

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145828	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/31/2012
NAME OF PROVIDER OR SUPPLIER AVENUE CARE NURSING & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL CHICAGO, IL 60653		
(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 323 F9999	Continued From page 2 right leg from mid thigh to the toes. R1's MDS (Minimum Data Set) under section G coded R1 under transfer as 4/3 and under toileting 4/3 (two person assist). FINAL OBSERVATIONS LICENSURE VIOLATION: 300.610a) 300.1210b)5) 300.1210c) 300.1210d)3)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	F 323 F9999			

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F9999	<p>Continued From page 3</p> <p>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:</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>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.</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 requirements were not met as evidence by:</p>	F9999			

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F9999	Continued From page 4 Based on interviews, and record review, the facility failed to ensure the safety of one of three residents (R1) during a transfer. The facility failed to follow their policy on safe patient lifting policy. R1 was transferred without the use of lifting equipment, resulting in R1 twisting her right leg during the transfer resulting in a Right Femoral Shaft Fracture. Findings include: On 5/30/12 at 9:40am during initial tour with E9 (Assistant Director of Nursing) R1 was noted in her room in her recliner. E9 stated R1 needs total assistance with all ADL's (Activity Of Daily Living), E9 further stated that R1 needs at least two person assist with the lifting assistive device to transfer from recliner to bed and from the bed to a recliner. At 10:32 a.m. E8 (Restorative Aide) stated that R1 definitely needs two person assist with a lifting assist device in transferring from a recliner to bed or vice versa. On 5/30/12 at 11:32 a.m. E3 CNA (Certified Nurse Aide) stated that both her and E4 CNA on 1/12/12 at around 1:30 p.m. transferred R1 from the recliner into her bed without using the lifting assistive device. E3 stated during the transfer "I kind of lost my balance but R1 did not fall." E3 stated after the transfer R1 started crying that she had hurt her knees, E3 did not report this incident to E7, LPN (Licensed Practical Nurse). E3 admitted that she was supposed to report any incident of pain or injury to the charge nurse but stated "I did not make anything out of it because R1 normally cries for attention." According to facility incident report form dated	F9999			

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F9999	<p>Continued From page 5</p> <p>1/12/12 under the description of occurrence the writer indicated that R1 stated that "two CNA put her in bed and she (R1) felt her leg twisted a little. She remembers hearing a pop. "</p> <p>On 5/30/12 at 4:13pm E7 (LPN) stated that on 1/12/12 between 3:45 and 4:30pm during the change of shift rounds R1 was in her bed and was crying stating her leg hurts. E7 (LPN) stated that R1 told her that it was during transfer from her recliner to the bed that the CNA taking care of her hurt her leg when they were transferring her to bed. R1's MAR (Medication Administration Record) indicated that R1 received two tablets of pain reliever at 5:00pm. E7 stated she then contacted the physician and R1 was sent to the local community hospital center for further evaluation and treatment. R1's emergency department after care instruction dated 1/12/2012 6:25 p.m. indicated follow up instruction for femoral shaft fracture and E7 confirmed that R1 came back to the facility with diagnoses of right Femoral Shaft Fracture and a soft cast was applied on right leg from mid thigh to the toes.</p> <p>R1's MDS (Minimum Data Set) under section G coded R1 under transfer as 4/3 and under toileting 4/3 (two person assist). (B)</p>	F9999			