

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

PRINTED: 02/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROSE REHAB &amp; HEALTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 FLETCHER JERSEYVILLE, IL 62052</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 314 SS=D	<p>Annual Recertification and Licensure Survey</p> <p>Complaint Investigation #1143545 (IL 55281) - F323</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide timely repositioning for 2 of 5 residents ( R3 and R13) reviewed for risk of pressure sores in the sample 15 and (R16) in the supplemental sample.</p> <p>Findings include:</p> <p>1. R16's Minimum Data Set (MDS), dated 9-4-11, documented severe cognitive impairment, incontinent of bowel and bladder and totally dependent on two plus persons physical assistance with mobility and transfer and at risk for pressure sore development. R16's Care Plan, goal date 12-8-11, documented R16 was scored as a high risk for pressure sore development with an intervention to prevent skin</p>	F 314		11/25/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 314	<p>Continued From page 1 area from prolonged contact. E2, Director of Nursing (DON), stated, on 11-18-11 at 9:50a.m., R16 should be turned and repositioned every two hours. R16 was observed, on 11-16-11 from 10:00a.m. to 12:25p.m., sitting in his reclining chair without turning and repositioning.</p> <p>2. R13's MDS, dated 8-11-11, documented R13 was incontinent of bowel and bladder, totally dependent on two plus persons physical assistance with mobility, transfer, toileting and hygiene. It was also noted R13 was at risk for pressure sore development. R13's Care Plan, start date 8-15-11, documented R13 was in a scheduled repositioning program. R13's ADL (activity of daly living) Flow Record documentred R13 was to be turned and repositioned every two hours. R13 was observed, on 11-16-11 from 8:30a.m. to 12:50p.m., without turning and repositioning. E6 Certified Nurse Aid (CNA) and E13 (CNA) assisted R13 to bed, on 11-16-1 at 12:50p.m. R13's buttocks, lower back and upper legs were observed deeply reddened and creased. R13's creasing remained during his incontinent care for more than ten minutes.</p> <p>3. According to the Minimum Data Set (MDS) dated 09/26/11, R3 had long-term and short-term memory deficits, severe cognitive impairment and requires extensive total assist of all ADL's. The care plan dated 09/30/11, identifies R3 to be at a high risk of pressure ulcers/skin breakdown related to incontinence of both bowel and bladder and total level of care required. Interventions included, in part as, turning and repositioning every two hours and receives foods/fluids per</p>	F 314			

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F 314	Continued From page 2 dietary recommendation. On 11/15/11 at 9:30 AM, R3 was observed in the TV room in high back reclining chair with positioning pillows on either side of arms and between knees. At 10:00 AM, R3 was propelled to the activities area, no repositioning was done. At 11:30 AM, R3 was propelled to the dining area. No repositioning or toileting was done. R3 was fed by E4, CNA. R3 ate very small bites and spit out a little bit of each bite. At 12:15 PM, R3 refused to eat or drink more. R3 at approximately 25% of her meal and 25% of her fluids. At 12:40 PM, E4, CNA propelled R3 back to her room and left her in the reclining chair. When asked if she was going to do any care, E4 responded "We usually get all the residents from the dining hall first and then we go around and put them to bed." At 1:00 PM, E4 and E5, CNA's, went into R3's room to put her to bed. R3 was transferred from the reclining chair to the bed with assist of two with gaitbelt. The incontinent brief was heavily saturated with urine and R3's bottom was noted to have heavy creasing with an open wound to the coccyx. The wound was approximately .6 cm wide and pink without drainage or odor noted. R3 was positioned on her left side with pillows. E4 stated "I got her up in the chair at 6:00 AM today, she's probably pretty tired."	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a	F 315		12/16/11	

