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F 323	Continued From page 23 assessed for pain to be 10 out of 10. According to the hospital record 4-10-13 at 1:58pm xray of the right knee impression, comminuted displaced fracture involving the distal femoral shaft.	F 323		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)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. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not	F9999		

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F9999	Continued From page 24 limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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.	F9999		

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F9999	Continued From page 25 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 requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure a plan of care was implemented to reduce the risk of falling during transfer due to the potential of buckling knees, this potential fall risk was not relayed to direct care staff for 1 of 3 residents (R1) reviewed for transfers. The facility staff made an attempt to transfer R1 from the bed to the chair, this resulted in R1 lower extremity buckling and R1 falling to the floor resulting in a right femur fracture. The facility also failed to perform an accurate assessment of R1 after the fall in order to provide information to R1' physician and family in a timely manner. Findings include:	F9999		

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According to the accident / incident report dated 4/10/2013 5:00am, staff was preparing R1 for dialysis when R1 accidentally slid to the floor while being transferred from the bed to the chair. The report indicates a skin assessment was completed with no injuries noted. The report indicates that R1 complained of pain. However there is no description of where and/or what type of pain R1 is complaining of. There is a note indicating that prescribed pain medication was given. The report also indicates that R1's family was notified at 5:10am, by phone, and the physician was notified at 5:20am with no new orders given. The incident report noted 3 times that R1 had no injuries.

According to the facilities investigation R1 said that "2 girls came into my room to get me up for dialysis. While they were transferring me I don't know what happened but I ended up sliding down to the floor. I didn't fall but my legs went behind me and it really hurts." E2, Director of Nursing(DON), indicates in the statement that R1's right knee was observed to be swollen, and externally rotated. R1 again indicates that "4 girls picked me up put me back to bed. They then went to get the mechanical lift thing, to put me in the chair and bumped my head on the metal part of the lift. The statement indicates that they took me to dialysis, but my leg is really hurting."

According to the dialysis progress note dated 4/10/2013 8:00am notes that R1 said she was dropped upstairs while being transferred prior to coming down to dialysis. R1 is also noted with a bump/bruise on front of head. The note indicates that the facility staff verbalized they were aware of

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R1's status.

Nursing notes dated 4/10/2013 5:00am denotes that R1 slid to the floor while being transferred from chair to bed in preparation for dialysis. Head to toe assessment completed with zero injuries. R1 noted as being assisted back to the chair to prepare for dialysis. R1 noted with complaints of pain, pain medication given as prescribed. The note also indicates that family and physician was notified with no new orders. Nursing note 6:00am R1 down in dialysis. Nursing note 7:00am notes endorsed to next shift. Nurse note written by E9, Nurse.

On 4/12/13 at 4:00pm E7, Restorative Nurse, said that she did an assessment of R1 mobility, and transfer status. Reviewed restorative nursing assessment needs dated 3/21/2013 with E7. E7 said that she completed this assessment. The area of the assessment (mobility) denotes for weight bearing R1 is assessed a (4) which indicates dependent, transfer from bed to chair /chair to bed R1 is assessed extensive assistance. E7 said that R1 is unable to bear weight or stand without at least (2) staff on either side using a gait belt. E7 said that during her assessment R1 was observed, and at times R1's knee would buckle and would be unable to transfer because of weakness. E7 said that if R1 knees were weak staff would be unable to transfer her at that time without the use of mechanical lift. E7 also said that when she coded R1 as extensive assistance she said it would require (2) staff to assist R1 with transfers. E7 said that she was not part of the MDS coding for R1 last update. E7 said that her Restorative Aids were aware that R1's knee could buckle during

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transfer, however E7 said she didn't make certified nursing staff aware of R1's weak lower extremity. E7 said that they should be aware because of past experience of getting R1 up. Reviewed R1's most current Minimum Data Set dated 3/21/2013, section G indicates that R1 requires extensive assistance and 1 person physical assist. E7 said that the assessment was incorrect and that R1 requires 2 person assistance, and mechanical lift if R1's knee were weak.

