STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008114	A. BUILDING: _____ B. WING _____	C 04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK FALLS REHAB & HCC	430 MARTIN ROAD ROCK FALLS, IL 61071

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S9999	Final Observations Statement of Licensure Violations: 300.610a) 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 300.1210 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	S9999		

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S9999	Continued From page 1 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 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	S9999		

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Review the facility failed to provide a safe transfer for R1. This failure resulted in a fracture to R1's left ankle on 3/25/14.
This applies to 1 of 3 residents (R1) reviewed in the sample of 3.
The findings include:
On 3/27/14 at 12:40pm, R1 was observed sitting in a padded reclining wheelchair with a pillow behind her left knee. R1 had a cast on her left leg.

The Nurses Notes for R1 showed, "3/22/14 at 8:10pm - This nurse was called to R1's room by E4 (Certified Nursing Assistant - CNA). E4 states that R1's left foot got caught on the bed when being transferred from the wheelchair to low bed. Upon entering the room, noted R1 sitting on low bed with feet on floor, upright. Obvious deformity noted to left distal tibia. Bruising noted to medial ankle of left leg with weak but palpable pulse to left foot. R1 moans when trying to move left foot, but denies pain. I advised R1 not to try to move her foot; 8:15pm - 911 called and Power of Attorney notified; 8:35pm - R1 transported to hospital for evaluation. R1's physician notified at this time; 3/23/14 - R1 has been admitted to the hospital surgical floor; 3/25/14 - R1 re-admitted to facility. R1 has a cast on her left lower extremity; left ankle fracture - not weight bearing."

The facility's "Final Five Day Report" (no date) for R1 showed, "Allegation - Injury of Unknown Origin; Reported - March 23rd, 2014; Time - 11:45am; Location - Resident's Room; Diagnosis - Un-specified Closed Fracture & Dementia; Mental Status - confused; Investigation - E4 (CNA) reported to E5 (Registered Nurse - RN) that during a transfer with R1 from the wheelchair to the bed that R1's left foot got caught on the bed. E5 assessed R1 and sent R1 to the

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emergency room for evaluation. R1 was admitted to the hospital with a distal tibia displaced fracture; Resident interview - Due to diagnosis of Dementia R1 is not able to communicate what happened; Conclusion - No abuse occurred; fracture likely due to foot being caught under the bed during the transfer."

On 3/27/14 at 10:21am, E6 (CNA) was interviewed with E2 (Temporary Administrator) present and stated, "R1 was a 3 person transfer with a gait belt. Two CNA's would transfer while one CNA held her leg off the floor so she wouldn't bear weight."

On 3/27/14 at 10:36am, E2 stated, "It was just those two, the CNA (E4) and the nurse (E5) involved in the incident (for R1 on 3/22/14). I had the CNA display how she transferred R1. The resident's foot jumped over E4's and got caught in the bed as E4 was lowering R1 to the bed. If the chart states R1 is to be a 3 person transfer then she should be transferred by 3 people."

The Nurses Notes dated 1/3/14 for R1 showed she was admitted to the facility with a left femoral fracture; non-weight bearing on the left leg; up with 3 assist, 2 to pivot and 1 to hold left leg.

The Physical Therapy Evaluation dated 1/6/14 for R1 showed, "Independent in the past; according to the family R1 was mobile with a cane prior to the fall but very unsteady; Medical history - surgical repair of fractured femur on 12/31/13. Non weight bearing to left lower extremity; Objective evaluation - Assist times 3 (people) for all transfers. R1 is unable to assist and is at risk of falls."

The Minimum Data Set (MDS) with an

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Assessment Reference Date of 1/10/14 for R1 showed extensive assistance of 2 or more persons for transfers.

The Physical Therapy Assistant Weekly Progress Report dated 1/12/14 for R1 showed, "Patient/Caregiver Training: Educated staff in 3:1 transfer from reclining wheelchair to low bed to maintain non weight bearing to the left lower extremity.

The Care Plans dated 1/14/14 for R1 were for "Potential for altered activity pursuit/social isolation as related to diagnosis of dementia; Potential risk for altered nutritional status and/or weight loss related to dementia; and Impaired psychosocial well-being-alteration in participation in interpersonal relationships and/or altered leisure planning." R1 did not have a care plan for activities of daily living/transfer needs.

The Physical Therapy Progress Report dated 1/24/14 for R1 showed, "Function/Impairments Addressed - Transfers; Current (functional score) - 2.0 (Max/ constant assist - 75 to 90 percent of the time or effort involved to complete task) times 3 CNA's."

The Physical Therapy Progress Reports for R1 showed on 1/31/14, 2/7/14, 2/14/14 and 2/21/14 R1 needed 3 CNA's for transfers and was non weight bearing to her left lower extremity.

The Occupational Therapy Assistant Weekly Progress report dated 2/20/14 for R1 showed, "R1 has been more lethargic this week and has increased difficulty keeping her eyes open."

The facility's Transfer Belt/Gait Belt policy (4/10/06) showed, "Monitor the resident during

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S9999	Continued From page 5 transfers for: Decline in the amount of effort given by a resident; inability to participate in the transfer. Report any changes in resident's performance during transfers to the charge nurse." On 4/3/14 at 12:44pm, Z1 stated, "They told me R1 was being transferred from the wheelchair to her bed, her foot got caught on something and her ankle was broke because of it. R1 was already there with a broken leg. They said it (R1's ankle fracture) happened because there wasn't enough people transferring her. They definitely weren't careful with her." (B)	S9999		