

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:  <b>145011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/26/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>GROVE OF EVANSTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 ASBURY STREET</b> <b>EVANSTON, IL 60202</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 323	Continued From page 2 On 7/25/12 at 10:12 AM, E3 (CNA /Certified Nurse Aide) said that she used the sit-to-stand lifter on R3 before and no accident happened. E3 added that on 7/14/12, she used the sit-to-stand lifter again while she was putting her incontinence brief on and pulling on her pants with another CNA. E3 said that 2 to 3 minutes after R3 was on lifter, her leg gave way and thus R3 was placed back in the wheelchair again. E3 said she noted that R3 ' s right knee was swollen. E3 said that it was her fault because she should have used the mechanical lift not the sit-to-stand lifter. E3 said that otherwise, a picture of a sofa should have been in R3 ' s door if a sit-to-stand lifter is the appropriate device to be used for R3. R3 ' s care plan indicated that since 9/29/10, R3 had been using the mechanical lift during transfers, not sit-to-stand liter.	F 323			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATION:  300.1210c) 300.1210d)6) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.	F9999			

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F9999	Continued From page 3  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. (Section 2-107 of the Act)  These regulations were not met as evidenced by the following:  Based on observation, interview and record review, the facility failed to use proper equipment during transfer on 1 resident (R3) out of 4 residents reviewed for injury. This failure resulted to R1 sustaining a fracture of the right proximal fibula and a hairline fracture of the right proximal tibia.  Findings include:  R3 has diagnoses of Osteoporosis, Dementia, Cerebral Vascular Accident, and Convulsions. During 7/25/12 observation at 10:30AM, R3 was noted in a wheelchair with right sided weakness and is non-verbal.	F9999			

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F9999	<p>Continued From page 4</p> <p>Per R3's incident report dated 7/14/12, at 10:45AM, while R3 was being transferred from a shower chair to the wheelchair, R3's right leg gave way and became limp. R3's report also indicated that a sit-to-stand lifter was used during this incident.</p> <p>On 7/25/12 at 10:35AM, E5 (Nurse) said that on 7/14/12, R3 's right knee was swollen right after she was transferred by E3 (CNA) using a sit-to-stand lifter. E5 added that she had seen staff use a mechanical lifter on R3, but never a sit-to-stand lifter. E5 said that she preferred the CNA ' s not to use the sit-to-stand lifter because R3 has right-sided weakness and her right hand could not hold on to the sit-to-stand lifter handle bar. E5 said that if she saw staff trying to transfer R3, she would have encouraged the use of the mechanical lifter instead.</p> <p>On 7/25/12 at 12:38PM, E4 (Restorative Nurse) said that R3 was assessed and is supposed to use a mechanical lifter, not a sit-to-stand lifter. E4 continued that it is because R3 needs extensive to total assistance with transfers, and is unable to bear weight on her right leg. E4 also said even prior to 7/14/12, the facility has a list indicating what type of lifter should be used for each resident. This list indicated that R3 needed a mechanical lifter not a sit-to-stand lifter.</p> <p>On 7/25/12 at 10:12 AM, E3 (CNA /Certified Nurse Aide) said that she used the sit-to-stand lifter on R3 before and no accident happened. E3 added that on 7/14/12, she used the sit-to-stand lifter again while she was putting her incontinence brief on and pulling on her pants with another CNA. E3 said that 2 to 3 minutes after R3 was on</p>	F9999			

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F9999	Continued From page 5 lifter, her leg gave way and thus R3 was placed back in the wheelchair again. E3 said she noted that R3 ' s right knee was swollen. E3 said that it was her fault because she should have used the mechanical lift not the sit-to-stand lifter. E3 said that otherwise, a picture of a sofa should have been in R3 ' s door if a sit-to-stand lifter is the appropriate device to be used for R3. R3 ' s care plan indicated that since 9/29/10, R3 had been using the mechanical lift during transfers, not sit-to-stand liter.  R3 ' s 7/14/12 X-ray of the Right Knee indicated a fracture of the right proximal fibula and a hairline fracture of the right proximal tibia. R3 was sent out to the hospital and come back on 7/16/12 with a long leg circular cast.  B	F9999			