

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145710</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/23/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWBROOK MANOR - BOLINGBROOK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440</b>		
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F 323	Continued From page 4  On 2/22/2012 at 3:00 P.M., E2(Director of Nursing) stated that E11 did not follow the facility's policy for the proper use of the " Sit to Stand " mechanical transfer lift device. E2 also stated that E11 also did not follow R2's plan of care for 2 person assist during transfer to ensure safety.  Review of record showed that R2 sustained scratches on her back and a non displaced neck fracture of the humerus due to the improper transfer. R2 was sent to the hospital on 12/31/2011 precipitated by the fall incident.  R2 was observed on 2/23/2012 at 12:30 P.M. R2 stated " Yes, I fell when I slipped from the machine(sit to stand lift). There was only one CNA that transferred me when that happened."  Review of the facility's policy for proper use of mechanical transfer lift device revealed that 2 person physical assist is required when transferring a resident.	F 323			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.1210a) 300.1210b) 300.1210b)2) 300.1210b)4) 300.1210b)5) 300.1210c) 300.1210c)6) 300.3240a)	F9999			

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F9999	Continued From page 5 300.3240b) 300.3240c) 300.3240d) 300.3240e)  Section 300.1210 General Requirements for Nursing and Personal Care  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 2) All nursing personnel shall assist and encourage residents so that a resident who	F9999			

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F9999	Continued From page 6 enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so 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. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	Continued From page 7  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) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)  Based on observation, interview and record review, the facility failed to follow facility's policy and plan of care for the proper use of the mechanical transfer lift device to ensure safety transfer to 2 of 3(R1 and R2) residents reviewed for high risk of falls.  This failure resulted to R1 and R2 sustaining	F9999			

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F9999	<p>Continued From page 8</p> <p>fractures precipitated by the the improper transfer. R1 and R2 had required hospitalizations due to the extent of the injuries.</p> <p>Findings include:</p> <p>1) R1 is an 87 year old, with multiple diagnoses to include muscular dystrophy, degenerative joint disease and quadriplegia.</p> <p>R1's recent MDS (Minimum Data Set) dated 11/23/2011 indicated that R1 has short and term memory impairment . R1 has also moderately impaired cognition with poor decision making. The same MDS indicated that R1 required total dependence x 2 or more persons physical assist during transfers. R1 also has impairment for range of motion on both sides to lower extremity (hip, knee, ankle and foot).</p> <p>Review of " Special Care Needs" and Care Plan dated 11/23/2011 showed that R1 uses total mechanical lift with 2 persons physical assist for transfers.</p> <p>Review of facility's "Final Report of Incident/Accident " dated 2/16/2012 showed the following descriptions: --- On 2/8/2011, after dinner time, E3 and E4 (CNA , certified nurse assistant) transferred R1 from reclining chair to bed with a "2 man lift." E3 and E4 did not use the total mechanical lift device. --- On 2/9/2012 at approximately 7:00 A.M., "(R1) complained of left hip/ back pain with pain scale of 2/10. (R1) assessment revealed left hip and thigh were swollen, left lower extremity appeared slightly shorter than the right."</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>----Xray was done 2/9/2012 and showed fracture of the left femur. R1 was sent to the hospital 2/9/2012 and returned to the facility 2/11/2012 with a splint to immobilize the left lower extremity.</p> <p>----Final conclusion of this investigation revealed " (R1's) left femur could have possibly taken place during the transfer on 2/8/2012 on 2-10 p.m. shift, the facts are that (R1) has order to be transferred with total mechanical lift due to his rigidity, muscular dystrophy, quadriplegia which placed (R1) at risk for fracture. The force from lifting and pivoting (R1) when (E3) and (E4) lifted and transferred (R1) have caused an undue pressure to (R1's) left lower extremity thus resulting in the left femur fracture."</p> <p>On 2/22/2012 at 1:45 P.M., E2(Director of Nursing) stated that E3 and E4 had improperly transferred R1 from a reclining chair to bed on 2/8/2012 after dinner time. E2 also stated that E3 and E4 also did not follow R1's plan of care to use total mechanical transfer lift device. E2 further added that R1 had no signs or indication that there was any injury prior to the improper transfer.</p> <p>E5 (CNA-certified nurse assistant) stated on 2/22/2012 at 3:15 P.M. that R1 complained of pain on the left hip on 2/9/2012 at around 7:00 A.M. E5 also added that some swelling was also noted on the left hip/thigh.</p> <p>On 2/22/12 at 2:00 P.M., R1 was observed in bed, awake, alert and verbally responsive. R1 was wearing a left hip/leg splint to immobilized</p>	F9999			

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F9999	<p>Continued From page 10</p> <p>the left lower extremity. R1 has contractures to both hands and was not able to move extremities or turn self without staff assistance. On an interview held at the time of this observation, R1 stated that he does not remember the improper transfer and was not able to give detailed information.</p> <p>2) R2 is a 65 year old, with multiple diagnoses to include CVA (cerebral vascular disease) with right hemiplegia, morbid obesity, COPD (chronic obstructive pulmonary disease), depression and anxiety.</p> <p>R2's recent MDS (Minimum Data Set) dated 12/16/2011 indicated that R2 required extensive assistance x 2 or more persons physical assist during transfers. R2 also has impairment for the range of motion on one side to upper(shoulder, elbow, wrist, hand) and lower extremity (hip, knee, ankle and foot).</p> <p>Review of " Special Care Needs" and Care Plan dated 12/16/2011 showed that R2 uses a "Sit to Stand Lift" mechanical transfer device with 2 person assist.</p> <p>Review of facility's incident report dated 1/1/2012 showed that R2 fell during a transfer while on a "Sit to Stand Lift." mechanical transfer device on 12/31/2011. This report also showed that R2 had "passed out" during transfer and was not able to hold on the handle bars of the transfer lift device. It was also indicated in this report that R2 was assisted by 1 person (E11- CNA, certified nurse assistant) during this incident that occurred</p>	F9999			

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F9999	<p>Continued From page 11 during the improper transfer.</p> <p>On 2/22/2012 at 3:10 P.M., E10 (CNA) stated that R2 was found on the floor on 12/31/2011 at around 4:35 P.M. . E10 also stated that E11 only asked help when R2 had already slipped from the sling of the "Sit to Stand" transfer lift. E10 added that "(R2) passed out and was not able to hold on the handle bars, slipped from the sling , ending down to the floor."</p> <p>On 2/22/2012 at 3:00 P.M., E2(Director of Nursing) stated that E11 did not follow the facility's policy for the proper use of the " Sit to Stand " mechanical transfer lift device. E2 also stated that E11 also did not follow R2's plan of care for 2 person assist during transfer to ensure safety.</p> <p>Review of record showed that R2 sustained scratches on her back and a non displaced neck fracture of the humerus due to the improper transfer. R2 was sent to the hospital on 12/31/2011 precipitated by the fall incident.</p> <p>R2 was observed on 2/23/2012 at 12:30 P.M. R2 stated " Yes, I fell when I slipped from the machine(sit to stand lift). There was only one CNA that transferred me when that happened."</p> <p>Review of the facility's policy for proper use of mechanical transfer lift device revealed that 2 person physical assist is required when transferring a resident.</p> <p>(A)</p>	F9999			

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