

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/24/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELMBROOK NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>127 WEST DIVERSEY ELMHURST, IL 60126</b>		
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F 323	Continued From page 2 the nursing station and heard R1 complained of pain. E4 then went to assess R1. E4 did not see the leg/foot rests attached to the wheelchair. E4 observed that R1's left leg was underneath the wheelchair. E3 informed E4 that R1 dropped her feet to the ground while he was pushing the chair. E4 said that R1 was able to move her right extremity without discomfort. E4 heard R1 complaining of pain so E3 stopped. E4 then went assessed the both of the resident's legs. E4 stated that R1 was able to move her right leg without discomfort but was not able to lift her left leg independently. E4 called both the physician & POA. E4 endorsed to the incoming staff nurse to follow up with the physician and expect Xray to be taken. E4 acknowledged that leg/foot rests should be used when transporting residents. The facility policy titled, "Resident Transportation and Ambulation," dated 3/2012, required, "Residents must have leg rests on during transportation by staff."	F 323			
F9999	FINAL OBSERVATIONS  Licensure Violations  300.610a) 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	F9999			

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F9999	<p>Continued From page 3</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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> <p>Based on record review and interview, the facility</p>	F9999			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F9999	<p>Continued From page 4</p> <p>failed to have wheelchair leg/foot rests while transporting one resident in her wheelchair. The resident dropped down both legs and the left leg was caught underneath the wheelchair which caused fracture of the left femur (thigh). This applies to 1 of 3 residents (R1) reviewed for transfer in the sample of 3.</p> <p>Findings include: The Incident/Occurrence Report dated 4/11/13 at 2:00 PM documented that at 1:50 PM, a staff was pushing R1 via wheelchair when the resident complained of left knee pain. R1 placed both feet down while the wheelchair was moving. Interventions were as follow: Assess for ROM(Range of Motion), PRN (as needed) Norco given, MD (Physician) paged, ice pack applied. The Nurse's Notes dated 4/11/13 at 2:30 PM indicated that R1 was being pushed in the wheelchair to a new room by a facility staff. R1 dropped both feet down and dragged the left leg underneath the wheelchair. R1 complained of pain to the left knee. POA (Power of Attorney) was notified and MD was paged. At 4:00 PM, the physician called back and ordered Xray of the left knee, tibia &amp; fibula. At 9:30 PM, MD was informed of the Xray results. Ordered to send R1 to the local hospital for further evaluation. On 4/12/13 at 12:00 AM, follow up call to the hospital indicated that R1 was being admitted for Left Femur Fracture.</p> <p>The Left Knee Oblique and Lateral Views Xray report dated 4/11/13 showed the following: There is an acute fracture of the distal femur just proximal to the femoral prosthetic component. E3 (Medical Supply Staff) said on 4/22/13 at 1:00 PM that he was making rounds to put away supplies in the 1st floor when he passed by R1 ' s room. R1 was asking for help to go to her new</p>	F9999			

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F9999	Continued From page 5 room. E3 stated that R1 needed help because she was losing her eyesight. E3 said that R1 was able to propel herself in the wheelchair mostly in her room. E3 stated that there were no footrests attached to the wheelchair. E3 instructed R1 to put both of her feet up and proceeded to push the wheelchair towards the new room. The resident suddenly dropped her feet to the ground while E3 was moving her. E3 heard the resident moaned and saw that left knee/leg was bent underneath the wheelchair. The resident informed E3 that her left knee was hurting. E3 stated that E4 (Staff Nurse) who was in the nursing station, came and assessed the resident. E3 also said that he was trained how to transport residents using the wheelchair since he was an Activity Aide prior to becoming the central supply staff. E4 (Staff Nurse) stated on 4/23/13 at 1:20 PM that on 4/11/13 at 2:00 PM, she saw E3 pushing R1 via wheelchair in the hallway. E4 was sitting in the nursing station and heard R1 complained of pain. E4 then went to assess R1. E4 did not see the leg/foot rests attached to the wheelchair. E4 observed that R1's left leg was underneath the wheelchair. E3 informed E4 that R1 dropped her feet to the ground while he was pushing the chair. E4 said that R1 was able to move her right extremity without discomfort. E4 heard R1 complaining of pain so E3 stopped. E4 then went assessed the both of the resident's legs. E4 stated that R1 was able to move her right leg without discomfort but was not able to lift her left leg independently. E4 called both the physician & POA. E4 endorsed to the incoming staff nurse to follow up with the physician and expect Xray to be taken. E4 acknowledged that leg/foot rests should be used when transporting residents. The facility policy titled, "Resident Transportation	F9999			

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