STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145885	A. BUILDING _____ B. WING _____	C 09/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYFIELD CARE CENTER	**5905 WEST WASHINGTON CHICAGO, IL 60644**

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F 323	Continued From page 5 minimal assist for transfers. Z2 (Physical Therapy Manger) stated on 9-13-13 at 12:20 PM, R6 required minimal assist for transfer which means somebody has to be holding on to her while they are transferring her. Z2 stated sit to stand and stand to sit is a transfer and staff was instructed to use safe transfer technique-gait belt when transferring R6. E5 (Restorative Nurse) stated on 9-13-13 at 11:50 AM, "R6 can ' t speak and is without function on her right side of her body". E5 stated R6 needed assistance with activities of daily living. E5 stated all staff was in-serviced to use gait belt for all transfers. Review of facility's fall in-service dated 2013, denotes: gait belts should be worn at all times and used when transferring and ambulating. R6s ' care plan dated 8-15-13 denotes R6 is at risk for fall/injury. Has impaired mobility, unsteady gait, and impaired functional ability in transfer. Needs extensive assist in bathing and grooming. Facility's Safe Lifting and Movement of Residents policy denotes, staff will document resident transferring and lifting needs in the care plan. Staff responsible for direct resident care will be trained in the use of manual (gait, transfer belts, lateral boards) and mechanical lifting devices.	F 323		
F9999	FINAL OBSERVATIONS Licensure Violations: 300.610a) 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6)	F9999		

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F9999	Continued From page 6 300.1220b)1)2)3) 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 300.1210 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	F9999		

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F9999	Continued From page 7 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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 300.1220 Supervision of Nursing	F9999		

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F9999	Continued From page 8 Services b) The DON shall supervise and oversee the nursing services of the facility, including: 1) Assigning and directing the activities of nursing service personnel. 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.	F9999		

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F9999	Continued From page 9 These Requirements are not met as evidenced by: Based on interview and record review facility failed to follow their safe lifting and movement of residents policy for two residents (R1,R6) of four residents reviewed for transfers. This failure resulted in R1 going to hospital for left humerus fracture and R6 going to the hospital for vaginal laceration. Findings include: R1s' nursing note dated 9-8-13 denotes nurse called into R1s' room to assess open area to buttock, CNA turned R1 on her side and noticed that R1s' left arm was flaccid with swelling. Supervisor, family and doctor called, R1 sent to the hospital. R1s ' hospital record dated 9-8-13 denotes R1 sent from nursing home due to left arm pain and swelling. R1s' hospital X-ray dated 9-8-13 denotes an acute fracture of the proximal and mid shaft distribution of the left humerus, significant displacement is demonstrated. R1s' hospital surgeon date of service 9-9-13 procedure, open reduction internal fixation of the left humerus. R1s ' incident report dated 9-8-13 denotes CNA stated that she transferred R1 without assistance of staff and accidently bumped R1s ' left arm on the wheelchair. E2 (Certified Nurse Aide) stated on 9-12-13 at 2:30 PM, worked on Saturday (9-7-13) 7am-7pm and was not aware R1 was a resident that had to be transferred by mechanical lift/two people. E2 stated used draw sheet and slid R1 from the bed to her chair that day by herself. Record review of E2s ' incident statement	F9999		

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F9999	Continued From page 10 signed & dated 9-9-13 denotes " I transfered R1 on Saturday 9-7-13 and mistakenly hit her arm left side, I wasn ' t aware she was a mechanical lift " . E5 (Restorative Nurse) stated on 9-12-13 at 3:50 PM, R1 needed extensive care and staff has to do most of the work for her. E5 stated R1 definitely needed two people for transfer or mechanical lift. R1s ' minimum data set dated 6-30-13 Section G: Functional Status transfer to or from bed, chair, wheelchair and standing position total dependence two + persons physical assist. E6 (Minimum Data Set Coordinator) stated on 9-12-13 at 3:25 PM, R1 required 2-3 people for transfer from bed to chair. R1s ' care plan dated 7-10-13 states R1 is at risk to fall/injury, has impaired activity of daily living CNA to transfer using mechanical lift. Facility ' s Safe Lifting and Movement of Residents policy states staff will document resident transferring and lifting needs in the care plan. Staff responsible for direct resident care will be trained in the use of manual (gait, transfer belts, lateral boards) and mechanical lifting devices. Facility ' s Lifting Machine, Using a Portable policy denotes the purpose of this procedure is to help lift residents using a manual lifting device. The portable lift can be used by one nursing assistant if the resident can participate in the lifting procedures. If not, two (2) nursing assistants will be required to perform the procedure. Z4 (Doctor) stated on 9-17-13 at 11:35 AM, R1 sustained the left humerus fracture from being transferred roughly. Z4 stated R1 required an open internal fixation reduction of the left humerus. Z4 stated the injury could have been avoided if the CNA knew more about R1 and	F9999		