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F 315	<p>Continued From page 3</p> <p>resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure residents get timely and complete incontinent care for 1 of 8 residents ( R1) reviewed for incontinency in the sample of 15 and 1 resident (R16) in the supplement sample.</p> <p>Findings include:</p> <p>1. R16's Minimum Data Set (MDS), dated 9-4-11, documented severe cognitive impairment, incontinent of bowel and bladder and totally dependent on two plus persons physical assistance with toileting and hygiene. R16's Care Plan, goal date 12-8-11, documented "toilet and/or change padding and give proper hygiene before/after meals, upon arising, upon request, before retiring for the evening, after napping and prn (as needed) for incontinence." R16 was observed, on 11-15-11 from 10:00a.m. to 11:05a.m., sitting up in a reclining chair in the activity area. R16's pants were soiled with urine and odorous. During observation of R16's incontinent care, on 1-15-11 at 11:10a.m., E6, Certified Nursing</p>	F 315			

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F 315	Continued From page 4 Assistant (CNA) and E7 (CNA) removed R16's urine soaked pants and adult diaper. R16 was observed with a large bowel movement. E6 and E7 did not completely cleanse R16's buttock, scrotum, penis and legs or change R16's wet bed linen before placing a clean pad on R16's bed and an adult diaper on R16. E6 and E7 did not clean R16's soiled reclining chair, soiled mechanical lift sling or ensure all fecal matter was cleaned from R16's clean adult diaper and off of his bedding. R16 was also observed, on 11-16-11 from 10:00a.m. to 12:25p.m., sitting in his reclining chair without toileting.  2. R1's MDS, dated 10-20-11, documented severe cognitive impairment, incontinent of bowel and bladder, total dependence to extensive assistance of one to two plus persons physical assistance with mobility, transfer, toileting and hygiene. R1's Care Plan, goal date 1-10-12, documented R1 was to be clean, dry and odor free and that he should be assist to toilet every two and hours and as needed. It was also noted R1 was at risk for skin breakdown and that he had a pressure areas on his left and right upper buttock. During observation R1's skin check, on 11-16-1 at 2:00p.m., R1 was observed soiled with urine. E2, Director of Nursing (DON), and E10 (CNA), did not completely cleanse R1's buttock and perineal area before E11, Licensed Practical Nurse (LPN), provided R1 with his pressure sore treatment.	F 315			
F 318 SS=E	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION  Based on the comprehensive assessment of a	F 318		12/2/11	

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F 318	<p>Continued From page 5</p> <p>resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to provide adequate services, complete range of motion, appropriate adaptive devices for the prevention of contractures for 4 of 10 residents (R11, R6, R13, R5) reviewed for Passive Range of Motion (PROM) and Active Range of Motion (AROM) in the sample of 15.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) dated 10/6/11 identifies R11 to be a 52 year old male admitted to the facility on 8/1/06 with no cognitive impairment. The MDS documents that R11 is totally dependent on staff for mobility and has range of motion limitations all four extremities. The MDS also indicates R11 receives Passive Range of Motion. There plan identifies R11 to be at risk for falls due to paralysis. The care plan dated 9/2/11 identifies R11's problem as "paraplegia: contractures to lower extremities. Non Ambulatory" with the goal to wear bilateral orthotics 4 hrs in the am and pm and 6 hours during the night as tolerated 7 days a week." The care plan also indicates R11 is to receive PROMs to lower extremities and AROM's to upper extremities two times daily 7</p>	F 318			

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F 318	<p>Continued From page 6 days a week.</p> <p>According to R11 on 11/16/11 at 3:30pm, staff do not come in an exercise him twice a day or daily. R11 stated he does wear braces but that had changed lately too.</p> <p>Review of Therapy Weekly Progress Reports dated 9/23/11, R11 was reevaluated by physical therapy (PT) and determined R11 would benefit from skilled PT to increase patient bilateral lower extremities hip/knee ROM to promote correct anatomical alignment and to increase paten orthotics for knee extension to increase range of motion. R11's therapy note indicated that R11's tolerance to the previous splints was only 4 hours. R11's orthotic for his right leg was discontinued due to a fractured femur 10/5/11.</p> <p>On 11/15 and 11:16/11, R11 was observed at lunch in the wheelchair with no brace on his left leg. On 11/7/11 at 1:05pm, R11 was observed to be in bed with no orthotic on his left leg. E12, Certified Nurses Aide, CNA, stated she had a difficult time trying to put it on earlier in the day and would try again when she got him up in the wheelchair. R11 was notably contracted bilateral knees. He had an ace wrap on his right leg for the fracture. E12 stated she does range of motion on everyone on the hall way during activities of daily living.</p> <p>2. According to the MDS dated 10/3/11, R6 is a female resident admitted to the facility on 9/22/06 with Right hemiplegia from a Cerebral Vascular Accident (CVA). The MDS identifies R6 to be alert/oriented with no cognitive impairment. The MDS also indicates she has limitations all four extremities and receives PROM 7 days a week. The care plan revised on 10/11/11 identified her to be a right CVA, non ambulatory and is to</p>	F 318			

