STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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 332	Continued From page 6 dated March 2012 lists a Physician's Order dated 3/6/12, directing staff to increase R6's Docusate Sodium from 50mg twice daily to 100mg twice daily. On 3/7/12 at 9:05 a.m. E6 confirmed she had given the Docusate 50mg in error and should have given 100mg.	F 332		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. This requirement is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that one of	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
F9999	Continued From page 7	F9999		

two residents reviewed for falls (R101) in a sample of three was wearing appropriate footwear during a transfer with a mechanical lift. This resulted in R101 sustaining ankle fractures. The facility also failed to provide safe transfer technique and assistive device for 1 of 4 residents sampled for falls (R8), out of a sample of 8, by failing to utilize a sit-to-stand lift as directed. This failure resulted in an ankle fracture for R8.

The findings include:

1. R101's Detailed Summary for March 2012 lists diagnoses of Epilepsy and Osteoporosis. R101's January 2012 weight change log list a weight of 199 pounds.

Nurse's Notes dated 1/25/12 document a Certified Nurse Aide (CNA) was using a sit to stand lift to transfer R101 off the toilet when the resident's left leg started to slip and the R101 was lowered to the floor.. The notes document "when her foot slipped off the lift it was twisted..the resident complained of pain from the knee down." R101 was sent to the emergency department for treatment.

R101 was interviewed on 03/05/12 at 3:00 pm. R101 had a cast on her left ankle. R101 stated she had broken her ankle in three places when staff were getting her off the toilet. R101 stated she was on the toilet with the sit to stand lift, and when the CNA raised her up one of her feet slipped off the platform into the wheels of the lift. R101 said she told the CNA she was losing her grip, and when she tried to help her lower her down, her ankle was hurt. R101 stated that she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
F9999	Continued From page 8	F9999		

had an accident along time ago using the same type of standing lift where she went down on her knees. R101 stated she was wearing a slipper on the foot that slipped off the platform on 1/25/12.

Nurse E10 on 3/06/12 at 3:30 pm confirmed that R101 had a boot on her right foot and a crocheted slipper sock on the left foot when the fall occurred on 1/25/12.

The facility "Resident Incident Report" investigation dated 1/25/12 documented "Staff assisting resident onto toilet with stand up lift when resident left foot slipped and staff lowered resident with lift .. to the ground in the bathroom but left leg got twisted." The report documented "Footwear (specify) - slipper/knit sock on left foot." The investigation documented R101's left foot started to slide off of the lift platform backwards so CNAs E9 and E11 lowered her to the floor "as (R101) could not support her weight on one foot. A boot was in place to her right foot. (R101) was wearing a (compression stocking) and a crocheted bootie on her left foot. There was no non skid surfacing on the bootie. ..The right foot was on the platform, the toes were rotated inward and caught under the lip of the platform while the left ankle was outwardly rotated... The transfer directive documented to use Boot and AFO (Ankle Foot Orthotic) for transfers per (Sit to Stand)policy."

The facility Incident Report Follow Up dated 1/27/12 documented R101's "Radiological exams showed a complex fracture with dislocation to the distal tibia and distal fibula. The fracture was reduced and a cast applied."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
F9999	Continued From page 9	F9999		

R101's Transfer Assessment and Transfer Directive dated 12/05/12, in place at the time of the incident, assessed R101 as requiring physical assistance of one staff with the Sit to Stand lift. The assessment lists limitations to ankles related to diagnosis...Special Instructions included AFO/Boot." A previous transfer assessment dated 4/01/11 stated "stiffness present to hands and ankles..AF0 to right lower extremity..Make sure that she is wearing shoes!"

Physical Therapist E13 stated on 3/06/12 at 3:40 pm that either the Physical Therapy staff or the Restorative Nurse assess residents for modes of transfer. E13 stated that residents should have non skid footwear and a stable platform when being transferred with the Sit to Stand lift. E13 stated that a stocking and crocheted slipper would not be appropriate footwear.

