaired safety awareness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>05-09-09 - slid out of wheelchair.</td>
<td></td>
</tr>
</tbody>
</table>

Due to observable purplish discoloration noted on 04-13-09 at 1:55 PM on R10's right upper arm and right shoulder with swelling, pain and in ability of R10 to lift hand (nurses notes dated 04-13-09), an x-ray was done and revealed a fracture on the right proximal humerus with slight rotation of the head lateral to shaft and on 05-01-09 (19 days after) R10's right shoulder fracture worsened to a comminuted fracture of the right proximal humerus with significant medial displacement of the right humeral shaft with respect to the humeral head fracture.

(2) R12 was initially admitted to the facility 5/4/08 with a diagnosis of subdural hematoma from a fall at home. R12 was readmitted to the facility on 10/14/08 for a fracture of right elbow from a fall at home. In a review of the incident reports prepared by the facility R12 sustained a fall at the facility on 8/7/09 at 6:50 a.m. R12 was found calling for help, lying on the floor on his left side. R12 was found to have a 1.0 cm x 1.0 cm cut on his left eyebrow and pain to his side. X-ray report dated 8/7/09 records a displaced subcapital fracture with femur shortening. There was no analysis of how this fall occurred.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>Continued From page 31</td>
<td></td>
<td>On 8/28/09, R12 was observed to be seated in a wheelchair. R12 was not able to verbalize the reasons for the fall. Interview with E2 as to how the facility fall committee analyzed the falls for R12, E2 stated the facility was currently in the process of updating their system. R12 was not evaluated because E2 was only aware of one fall for him. Record review documents on 7/17/09 at 11:20 p.m., staff was informed by R12's roommate that R12 was on the floor. R12 was found lying on the floor at the end of his bed. Resident was trying to go to the bathroom. Urine and diaper were noted lying on the floor. R12 was noted to have an abrasion to the right side of his head and right knee. A 6/16/09 incident records at 8:00 a.m., R12 was being walked by Certified Nursing Aide. R12's foot missed the floor pad, and he slightly lost his balance. Resident was assisted gently to the floor. From review of the incident reports and interview with staff, the facility did not have an analysis of the falls for R12. A review of R12's plan of care dated 5/18/09 for falls does not address R12 falls of 6/16/09 and 7/17/09.</td>
<td>F9999</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Report notes the CNA turned her back from R23 a few seconds to reach for R23's personal items, when she heard a sound behind her. R23 was observed sitting on the floor. Statement notes patient was sitting in the shower chair when it rolled out under her when she attempted to scoot back on it and R23 slipped to the floor and the shower chair hit her head. R23 was observed to have a 2 inch laceration to the back of the head. During interview with resident, R23 was not able to remember the fall or the bruise.

A review of the clinical record and plan of care, the facility documents an 8/13/09 concern on the plan of care for at risk for falls. The 7/21/09 and 3/21/09 falls are not identified.

Based on interview with E2, there was no analysis of the falls or the bruises of unknown origin. E2 states the fall committee was just formulating and she was new to the facility.

(4) R6 is an 80 year old resident with diagnoses including weakness, Parkinson disease, Degenerative Joint Disease and Dementia.

R6 is assessed as requiring extensive assistance with transfers, ambulation, dressing, bathing and toileting, to have decreased range of motion to both lower extremities, is forgetful and anxious.

R6's 9/15/08, 12/12/08, 3/11/09 and 6/09/09 care plans include "Resident at risk for falls due to impaired balance, decreased functional mobility and ADL (activities of daily living), skills, visual impairment, history of CVA with weakness, incontinence, decreased safety awareness and wheel chair usage." This care plan has
**LEXINGTON OF ELMHURST**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

420 WEST BUTTERFIELD ROAD
ELMHURST, IL 60126

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>Continued From page 33</td>
<td></td>
<td>approaches including &quot;assist X1-2 as needed during transfer with gait belt and assist with toileting.&quot;</td>
<td>F9999</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R6's nurses notes include:
- 5/02/09 11:30 AM, nurse notified of complaints of right ankle pain and decreased right foot strength.
- 5/03/09 10:00 AM, right ankle with bruise and pain at a 3 out of 10. At 4:00 PM X-ray taken of the right foot and ankle which showed a right distal fibula fracture without displacement.
- 5/03/09 8:10 PM right ankle with swelling and bruising.
- 5/04/09 R6 was taken to the hospital and placed in a cast to the right lower foot/leg to immobilize the bones.

R6’s 5/02/09 above fractured ankle incident was not included with facility provided incident and accident reports.

During an 8/27/09 interview with E1 (Administrator), E1 said that an incident report was not completed on this incident and she did not know why.

On 8/28/09 E1 provided surveyor a typed letter labeled "Follow-up regarding (R6)." This letter included that on 5/02/09 the nurse was informed by a nurse aide that R6 was complaining of pain to the right ankle but no bruising, swelling or abnormal alignment was observed. Analgesics were given, foot immobilized and ice pack applied. No fall incident was reported or recorded.

On 8/28/09 E1 also provided a hand written statement by R6’s 5/02/09 7AM-3 PM shift nurse...
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 145711

**Date Survey Completed:** 09/02/2009

**Name of Provider or Supplier:**
**Lexington of Elmhurst**

**Street Address, City, State, Zip Code:**
420 West Butterfield Road
Elmhurst, IL 60126

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td></td>
<td>Continued From page 34 aide dated 8/27/09. This statement included that on 5/02/09 R6 was being assisted in the bathroom with toileting. R6 was standing up by the toilet grab bar when the aide turned away from the resident to obtain R6's wheelchair from under the sink when R6's leg gave out. The aide documents that he caught R6 and sat her in the wheelchair after which R6 began complaining of right foot pain so the aide summoned a nurse. R6 was followed up by an orthopedic surgeon on 5/18/09 (Z1). Z1 5/18/09 progress report includes &quot;About 2 weeks ago (R6) slipped and fell and has pain in the right ankle. There's some ecchymosis that's still there. (R6) brought with her X-rays taken yesterday 5/17/09. They show a slightly displaced right distal fibula fracture.&quot;</td>
</tr>
</tbody>
</table>

**Provider's Plan of Correction**

Each corrective action should be cross-referenced to the appropriate deficiency.

---

**Event ID:** X0SU11
**Facility ID:** IL6013098
**Page:** 35 of 35