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F 318	<p>Continued From page 7</p> <p>receive ROM 7 days a week. Interventions include introducing self and explaining the procedure, provide 10 repetitions slow and smooth to assigned joints, stop a point of resistance, inform resident when procedure is complete and document.</p> <p>On 11/16/11 at 3pm, R6 stated she had a stroke 4 years ago and has a flaccid right arm and leg. R6 stated she does her own exercises when asked if staff provide range of motion daily. R6 stated "no, I do my own."</p> <p>3. The MDS dated 10/20/11 identifies R5 as a male resident admitted to the facility with spinal cord injury and paralysis. The needs/problems indicate he is at risk for loss of flexibility and the goal indicates R5 is to maintain level of ROM, to tolerate orthotics. The MDS also indicates R5 is to have AROM's done.</p> <p>On 11/17/11 at 11am, R5 was in his wheelchair in the dining room. R5 stated "no" when asked if staff assisted him in doing any exercises and stated he goes into therapy about twice weekly.</p> <p>According to the facility's policy on ROM revised 9/08, it is the policy of the facility to provide Range of Motion exercises for resident who through assessment demonstrate the need to exercise to prevent functional decline in range of motion. The policy continues to state "range of motion will be conducted as scheduled by nursing staff based on needs by assessments of risks."</p> <p>Review of the facility's CMS-672 dated 11/16/11, the facility currently have 40 of 59 residents who have contractures and of these 40 residents, none had contractures on admission.</p>	F 318			



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F 318	Continued From page 8  4. R13's MDS, dated 8-11-11, documented R13 was totally dependent on two plus persons physical assistance with mobility and transfer, impaired sitting and standing balance and bilateral upper and lower functional limitations for range of motion. R13's Physician Order, dated 8-22-11, documented "prom (passive range of motion) twice daily to all joints/plans to upper and lower extremities 7 days a week for 15 minutes a day". R13's Physician Order, dated 9-23-11, documented "resident to begin orthotic use as tolerated 4-6 hours." During observation of R13's passive range of motion, E4, CNA, on 11-16-11 at 3:15p.m., R13 did not provide range of motion exercises to R13's lower extremities. R13's Orthotic Wearing Schedule, dated 9-21-11, documented R13 was to wear orthotics between knee braces. R13's Restorative Nursing Program Documentation, dated 11-2011, documented R13 was to wear orthotics on both is wrists. R13 was observed through the survey, on 11-15-11 and 11-16-11, without wearing knee braces or wrist orthotics until 11-17-11 at 3:00p.m. when R13 was observed in the dining room wearing bilateral writs orthotics.	F 318			
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323		11/19/11	

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F 323	Continued From page 9  This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to implement safety measures for mechanical lifts transfers for 2 (R11 and R2) of 6 residents reviewed for falls in a sample of 15. This failure resulted in R11 falling out of the mechanical lift sling sustaining a fractured femur.  Findings include:  1. The Minimum Data Set (MDS) dated 10/6/11 identifies R11 to be a 52 year old male admitted to the facility on 8/1/06 with no cognitive impairment. The MDS documents that R11 is totally dependent on staff for transfers. The care plan dated 9/2/11 identifies R11 to be at risk for falls due to paralysis. An incident report dated 9/28/11 indicates R11 had a fall during a mechanical lift transfer. Investigation Reports dated 9/28/11 identify the root analysis cause to be "lift sling may not have been strate." The report also indicates that only one certified nurses aide, E9, was present during the incident and that R11 started to slide out of the sling when she lift him. The summary of the investigation concluded that the CNA did not follow facility policy and procedure to have 2 staff present during all mechanical lift transfers and operation of the lift was not followed for sling application. On 11/17/11 at 3:15pm, both the Administrator and Director of Nurses confirmed that E9 was terminated due to not following policy to use two people with the lift.	F 323			

