

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145795 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/21/2013 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER TOWER HILL HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 759 KANE STREET SOUTH ELGIN, IL 60177 | | |
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| F9999 | <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210b)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to monitor the effectiveness of interventions</p> | F9999 | | | |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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| F9999 | <p>Continued From page 5 and modify the interventions as necessary related to the use of the mechanical lift to prevent injury from a fall for one resident.</p> <p>This failure resulted in two falls in a 24 hour period and the resident sustained a fractured left femur.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 3.</p> <p>Findings Include:</p> <p>R1 was a 83 year old resident admitted to the facility on 8/31/12. Admitting diagnoses include, Anemia, Arthritis, Cataracts, Coronary Artery Disease, Hypertension, High Cholesterol, Hypothyroidism, Pacemaker, Degenerative Joint Disease, Gastrointestinal Bleeding, Vitamin D deficiency and incontinence.</p> <p>According to the facility's documentation, including initial incident reports and final investigative reports, R1 sustained falls on 10/28/12 and 10/29/12.</p> <p>On 10/28/12 at 2:15 PM R1 reportedly was being transferred from her wheelchair into her bed by 2 CNAs (E6, E14) using a mechanical lift. The lift requires the resident to be able to bear at least partial weight, hold onto 2 handles and follow instructions. At some point during the transfer R1 began to lose her grip on the handles and started to fall. According to one witness (E6) and the final investigative report, staff intervened and R1 was lowered to the floor. Upon the nurse's (E5) assessment R1 complained of right shoulder pain. There was no other observable injuries</p> | F9999 | | | |

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| F9999 | <p>Continued From page 6 noted.</p> <p>On 10/29/12 at approximately 4:30 PM R1 sustained a second fall. The fall occurred while R1 was being transferred from her bed into her wheelchair. For the transfer 2 CNAs (E8, E9) used the same mechanical lift to transfer the resident as on the previous day. According to the final investigative report and the 2 CNAs that were present, at some point during the transfer, R1's knees began to give out or buckle. At that point E8 and E9 lowered R1 to the floor. Upon the nurse's (E7) assessment R1 showed no visible signs of injury and denied pain. R1 was subsequently returned to her wheelchair and taken to the dinning room. At about 5:00 PM R1's son (Z1) arrived in the facility. Shortly after arriving Z1 went to E7 and informed her that his mother was very drowsy and not responding as she usually does. After reassessing R1 E7 called 911 for transport to the emergency department (ED). R1 was transported to the ED at 5:45 PM.</p> <p>Review of emergency room records from 10/29/12 indicate that when R1's left thigh was palpated by the ED physician, "she winced in pain". Imaging of the left femur showed a very long oblique fracture from the hip to just above the knee. The report states that the leg was swollen and tender.</p> <p>Review of R1's mechanical lift assessment form from 9/13/12 and 10/29/12 indicated that there were no changes made after R1's fall on 10/28/12. The form was also inaccurate and incomplete. On item #6 of the form regarding patient conditions likely to affect the equipment and techniques needed for resident handling, two</p> | F9999 | | | |

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| F9999 | <p>Continued From page 7</p> <p>applicable areas of concern were left unchecked, including fall history and respiratory &/or cardiac compromise. In item #1 of the form it states, " If resident's ability to assist varies (from such factors as medical conditions, fatigue or medications), assess resident before each task. When in doubt, assume the resident can't assist with transfer."</p> <p>On 2/21/13 at approximately 3:00 PM the facility's Restorative Nurse (E4) stated that she didn't consider R1's fall history or cardiovascular status as indicated by the assessment form when determining if R1 was appropriate for continued use of the mechanical lift. E4 stated that because R1 was able to bear weight on 10/29/12 and didn't complain of pain, she considered the lift appropriate for continued use. She stated that she thought that the fall on the previous day may have been a one time occurrence. E4 also stated that she did not take R1's medication regimen into consideration or review the resident's care plan prior to reassessing the resident. R1's medication regimen included a antihypertensive (Amlodipine) and a psychotropic drug (Escitalopram) which according to the facility's initial fall assessment may contribute to increase risk for falls. In addition there was no consultation with physical or occupational therapy prior to E4's reassessment of R1.</p> <p>Review of R1's last Physical Therapy assessment (10/24/12) indicated that R1 presented with weakness and endurance deficits influencing her ability to perform functional mobility. On 2/20/13 at 2:41 PM, the Physical Therapist (E12) completing the above mentioned assessment stated that R1 had a recent admission to an area</p> | F9999 | | | |

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| F9999 | Continued From page 8 hospital. E12 stated that when R1 returned (10/20/12) to the facility she was more weak than during her previous admission. She stated that R1 was having problems with her knees, which often buckled during physical therapy sessions. On 2/21/13 at 10:00 AM, the consulting orthopedic surgeon (Z2) that saw the resident in the hospital after admission, stated that pain in this type of fracture is severe and immediate. Z2 stated that although R1 showed osteopenia the force required to cause this kind of fracture would be a severe impact from a fall to the ground or a direct impact such as in a collision. He stated that a resident assessed for such an injury would definitively exhibit pain. Z2 stated that the description of R1 being lowered to the floor is not consistent with this type of injury. Z2 also confirmed that this was not an old fracture. (B) | F9999 | | | |