

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2013
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NAME OF PROVIDER OR SUPPLIER MID AMERICA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE CHICAGO, IL 60640
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S9999	<p>Final Observations</p> <p>LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210b)5) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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 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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resident. (A, B) (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide the appropriate amount of assistance during a transfer for 1(R1) of 4 residents reviewed for transfers. As a result, R1 fell and sustained a displaced oblique fracture of the left mid femur which required surgery.</p> <p>Findings Include:</p> <p>Face Sheet document that R1 now 89 years old was admitted on 6/17/2010 with the following pertinent diagnosis: hypertension, morbid obesity, arthritis, chronic bilateral lower extremity edema and poor circulation.</p> <p>Incident Report dated 10/8/2013 documents on 10/8/2013 at 10:50 am states, " staff was assisting resident in the washroom commode. Resident got up from the toilet, stated that she felt a sharp pain in her leg and lost her balance. Staff attempted to break her fall and lower resident slowly to the floor. Body assessment done, skin intact, no bruising or hematoma, complained of pain on the left leg with movement. As needed pain medication given. Vital signs are; blood pressure 107/64, temperature is 98.9, Pulse is 67 and respiration is 25. Physician notified, x- rays ordered. Family was notified.</p> <p>X- Ray report dated 10/8/2013 was taken at 8:54 PM and reviewed by the radiologist at 9:55 PM. The results were displaced oblique fracture of the left mid femur.</p> <p>Nursing Note dated 10/8/2013 at 10:48 PM states that the x- ray result was called into the facility</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>and the doctor was notified to send R1 out to the hospital.</p> <p>Transfer Form dated 10/8/2013 at 10:36 PM documents to transfer R1 to the hospital for displaced oblique fracture of the left mid femur.</p> <p>Minimum Data Set were reviewed for 8/17/2013, 9/27/2013 and 10/3/2013 all of them document extensive assists with 2 plus persons for transfers and toilet use. The same MDS document that R1 had functional limitations in range of motion with impairments on both sides for upper and lower extremities.</p> <p>Care Plan dated 10/1/2013 for Risk of Falls documents that "R1 needs extensive of 1-2 staff to perform bed mobility, transfers and activity of daily living."</p> <p>Safe Lifting and Movement of Residents Policy revised on 10/2009 states, " Nursing staff in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include: Residents preference for assistance, resident ' s mobility, resident ' s size, weight- bearing, cognitive status, cooperation and resident's needs for rehabilitation, including restoring or maintaining functional abilities."</p> <p>Hospital Record dated 10/9/2013 through 10/15/2013 document that R1 was 250 pounds. Triage Notes document that left leg was noted shorter and rotated. Pedal pulse noted with pain and discomfort. R1's height is 5 feet 0 inches and 250 pounds. Physician Consultation dated 10/9/2013 notes that R1's left leg with shortening, tenderness and deformity. On 10/12/2013 R1</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>underwent open reduction and intramedullary nailing and was discharged to another facility on 10/15/2013.</p> <p>On 10/18/2013 at 2:36 PM, R1 (crying) was lying in bed at another facility. R1 stated, " My leg hurt so badly the day that I fell. I was in the hospital prior to the fall and when I returned to the nursing home I was very weak. On 10/8/2013 I needed to go to the bathroom. E6 (Certified Nursing Assistant) came to help me. E6 (CNA) is very small. I told E6 (CNA) you are so little please call someone to help you I am heavy and I just got out of the hospital. E6 (CNA) told me all you have to do is put your foot out. I kept telling E6 (CNA) to get help but she insisted she could do. I tried putting my foot out a little and she put her foot outside of mine and pushed on my foot I lost my balance and fell and she fell on top of me. Other staff came in to help; they knew I was in pain. I could not walk or move my leg. I had to go to the hospital and have surgery."</p> <p>On 10/22/2013 at 9:52 AM, E6(Certified Nursing Assistant) stated, " I have been a CNA for about 5 months and have employed here for about 4 months. I was assigned to R1 on 10/8/2013. I was getting R1 up at about 10:50 AM to go to physical therapy. R1 requested to go to the toilet. I took R1 to the toilet alone then R1 complained of pain on her leg. I told her to hold the bar. I placed my feet outside of the residents to provide balance and I gently eased the resident to the floor. E4(Nurse) then came to help me get her up." E6(Certified Nursing Assistant) could not respond on how R1 sustained a femur fracture from being gently eased to the floor.</p> <p>On 10/28/2013 at 2:29 PM, E8(Physical Therapist) stated, "R1 is very inconsistent and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>requires moderate to maximum to total dependence for activity of daily living. R1 could make her needs known. For residents with inconsistency we provide the safest way to get them to be consistent."</p> <p>On 10/22/2013 at 11AM, E7 (Medical Doctor) stated, " I cannot say how many staff is required to transfer a resident. The facility assesses for that."</p> <p>(B)</p>	S9999		