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F9999	Continued From page 11	F9999		

was more experienced in transferring residents.
E2s ' employee report dated 9-9-13 denotes, transferred resident without the use of mechanical lift. CNA should have made sure of transfer status of all residents on her assignment. Employee action/discipline: warning.
R6s ' incident report dated 9-10-13 states R6 attempted to stand and fell landing straddling the edge of the wheelchair and footrest. R6 sustained a cut to the vaginal area. R6 sent to the hospital for evaluation.
Z1 (Doctor) stated on 9-17-13 at 10:55 AM, R6 had to go to the hospital to get the outside of her vagina sutured. Z1 stated when R6 hit the wheelchair she hit the opening of her vagina on the chair which required R6 to be admitted to the hospital for sutures to stop the bleeding.
R6s ' hospital record dated 9-10-13 denotes computed tomography abdomen and pelvic impression consistent with peritoneal injury; admitted for vaginal trauma/laceration, sent to operating room. Procedure performed: Perineal laceration repair, findings: large perineal laceration to the vaginal introitus on the external genitalia, labia extending from the vaginal introitus to the perineal area.
E9 (Certified Nurse Aide) stated on 9-13-13 at 11:30 AM R6 was in the hallway sitting in her wheelchair then rolled her into the tub room. E9 stated, asked R6 to stand up and R6 stood up on her own and grabbed onto the bar in the washroom with her good hand. E9 stated she pulled off her wet diaper cleaned her and put another diaper on. E9 stated she told R6 to sit down and had one hand on R6s ' waist. E9 stated R6 squatted down too fast and landed on the leg bar of the wheelchair. E9 stated "I helped R6 stand up and noted a lot of blood soaking R6s ' diaper and reported to the nurse". E9 stated

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F9999	Continued From page 12 was supposed to use gait belt when resident can ' t stand or is really weak on one side. E9 stated she did not use a gait belt for R6 because she was able to stand. R6s ' minimum data set dated 8-4-13 denotes functional status impairment on one side upper and lower extremity. Moving from seated to standing position not steady, only able to stabilize with human assistance. R6s ' physical therapy note dated 8-16-13, R6 hypertonicity to right lower extremity, discharge summary dated 8-30-13 denotes R6 required minimal assist for transfers. Z2 (Physical Therapy Manger) stated on 9-13-13 at 12:20 PM, R6 required minimal assist for transfer which means somebody has to be holding on to her while they are transferring her. Z2 stated sit to stand and stand to sit is a transfer and staff was instructed to use safe transfer technique-gait belt when transferring R6. E5 (Restorative Nurse) stated on 9-13-13 at 11:50 AM, "R6 can ' t speak and is without function on her right side of her body". E5 stated R6 needed assistance with activities of daily living. E5 stated all staff was in-serviced to use gait belt for all transfers. Review of facility's fall in-service dated 2013, denotes: gait belts should be worn at all times and used when transferring and ambulating. R6s ' care plan dated 8-15-13 denotes R6 is at risk for fall/injury. Has impaired mobility, unsteady gait, and impaired functional ability in transfer. Needs extensive assist in bathing and grooming. Facility's Safe Lifting and Movement of Residents policy denotes, staff will document resident transferring and lifting needs in the care plan. Staff responsible for direct resident care will be trained in the use of manual (gait, transfer belts, lateral boards) and mechanical lifting devices.	F9999		

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F9999	Continued From page 13 (B)	F9999		