

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145710	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2013
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK MANOR - BOLINGBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440		
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F 323	Continued From page 3 amount. On 3/6/2013 at 12:00 PM E1 (administrator) stated R1 should have been transferred with a mechanical lift by two staff. E2 (director of nursing) concurred. On 3/7/2013 at 10:10 AM, E8 Physical Therapist indicated R1 was assessed upon admission as requiring a two person mechanical lift transfer because R1 had bilateral foot drop. E8 also indicated that R1's family stated she was bed ridden at home for two years prior to admission to the nursing home. Facility Resident Transfer Protocol indicates #1) all residents will be assigned a transfer technique that identifies the residents needs: Total Mechanical Lift (2 person assist). This information will be listed on "Special Care Needs Sheet" posted inside all residents closet doors for staff to utilize. This information was posted in R1's closet.	F 323			
F9999	FINAL OBSERVATIONS Licensure Violations 300.1210b) 300.1210d)6) 300.3240a) 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	F9999			

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F9999	<p>Continued From page 4</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</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>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 Regulations were not met as evidenced by:</p>	F9999			

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F9999	Continued From page 5 Based on observation, interview and record review the facility failed to ensure the proper equipment was used as well as the right number of staff utilized for transferring a resident (R1). This is for one of three residents (R1) reviewed for mechanical lift transfer in a sample of three. This failure resulted in R1 sustaining an irregular shaped laceration (10 cm x 4.2 cm) which required an emergency room visit sustaining 21 sutures to repair laceration. Findings include: R1 is a 92 year old female admitted to the facility on 12/21/2012 with a diagnosis which includes diabetes mellitus, degenerative joint disease, atrial fibrillation, immobility, arthritis, legally blind, bipolar disorder, and drop foot on the right side. Special Care Needs Sheet for R1 located inside the closet door states to utilize mechanical lift with two people for all transfers. Her Minimum Data Set dated 12/10/2012 indicates R1 is totally dependent and needs two person assistance to transfer. The care plan dated 12/4/2012 for R1 indicated R1 is to be transferred by mechanical lift. An incident report dated 2/4/2013 at 4:30 PM indicated R1 was transferred from the wheelchair to the bed by E3, certified nurses aid (CNA).	F9999			

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F9999	<p>Continued From page 6</p> <p>After the transfer R1 was noted to have blood on the floor under her right foot as well as active bleeding from a wound on R1's right calf area. R1 was not able to tell staff what had happened to R1's leg. R1's visitor indicated the CNA (E3) transferred R1 without any mechanical lift by himself (per facility interview). E3 indicated he had utilized a sit / stand mechanical lift to transfer R1 per facility interview. E3 was immediately removed from the resident unit after the injury was discovered. Then E3 was suspended pending investigation on 2/24/2013 for improper transfer of R1. E3 then was terminated on 2/25/2013.</p> <p>On 3/7/2013 at 9:10 AM an attempt was made to call E3, CNA. The phone was temporarily disconnected per voice recording.</p> <p>On 3/7/2013 at 10:30AM, E9 LPN, (license practical nurse) stated on 2/24/2013 E9 was informed R1 had an injury by R1's visitor. When E9 entered R1's room R1 was sitting on the side of the bed with feet dangling over the side of the bed. E9 noted blood on the floor and on R1's right calf area. R1 had a irregular shaped wound to the right calf. E9 applied pressure to R1's wound and a pressure dressing. E9 indicated the bleeding would not stop so 911 was called. R1 was transferred on 2/24/13 at 4:30pm to the local hospital emergency department for treatment. She returned at 9:10pm with 21 sutures to her right lower calf. E9 also indicated R1 was on coumadin a blood thinner. R1 was receiving the blood thinner for atrial fib and immobility issues per E9. E9 looked around the room to see what R1 had injured her leg on seeing blood on the side rail which was lying on the floor. E9 indicated</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>the only equipment in R1's room was her wheelchair when E9 entered the room. E9 felt the CNA did not properly transfer R1. E9 said R1 was to be transferred with a mechanical lift with the assistance of two staff.</p> <p>A nurses note dated 2/24/2013 at 9:00 PM indicated R1 returned to the facility with 21 sutures to the right calf area.</p> <p>Review of assessment by E2 on 2/25/2013 at 8:30 AM, indicates the following: R1 had bilateral lower extremity 4 plus pitting edema, bilateral foot drop and irregular shaped laceration approximated with 21 sutures, incision measures 4.2 cm by 10 cm.</p> <p>R1's wound was observed on 3/7/2013 at 9:00AM. R1 had 4 plus bilateral pedal edema with sutures to the irregular shaped wound on right calf. The suture line was taut with maceration to the left upper corner. The wound was pink in color. The old dressing removed by E2 had bright red blood tinged drainage noted in a small amount.</p> <p>On 3/6/2013 at 12:00 PM E1 (administrator) stated R1 should have been transferred with a mechanical lift by two staff. E2 (director of nursing) concurred.</p> <p>On 3/7/2013 at 10:10 AM, E8 Physical Therapist indicated R1 was assessed upon admission as requiring a two person mechanical lift transfer because R1 had bilateral foot drop. E8 also indicated that R1's family stated she was bed ridden at home for two years prior to admission to the nursing home.</p>	F9999			

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F9999	Continued From page 8 Facility Resident Transfer Protocol indicates #1) all residents will be assigned a transfer technique that identifies the residents needs: Total Mechanical Lift (2 person assist). This information will be listed on "Special Care Needs Sheet" posted inside all residents closet doors for staff to utilize. This information was posted in R1's closet. (B)	F9999			