

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/29/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF ORLAND PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14601 SOUTH JOHN HUMPHREY DR</b> <b>ORLAND PARK, IL 60462</b>		
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F 323	Continued From page 4 transfer of R5.  On 1/18/13 at 2:55pm Z1,Physician stated "The last couple of times or the last visit with R5 she was not able to walk. If two staff can't hold her well they should use a lift. The proper way would be to use a lift. R5 was heavy, she was probably dead weight if she was no longer standing. It could certainly cause a break in the arm if someone has osteoporosis and strong force or pressure was on their arm during transferring "  Attending Physician Progress Note dated 10/27/12 indicates R5 "Comfortable on bed, nonverbal, disoriented, confused; aide uses a lift to transfer."  On 1/23/13 at 11:10am E1,Administrator stated "If a resident could transfer an hour before but an hour later they can't bear weight, they should be transferred with a mechanical lift - despite what their previous assessment was."	F 323			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATION:  300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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 practicable physical, mental, and psychological	F9999			

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F9999	<p>Continued From page 5</p> <p>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>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>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 the following:</p> <p>Based on interview and record review the facility failed to accurately assess and document functional transfer ability and safely transfer one resident (R5) of three residents reviewed for transfers in a sample of 10 residents. This failure resulted in R5 requiring treatment at the local hospital for a right arm acute transverse fracture.</p> <p>Findings Include:</p> <p>R5 had been a resident of the facility since 2010. R5 was discharged from the facility on 11/3/12.</p> <p>Annual Minimum Data Set (MDS) dated 12/7/11, Quarterly MDS dated 8/20/12 and discharge MDS dated 11/3/12 were reviewed for functional and mobility status.</p> <p>7-Day ADL (Activities of Daily Living) ADL Coding Summary dated 10/28/12 to 11/3/12 indicates R5</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>MDS coding was a 3(Extensive assistance/resident involved in activity, staff provide weight bearing support) for self performance and a 3(2 + persons physical assist) for transfers.</p> <p>Quarterly MDS dated 8/20/12 section G indicates Bed Mobility coded as a 3/3 for bed mobility - how a resident repositions and moves in bed. This code indicates R5 required extensive assist with 2 person physical assist with bed mobility.</p> <p>On 1/22/13 at 1:50pm E5, (Certified Nursing Assistant) CNA stated "I reposition R5 by myself at night."</p> <p>Incident Investigation Conclusion dated 11/2/12 indicates R5 was a one person assist with a gait belt for transfer and repositioning.</p> <p>Nursing Home Resident Record -Continued/Nurse's Notes dated 11/2/12 at 4:43pm indicates R5 was observed sitting up in a wheelchair alert, with bruise to right upper arm and shoulder, breast and chest. Nurse's Note further indicates physician was notified of bruising and X-rays were ordered for right upper arm, shoulder and right ribs.</p> <p>Mobile Radiology Report Date of Service 11/02/12 indicates R5 with an acute transverse fracture proximal humerus with modest medial displacement of the distal fracture fragment.</p> <p>Review of the nurse's notes dated 11/3/12 indicates R5's physician was notified of mobile X-ray results with subsequent orders to send R5 to the local hospital emergency room for</p>	F9999			

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F9999	<p>Continued From page 8 evaluation.</p> <p>Hospital Radiology Report of Examination, Service date 11/03/12 indicates reason for visit right arm injury with findings of overriding fracture of the proximal humerus with medial displacement of distal fragment. Severe osteoporosis is present.</p> <p>R5's Fall Prevention and Restorative Care Plan dated 8/20/12 indicates R5 requires a gait belt for transfers and mobility. Fall Care Plan dated 8/20/12 also indicates R5 requires a mechanical lift for transfers.</p> <p>On 1/17/13 at 3:15pm E3, Restorative Nurse stated " I don't know why R5's care plan has mechanical lift as an intervention. I don't believe R5 was ever evaluated for or used a lift for transfer."</p> <p>On 1/22/13 at 10:35am E3 said that I usually talk to staff to get first hand information from the staff that care for the resident for the MDS assessment. I wasn't able to find or talk to any staff that day regarding care and mobility for R5 for the period of 10/28/12 to 11/3/12 so I just coded R5 as an 8 - the activity didn't occur - because I didn't have a clear picture of what R5 was able to do. Usually I would look for another staff to provide information about the resident before doing the MDS. I just put 8's on the MDS that the activity didn't occur, but that assessment would not be accurate.</p> <p>On 1/17/13 at 12:00pm E2 Director of Nursing (DON) stated "Nurses and restorative complete care and transfer list, the Care Card placed on</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>the residents inside closet door. That directs the CNA's how to care and transfer the resident. We believe R5's bruising and injury happened during a transfer on the day shift on 11/3/12." E2 was asked to provide R5's Care Card, but said that the facility didn't have it.</p> <p>On 1/17/13 at 10:30am E4 Certified Nursing Assistant) CNA, stated R5 was not helping or bearing weight at all during transfers on 11/2/12, further stating "R5 had stopped walking all together on and off for a couple weeks. E4 said that on 11/2/12 myself and another CNA staff transferred R5 with a gait belt twice, once in the morning and once after lunch. R5 provided no assistance during either transfer and was unable to bear weight. We held the gait belt and lifted R5 up under both of her arms. We didn't remove the wheelchair arm rests on R5's chair, so R5 had to be lifted over the arm rest. E4 said that R5's arm rest are removable from the wheel chair. E4 further stated "If a resident can't bear weight at all we should use a mechanical lift. E4 said that we didn't use a mechanical lift because it wasn't indicated on R5's Care Card so we still used 2 persons and a gait belt to transfer.</p> <p>Facility Incident Investigation - Final Written Report Conclusion Addendum dated 11/9/12 indicates R5 right arm fracture occurred during transfer of R5.</p> <p>On 1/18/13 at 2:55pm Z1,Physician stated "The last couple of times or the last visit with R5 she was not able to walk. If two staff can't hold her well they should use a lift. The proper way would be to use a lift. R5 was heavy, she was probably dead weight if she was no longer standing. It</p>	F9999			

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