2. According to admission records and the Physician's Order Sheet for 9/11, R8 had multiple diagnoses including Cerebrovascular Accident (CVA), Pneumonitis, Pulmonary Embolism and Peripheral Vascular Disease. Hospital records show that R8 had a Right Hip Fracture following a fall on 8/2/11. The diagnosis of Osteoporosis was added at that time. The Minimum Data Set (MDS) dated 9/7/11 assessed R8 with no memory problems and minimal cognitive impairment. The MDS also stated that R8 did not ambulate and required extensive assistance for transfers and toileting.

Interdisciplinary Notes dated 9/18/11 for 9/17/11 states the following: "CNA (Certified Nurse Aide) reported to nurse in the afternoon of 9/16/11 that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
F9999	Continued From page 10	F9999		

resident's right ankle got twisted while she was being transferred from toilet to WC (wheelchair). Nurse assessed right ankle for any possible problems such as dislocation or fx (fracture), but found no signs of any problem; resident denied pain and discomfort when ROM (range of motion) was done on rt (right) ankle. However, daughter notified this evening that res.(resident) rt ankle was swollen. Nurse found ankle to be swollen, warmer than the left leg and res. c/o (complained of) discomfort when moved. . . . .send res. to ED (emergency department) for evaluation and treatment. . . ." R8 returned to the facility the same day (9/17/11) with a splint for a Trimalleolar Fracture of the right ankle.

The Initial Notification report to IDPH (Illinois Department of Public Health) stated that R8 was "lowered to floor" and sent to the hospital for treatment. The Resident Incident Report dated 9/17/11, stated that E7 (CNA) took R8 to the bathroom by wheelchair, and transferred from the wheelchair to the toilet. E7 stated that R8's "ankle got twisted while she (R8) was being helped from toilet to WC. Nurse assessed right ankle for any possible signs of dislocation or FX, but did not find any. . . ."

The Incident Report Follow-Up dated 9/19/11 stated that R8 was to be transferred with a type of lifting device. The report continues that on Friday, September 16, 2011, E7 assisted R8 from the wheelchair onto the toilet. When R8 finished and stood for E7 to clean her and pull up her pants, R8 "started to get weak and go down on the floor. {E7} let her (R8) down slowly onto the floor. {E7} reported that her (R8) body was twisted to the left (she has right sided weakness

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
F9999	Continued From page 11	F9999		

from previous CVA). {E7} noticed that her right ankle was twisted and facing out when she was on the floor. . . ." R8 denied any pain or discomfort at this time. E7 got R8 up and placed her in the wheelchair by herself at this time, prior to having R8 examined by the nurse. E8 (nurse) assessed R8 when E7 informed him of the incident. E8 also found the range of motion in the ankle was within normal limits, and R8 did not complain of pain. (E8 did not document this assessment at the time - not until the 9/18/11 late entry.) R8 was again assessed on 9/17/11 at 3:51am with no changes and no complaints of pain. On 9/17/11 at 5:30pm was when R8's daughter told the nurse that R8's right ankle was swollen. The physician was notified and R8 was sent to the hospital.

Hospital X-ray report of 9/17/11 confirms the diagnosis of Trimalleolar Fracture of the right ankle.

The careplan reviewed on 8/10/11 states that R8 had right-sided weakness from the CVA and was weight-bearing as tolerated on the right, from the hip fracture of 8/2/11. The careplan also states that for transfers, staff was to use the "{sit-to-stand assistive device}at present. . . .Be sure that my right leg is properly positioned on the platform of the {lift}. Be sure and cue me to stand up straight when I am on the lift. . . ."

The Transfer Directive completed by Physical Therapy on 8/11/11 also stated that this type of lift referred to as the "Red lift" was to be used for R8, and also gave instructions for proper positioning as noted in the careplan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145381	A. BUILDING _____ B. WING _____	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
F9999	Continued From page 12 On 3/7/12 at 11:50am, E2 (Director of Quality Assurance) confirmed that E7 transferred R8 improperly, that E7 should have used the lift device and did not. E2 stated that E7 had asked R8 if R8 used the lift and R8 stated she did not. B	F9999		