E8, Certified Nurse Aid (CNA), was not available for interview during this survey, in fact the facility provided the survey team with an employee report dated 4/17/2013 indicating that E8 was discharged from employment for not responding to facility phone calls, and not reporting to an agreed upon meeting with E2, DON. However the facility provided the survey with a statement taken over the phone from E8. The statement indicates that E8 gave R1 care and was getting R1 dressed with the help of another CNA. The statement notes that R1 said that she could stand up for a while, so it was decided to pivot R1 into a chair. The statement indicates that once R1 stood up, that her knees gave out because R1 slid to the floor. The note indicates that R1 was being directed on what to do when her knees collapsed and R1 went down onto her knees then laid to her left side with both legs to her right side. E8 indicates that the other CNA stayed with R1, while she went and got the nurse. E8 also indicates they paged for help from other CNAs. E8 indicates that there were now 4 CNAs, and that they rolled R1 onto a sheet underneath her, and as they all lifted R1 from the floor with the sheet that R1 bumped the bed rail and ended up

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lying on her face. E8 said that R1 was repositioned in bed, and they went and got a mechanical lift. E8 indicates that she got R1 up by using the mechanical lift and transferred her to the chair. E8 indicates that the nurse came and gave R1 pain medication, and E8 took R1 to dialysis. There was no entry indicating the condition of R1's face or leg.

On 4/12/13 at 4:15pm via phone E11, CNA, said that E8, CNA, asked her to assist getting R1 out bed for morning dialysis. E11 said that she didn't put a gait belt on R1, but thinks that E8 had placed one around R1 for the transfer. E11 said that they were able to get R1 in a standing position, and R1 started complaining about her knee hurting and leg pain. E11 said that R1 legs started to buckle, and she felt that R1's legs were going out. E11 said that R1 landed in an awkward position sitting on her buttocks with her legs underneath her. However, E11 said that R1's head didn't hit anything. E11 said there was no swelling or bruising on R1's face. E11 said that after R1 was on the floor they asked (2) other CNAs to assist with putting R1 back to bed because she was too heavy to lift with just 2 people. E11 said that they rolled R1 onto a bed sheet and (1) CNA on each end of the sheet lifted R1 back to the bed. E11 said that R1 wasn't bumped during the transfer with the sheet. E11 said that the side rails on the bed was down during this transfer and that R1's head didn't bump the rail during this transfer. E11 said after R1 was back in the R1's leg looked okay, however she said she didn't really look because R1 was wrapped in the sheet. E11 said that after R1 was back in bed she kept complaining of leg pain. E11 said that she left the room after this

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transfer to get back to her residents, and said she don't know how R1 was transferred from the bed to the dialysis chair. E11 said that she was not aware that R1 had lower extremity weakness, and was never informed that R1's knees might give out during transfer.

On 4/12/2013 at 4:30pm E10, CNA, said that she was working on another unit when she was asked to assist getting R1 off the floor. E10 said that there were 4 aides assisting with getting R1 off the floor. E10 said that they rolled R1 side to side onto a sheet to lift her back into the bed safely. E10 said that R1 didn't hit/bump anything while being transferred from the floor to the bed. E10 said that the side rails on the bed were down during the transfer and R1's face/head didn't hit the side rails. E10 said that R1 didn't have any facial swelling and/or bruising. E10 said she was told by E8 that R1 had slid to the floor. E10 said that when she arrived to R1's room that R1 was sitting on her buttocks with her legs underneath her. E10 said that when arrived to the room R1 was not wearing a gait belt around her. E10 said once she assisted R1 back to bed that she left and didn't assist R1 anymore that day. E10 said she don't know how R1 was transferred from the bed to the chair to go to dialysis. E10 said that she don't recall seeing R1's leg, however did say that R1 complained of leg pain.

On 4/12/13 at 4:35pm via telephone E12, CNA, said that E8 asked her if she could assist in getting R1 off the floor. E12 said that she entered R1's room and that R1 was on the floor sitting on her legs with her feet under her buttocks. E12 said that R1 was asking for a pain pill. E12 said that R1 wasn't wearing a gait belt when she

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entered the room. E12 said that they rolled R1 onto a sheet to transfer her from the floor to the bed. E12 said it was 2 aides on each side of the sheet a total of 4 aides. E12 said that when R1 was lifted from the floor the bed was in lowest position and the side rails were down. E12 said that R1 wasn't bumped into anythng during this transfer. E12 said that R1's leg didn't look swollen, but she was put in the bed flat. E12 said that R1 was complaining of pain to the leg. E12 said that R1 didn't have any facial bruising or swelling at that time. E12 said that she left the room after the transfer, and don't know how R1 was trnsferred from the bed to the chair for dialysis.

Nursing note dated 4/10/2013 11:30am indicates that R1 back from dialysis on geri chair, R1 complaining of pain, nurse indicates inflammation over the right knee, no bruising or discoloration noted. R1 also noted with a 2"x2" bump noted to the right forehead. R1 complains of pain with slight pressure. The note indicates the right knee is immobilized and ice pack applied, pain medication given. Nursing note 11:35am indicates that the physician was notified with orders to send to the hospital for evaluation. Nursing note 11:37 family notified. Nursing note 12:10pm R1 pick up by ambulance service in route to local hospital for evaluation. Note written by E13, Nurse.