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F 323	Continued From page 10 X-ray results dated 9/29/11 confirmed R11's injury as a "Acute moderate displaced fracture of distal shaft of femur as the result of the fall. On 11/17/11 at 2pm, R11 was observed to have contractures bilaterally lower extremities with splints. R11 stated he recalled falling from the lift and that he slid out of the sling to the floor "breaking his leg." R11 stated one staff was present in the room when the fall occurred.  2. R2's MDS, dated 9-13-11, documented extensive assistance of two plus persons physical assistance with transfer. R2's Care Plan, current, documented R2 was at risk for falls related, in part, to right lower extremity amputation. It was also noted to use a "sit to stand" for transfer with two staff assistance. During observation of R2's transfer and toileting, on 11-16-11 at 10:00a.m., E8, CNA, did not properly secure R2's left leg prior to using the "sit to stand" lift. It was also noted two staff members did not assist with R2's transfer. E8 stated, "I made a mistake with that (transfer)."	F 323			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441		12/16/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW ROSE REHAB &amp; HEALTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 FLETCHER JERSEYVILLE, IL 62052</b>		
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F 441	<p>Continued From page 11</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure proper handwashing and proper handling of a urinary catheter for 4 of 11 (R1, R7, R11, R13) residents reviewed for catheter and incontinent care in the sample of 15 and 1 resident (R16) in the supplemental sample.</p> <p>Findings include:</p> <p>1. R7's Care Plan of 11/2/11 documents R7 is on</p>	F 441			

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F 441	<p>Continued From page 12</p> <p>contact isolation due to Vancomycin Resistant Enterococcus (VRE) contained in the Urinary Catheter.</p> <p>On 11/15/11 at 1:55PM, E7, Certified Nurse Aide (CNA), was observed to empty R7's catheter bag. E7 placed the bag and tubing on the floor while she went into the bathroom to get a graduate. E7 placed the graduate on the floor and picked up the catheter bag and emptied the bag into the graduate. Urine was observed to spatter on the floor. E7 failed to clean up the urine off the floor.</p> <p>2. On 11/17/11 at 1:05pm, R11 was observed to be wet with urine from a leaking supra pubic catheter. E12, CNA, donned gloves and cleaned the stoma area and around the scrotum then placed clean linens under R11 and applied a clean paper brief. E12 assisted R11 to roll to his side with soiled gloves on and touched the bedrails before removing the gloves used as she cleaned R11. No hand washing was observed although she did remove her gloves at the end before applying his clean shorts.</p> <p>3. E6 (CNA) and E13 (CNA) assisted R13 to bed, on 11-16-1 at 12:50p.m. R13's buttocks, lower back and upper legs were observed deeply reddened and creased. R13's creasing remained during his incontinent care for than ten minutes. E13 did not change gloves or wash hands after cleaning fecal matter and touching a clean towel that she used to dry R13's buttock.</p> <p>4. R1's MDS, dated 10-20-11, documented sever cognitive impairment, incontinent of bowel and bladder, total dependence to extensive assistance of one to two plus persons physical</p>	F 441			

