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	IL6009161	A. BUILDING: _____ B. WING _____	C 03/17/2014

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S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.690a) 300.1010i) 300.1210b)5) 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 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 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. Section 300.1010 Medical Care Policies	S9999		

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S9999	Continued From page 1 i) at the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. 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. Restorative measures shall include, at a minimum, the following procedures: 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. 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	S9999		

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that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Requirements are not met as evidenced by:

Based on observation, interview and record review the facility failed to supervise a resident while she was on the toilet to prevent injury. This failure resulted in R2 standing up from the toilet, falling and fracturing her right distal femur. The facility also failed to ensure that CNAs report a resident fall to the nurse for further assessment in a timely manner.

This applies to 2 of 3 residents (R2, R1) reviewed for falls with injury in a sample of 3.

The findings include:

1. R2 ' s Physician ' s Order Sheet dated 2/2014 shows that R2 has diagnoses including Dementia, Anxiety and History of Cerebrovascular Accident.

The Minimum Data Set of 1/16/14 shows that R2 scored a 9 (Moderately Impaired Cognition) on her Brief Interview for Mental Status (BIMS). This same document shows that R2 requires extensive assist of 1 staff for toilet use.

R2 ' s Fall Risk Evaluation dated 1/27/14

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shows that R2 scored a 16 (a score of 10 or higher is at risk).

The facility document entitled Notification of Alleged Abuse of a Resident, dated 2/2/14 states, " (R2) was taken to the bathroom and (was) handed the call light cord. She is able to and does use the call light when she is done. She was found on the floor in the doorway of the bathroom and complained (of) pain to her right n (knee). She was able to move all extremities except (her) right knee. Transferred to the ER. (R2) returned with a diagnosis of comminuted fracture of the distal right femur. "

The Radiology Report dated 2/1/14 states, " There is a comminuted fracture through the distal femur in the supracondylar region with very mild posterior angulation and displacement of the major distal fracture fragments. "

The Facility Investigation Report dated 2/2/14 states, " After interviewing staff and residents and review of the chart and MDS, we are able to conclude that the resident requires assistance with all transfers and ambulation and with cognitive limitations should not have been left unattended in the bathroom. She should have been provided the privacy she needed to eliminate herself but with staff nearby to assist her with transferring from the commode with gait belt use to her wheelchair or to ambulate to her bed and the fall could have been avoided. "

The Nurse ' s Notes dated 2/1/14 state, " Resident taken to the bathroom, found on floor in bathroom 3 minutes later. Resident (mechanically lifted) on to the bed. Complains of pain 9 out of 10 in the right hip and knee, Unable to straighten right leg. Foot strength on right side weaker than

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on left side. "

On 3/13/14 at 1:30 PM, E10 (CNA) stated, " (R2) was somewhat ambulatory. She would try to go to the bathroom but she wasn ' t successful, she couldn ' t do it alone. She was not good on the toilet. I think she believed she could do it herself. I caught her one time trying to go to the bathroom,that was it. I didn ' t trust her after that. "

On 3/13/14 at 2:00 PM, E11 (CNA) stated, " (R2) is always a 1-2 assist (for transfers). Occasionally she would try to transfer herself to the toilet, but she couldn ' t do it. I didn ' t leave her alone. I didn ' t trust her. "

R2 ' s care plan dated 1/28/13 states, " Resident at risk for falling related to cognitive deficit, use of psychotropic meds, weakness and limited mobility. Occasional incontinence and unaware of safety. " This document also states, " 4/22/13- lowered to the floor- no injury- left knee gave out. , 11/4/13- non-injury- getting out of bed without assistance., 12/25/13- fall without injuries. " This same document shows, " Assist of 1 or 2 staff with transfers and transfer belt and give resident verbal reminders not to ambulate/transfer without assistance. "

2. The Physician ' s Order Sheet dated 3/2014 shows that R1 has diagnoses including History of Cerebrovascular Accident and Dementia with Hallucinations.

The Facility Incident Investigation Form dated 3/4/14 states, " On the evening of Tuesday, March 4th, (E5-CNA) came to this writer to complain about one of her coworkers. (E5) said, ' and I know I should have said something before

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now, but last week or so (E6-CNA) was working A/B hall and I was on C/D hall. At about 9:45PM- I was at the nurse ' s station and she waved me toward her and said quietly, ' come here, I need your help. ' (E5) said she followed (E6) to room 236 and went in and saw (R1) on the floor next to her bed with her legs out in front of her. (E5) said (E6) asked for help to get (R1) back on the bed and (E5) did. (E5) said she asked (E6) what happened and (E6) said she didn ' t know. (E5) said that (R1) was soiled with BM and had a sheet under her but she does not know why. E5 said, ' I guess maybe she was trying to get her up by herself before she came to get me, I don ' t know. ' (E5) said she returned to her assignment and said she did not mention anything to the nurse because she was working the other hall and this was (E6 ' s) resident. (E5) said she felt guilty when realized this had not been reported to the nurse, she didn ' t know how to handle the matter since no one had been told about it. So she came to report what she understood to have been a fall, she did not know if the resident fell out of bed or not. "

This same document then states, " Nursing Management spoke with (E6) asking her if she knew anything about a fall involving, (R1) recently? ' Well, the way I see it, she almost fell. Well she was all twisted up in the bed, her legs were on the side and her feet were off the bed and almost touching the floor. (R1) was holding on, I think she was trying to get up out of the bed. ' "

This same document continues with, " Regarding the resident, it does not matter how she came to be on the floor, staff are trained at CNA class and on the job that any and every resident on the floor must be assessed by a nurse before getting them

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up from the floor. It is believed that she avoided reporting this to a nurse and furthermore was keeping the information from being reported. Considering the CT results I believe there was a fall. This means that (E6) is willing (to) withhold information about the resident ' s well-being and to lie to protect herself. (E5) is also wrong for not recognizing that this had not been reported and has voiced remorse and apologies for her part. "

On 3/12/14 at 1:30 PM, E5 stated, " (E6) asked me to come help her. (R1) was on the floor, covered in BM. (E6) said she had fallen out of bed. I checked her for bleeding. Me and (E6) assisted her to bed with the (mechanical lift). I thought it had already been reported. (R1) was in pain. I think it was about Feb. 28th. Looking back on it now, the nurse wasn ' t there- something was not right. In some ways I think (E6) was trying to keep it a secret. She wasn ' t frantic. I don ' t know how long (R1) was on the floor. "

On 3/12/14 at 2:15 PM, E6 stated, " (R1) was half off the bed- she had poop on her. I heard her- she always yells. Her legs were off the bed, touching the floor. The bed was in a low position and her legs were bent like she was trying to get up. I used the pads to pull her up- (E5) helped. She complained of pain at the time- but she complains of pain so much. "

The facility policy entitled Accident and Incident Reporting and Investigation Policy and Procedure dated 6/10/13 states, " Regardless of how minor an accident or incident may be, including injuries of an unknown source, it must be reported to the department head and/or a nurse on duty as soon as such accident/incident is discovered or when information of such accident/incident is learned. "

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