On 4/19/2013 at 1:45pm E13, Nurse said that when he started his shift at 7:00am on 4/10/2013 that R1 was in dialysis, and had been involved in a fall incident. E13 said that it was reported to him that R1 didn't sustain any injuries. E13 said

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around 11:30am R1 was being pushed in her recliner chair through the elevator doors, E13 said that he immediately observed an moderate size bump on R1's forehead. E13 said he that immediately notified E14, Supervsior of his observation. E13 said that he notified the supervisor immediately because he was told in report that R1 didn't sustain any injuries. E13 said that he immediately notified R1's family member of R1's status. E13 said that he told R1's family member that he and E2 would do further assessments and would notify R1's family member of any new changes. E13 said that R1 was taken to her room and placed in bed. E13 said the sheet was removed from R1's legs and E13 said that he immediately noticed that R1 right leg was swollen, and the right knee was externally rotated. E13 said that he notified Z3, Nurse Practitioner of R1's status. E13 said that he had orders to send R1 out to the hospital for evaluation.

On 4/19/2013 at 3:00pm via phone E9, Nurse, said that she was notified by CNA that R1 had slid to the floor. E9 said that when she entered the room that R1 was in a seated position, on her buttocks and both legs were extended in front her. E9 said that (4) CNAs lifted R1 back into bed, E9 said that one CNA held R1's legs, one CNA supported her buttocks, one CNA supported her back, and the last CNA held her neck and head and placed R1 back into bed. E9 also said that staff also used a gait belt to left R1. E9 said that there was no mechanical lift in the room, and no, that staff didn't bump R1's head. E9 said that once R1 was placed in the bed, that she performed a head to toe assessment of R1 to

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include range of motion exercises to all extremities. E9 said that both of R1's knees were able bend within normal limits. E9 said that after her assessment she left the room because she had other resident to care for. E9 said that R1 did complain of pain, and was holding her right thigh. E9 said that R1 usually complains of pain either to the leg, back or somewhere. E9 said that R1 was in the chair going to dialysis that she gave R1 pain medication (Hydromorphone 2mg). E9 said this about 6:00am. E9 said that she didn't observe any bump to R1's forehead. E9 said that she called (2) physicians Z1/Z2 and informed them that R1 fell without injuries noted. E9 said that she called R1's family member and left her a message that R1 was involved in a fall incident.

The facility also prestented the survey with a copy of the mandatory inservice for all certifiied nurse aide staff dated 4-11,4-12, and 4-15. the inservice was entitled "Transfer Training"

On 4/26/2013 at 10:00am Z1, Physician, said that he can't recall the time but said that he was informed by a facility nurse that R1 had slipped to the floor without injury or pain. Z1 said that he gave an order to keep and eye on R1. Z1 said that he was aware now that R1 was admitted to the hospital with a broken femur. Z1 said that if the nurse had obtained a thorough assessment that R1's externally rotated knee would have been observed. Z1 said that based on the assessment from the hospital report and that R1 had a broken femur that it would have been impossible for R1 have been assessed with range of motion in her right leg within normal limits. Z1 said that if he was provided a detailed accurate assessment of R1's condition that R1 would have

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been sent out immediately to the hospital for treatment. Z1 said that R1 could have been evaluated and treated at the hospital then received his dialysis treatment. Z1 said that his expectation is that the facilities nursing staff obtain thorough assessments and provide accurate details when they notify the physician to assist with making prompt accurate decisions on treatment.

According to the hospital record dated 4/10/2013 12:32pm R1 arrived to the emergency room, the report indicates R1 had right knee pain, discoloration, and bump on the forehead. R1 was assessed for pain to be 10 out of 10. According to the hospital record 4-10-13 at 1:58pm xray of the right knee impression, comminuted displaced fracture involving the distal femoral shaft.

According to the change in resident condition or status policy: the facility will promptly notify the resident's attending physician and legal representative/family of changes in the residents condition and/or status. The policy indicates the nurse will notify the physician if the resident has an accident/incident that results in injury. According to the notification of physician policy the facility staff will notify the resident's attending physician when there is a significant change in the residents condition. The policy notes a significant change as requires the physician immediate input and treatment for continued medical and nursing care. The policy also outlines a significant change as fall with injury.

According to E9's employee report dated 4/23/2013 indicates that E9 failed to document a

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F9999	Continued From page 35 thorough and detailed nurisng assessment for R1 after an incident. The report also indicates that E9 documented inaccurately that she notified the family and physician, when E9 only left a message for the family and paged the physican. The report indicates that due to past history E9 was being discharged from employment. (B)	F9999		