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F 441	<p>Continued From page 13</p> <p>assistance with mobility, transfer, toileting and hygiene. R1's Care Plan, goal date 1-10-12, documented R1 was to be clean, dry and odor free and that he should be assist to toilet every two and hours and as needed. It was also noted R1 was at risk for skin breakdown and that he had a pressure areas on his left and right upper buttock.</p> <p>During observation R1's skin check, on 11-16-1 at 2:00p.m., R1 was observed soiled with urine. E2, Director of Nursing (DON), and E10 (CNA), did not completely cleanse R1's buttock and perineal area before E11, Licensed Practical Nurse (LPN), provided R1 with his pressure sore treatment. E2 and E10 did not change R1's wet bed sheet and placed a clean bed pad over his wet bed sheet.</p> <p>5. R16's Minimum Data Set (MDS), dated 9-4-11, documented severe cognitive impairment, incontinent of bowel and bladder and totally dependent on two plus persons physical assistance with toileting and hygiene. R16's Care Plan, goal date 12-8-11, documented "toilet and/or change padding and give proper hygiene before/after meals, upon arising, upon request, before retiring for the evening, after napping and prn (as needed) for incontinence."</p> <p>R16 was observed, on 11-15-11 from 10:00a.m. to 11:05a.m., sitting up in a reclining chair in the activity area. R16's pants were soiled with urine and odorous.</p> <p>During observation of R16's incontinent care, on 1-15-11 at 11:10a.m., E6, Certified Nursing Assistant (CNA) and E7 (CNA) removed R16's urine soaked pants and adult diaper. R16 was observed with a large bowel movement. E6 and E7 did not completely cleanse R16's buttock,</p>	F 441			

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F 441	Continued From page 14 scrotum, penis and legs or change R16's wet bed linen before placing a clean pad on R16's bed and an adult diaper on R16. E6 and E7 were also observed not timely changing gloves and handwashing after cleaning fecal matter and touching R16's skin and clean linens. E6 and E7 did not clean R16's soiled reclining chair, soiled mechanical lift sling or ensure all fecal matter was cleaned from R16's clean adult diaper and off of his bedding.	F 441			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.1210b)6) 300.3240a)  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 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:  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.	F9999			

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F9999	<p>Continued From page 15</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, observation and record review, the facility failed to implement safety measures for mechanical lifts transfers for 2 (R11 and R2) of 6 residents reviewed for falls in a sample of 15. This failure resulted in R11 falling out of the mechanical lift sling sustaining a fractured femur.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated 10/6/11 identifies R11 to be a 52 year old male admitted to the facility on 8/1/06 with no cognitive impairment. The MDS documents that R11 is totally dependent on staff for transfers. The care plan dated 9/2/11 identifies R11 to be at risk for falls due to paralysis.</p> <p>An incident report dated 9/28/11 indicates R11 had a fall during a mechanical lift transfer. Investigation Reports dated 9/28/11 identify the root analysis cause to be "lift sling may not have been straight." The report also indicates that only one certified nurses aide, E9, was present during the incident and that R11 started to slide out of the sling when she lifted him. The summary of the investigation concluded that the CNA did not follow facility policy and procedure to have 2 staff</p>	F9999			



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F9999	<p>Continued From page 16</p> <p>present during all mechanical lift transfers and operation of the lift was not followed for sling application.</p> <p>On 11/17/11 at 3:15pm, both the Administrator and Director of Nurses confirmed that E9 was terminated due to not following policy to use two people with the lift. X-ray results dated 9/29/11 confirmed R11's injury as a "Acute moderate displaced fracture of distal shaft of femur as the result of the fall.</p> <p>On 11/17/11 at 2pm, R11 was observed to have contractures bilaterally lower extremities with splints. R11 stated he recalled falling from the lift and that he slid out of the sling to the floor "breaking his leg." R11 stated one staff was present in the room when the fall occurred.</p> <p>2. R2's MDS, dated 9-13-11, documented extensive assistance of two plus persons physical assistance with transfer. R2's Care Plan, current, documented R2 was at risk for falls related, in part, to right lower extremity amputation. It was also noted to use a "sit to stand" for transfer with two staff assistance.</p> <p>During observation of R2's transfer and toileting, on 11-16-11 at 10:00a.m., E8, CNA, did not properly secure R2's left leg prior to using the "sit to stand" lift. It was also noted two staff members did not assist with R2's transfer. E8 stated, "I made a mistake with that (transfer)."</p> <p>(B)</p>	F9999			