

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/22/2014
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NAME OF PROVIDER OR SUPPLIER LEXINGTON HLTH CR CTR-BLMNGDL	STREET ADDRESS, CITY, STATE, ZIP CODE 165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c) 300.3240a)</p> <p>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.</p> <p>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 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>Section 300.3240 Abuse and Neglect</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>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observations, interviews and record review the facility failed to transfer one resident (R2) out 3 residents reviewed for transfers with a two person transfer and as a result, R2 suffered a fracture to the left knee after an improper transfer. The facility also failed to transfer R6 from wheel chair to the toilet with a two person assist as per the MDS (Minimum Data Set) from a total sample of 6.</p> <p>Findings include:</p> <p>1. R2 ' s physician's order sheet shows that R2 has multiple diagnoses which include Macular degeneration, Diabetes, Anemia and Retinopathy.</p> <p>R2's care plan dated 8/30/2013 indicates R2 requires extensive assistance and two people for transfers.</p> <p>R2's fall risk assessment done on 8/30/2013 shows R2 score 21 (High Risk) for falls.</p> <p>E2 (Director of Nursing) stated during interview of 1-22-14 at 10:55am that R2 fell on 9-5-13. According to E2, R2 fell while being transferred by one staff person from bed to wheel chair. E4 (Nurse Aid) was terminated from the facility after the incident since E4 admitted to E2 that she had transferred R2 by herself with no assistance. E2 stated during the interview that E4 had verbalized that she knew that R2 needed a two person transfer.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>E3 (Nurse Manager) stated on 1-22-14 at 10:15am that R2 was, "extensive assist times two person with a gait belt." E3 also stated that R2's injury occurred because of a one person transfer.</p> <p>R2 's care plan dated 8-30-13 documents that R2 is extensive assistance with 2 person transfer.</p> <p>Facility policy titled, " Transfer, Ambulation and Re-positioning (TARP) " revised 2-10 documents the following, " 3. Transfer status will be based on the number of staff needed to perform the task and or if a mechanical lift, slide board or other adaptive equipment is required as required. This information is recorded on the care giver alert and medical record. "</p> <p>On 1/22/2013 at 10:55AM, E2 (DON) Director of Nursing states that on or about 9/5/2013 (the date R2 fell) E4 (CNA) Certified Nurse Assistant was attempting to transfer R2 by herself from her bed to her wheelchair when R2 slid off the bed and was lowered to the floor. E2 also states that E4 was hired on 8/7/13 and was subsequently terminated from facility on 9/13/2014 following this incident.</p> <p>On 1/22/2014 at 10:15AM, E3 (Nurse Manager) states, R2 required extensive assist with 2 people to transfer.</p> <p>R2 was sent out to the hospital on 9/8/2013 and a CT (Cat Scan) was done and showed R2 had a fracture to the left knee.</p> <p>2. R6 admitted on 1/18/2014 with diagnosis including weakness to right lower extremity. R6's Care assessment indicates R6 requires 2</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R6 persons to transfer. R6 has 27 staples to right hip. R6 observed on 1/21/2014 at 4:00PM, E5 (CNA) Certified Nurse Assistant and E6 (CNA) Certified Nurse Assistant transferred R6 from bed to wheelchair. E6 stayed outside the bathroom while E5 assist R6 from wheelchair to the toilet. 1/21/2014 at 4:00PM E5 states that R6 requires two people to transfer as stated on the care alert sheet posted on her closet door.</p> <p>3. R5 's most recent MDS dated 12/13/13 documents that R5 has multiple diagnoses which include Abnormal Posture and Generalize Weakness. R5 is alert and oriented. R5's MDS indicates that R5 score 14/15 on BIMS (Brief Interview for Mental Status) R5 also requires extensive assist and 2 persons to transfer.</p> <p>On 1/21/2013 at 4:24PM, R5 states that only 1 person gets her in and out of bed.</p> <p style="text-align: center;">(B)</p>	S9999		