

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2014
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NAME OF PROVIDER OR SUPPLIER ALDEN ALMA NELSON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b)5) 300.1210d)6) 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</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>	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>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.</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>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)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on record review, and interview the facility failed to supervise a resident at risk for falls during ambulation, and transfers. These failures contributed to R6 falling and sustaining a fractured humerus on 4/27/14, and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>a fractured hip on 4/30/14.</p> <p>This applies to 1 of 3 residents reviewed for falls (R6) in the sample of 8.</p> <p>The findings include:</p> <p>R6's May, 2014 Physician's Order Sheet documents that R6's diagnoses include Persistent Mental Disorder, Congestive Heart Failure, Chronic Airway Obstruction, Anxiety Disorder, and Morbid Obesity.</p> <p>The Minimum Data Set (MDS) assessment of 4/14/14 shows R6 has moderate cognitive impairment. No behaviors are documented. R6 requires limited assistance of one person for bed mobility, transfer, walking in room. She is dependent on one person for dressing. She requires extensive assistance of one person for toilet use. R6's balance is not steady with moving from seated to standing position, moving on and off the toilet, and surface to surface transfers. R6 uses a walker. She occasionally has mild pain. Other health conditions include shortness of breath with exertion. (walking, bathing, transferring) R6 also has shortness of breath when at rest. No fall history is documented. R6 receives oxygen.</p> <p>The occurrence log (Jan.- April, 2014) shows that R6 had 3 falls. (2/11, 4/27, 4/30) On 2/11/14 it is documented she had a behavior problem. On 2/17/14 the same log shows she was found with a bruise.</p> <p>The occurrence reports show the following:</p> <p>2/11/14 documents that R6 was self positioning in the bed and rolled out on to the floor. She was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>sent to the emergency room for evaluation. She sustained a bruise on her knee. The same report documents that "old bruises" were found on her back and arms.</p> <p>4/27/14 shows that E6 (Certified Nursing Assistant) was ambulating with R6 to the bathroom, she (E6) turned away from the resident to get something (brief) from the dresser. R6 slipped, lost her balance and fell to the floor. R6 said that her shoulder was broken and was unable to move her right arm. She was sent to the emergency room and found to have a Fractured Right Humerus.</p> <p>4/30/14 documents that R6 transferred herself from a recliner into her bed and fell. No injury was documented. The report shows that R6 had to reach for her call light and her arm was in a sling. (previous fracture on 4/27/14)</p> <p>A hospital Emergency Room report of 4/15/14 shows that R6 had a fall in her bathroom and struck her head. (R6 receives anticoagulant medications that include Coumadin and Aspirin.)</p> <p>The Physician/Provider Notes shows the following:</p> <p>3/21/14 documents that R6 has difficulty with ADL's. She has poor judgement and insight. Hypoxemia- COPD exacerbation verses pneumonia. Will titrate oxygen.</p> <p>On 5/6/14 at 12:00 noon, E1 (Administrator) said that one of the falls R6 had, the CNA removed R6's oxygen to take her to the bathroom, so she would not trip on the tubing. E1 said that R6 is not to have the oxygen removed. E1 said that R6 had frequent falls while living at home. On the fall of</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>4/27/14 the CNA (E6) turned away while ambulating with R6 to the bathroom and R6 fell. Two days after this R6 was found on the floor next to her recliner. She did not have any complaints. The next day when she went to the orthopedic office, I was called and told that she complained of pain in her left hip. I was told she had a fracture of the hip.</p> <p>On 5/7/14 at 10:45 AM E7, (Licensed Practical Nurse) said that she was present when R6 had the last two falls. The first one she was using a walker and going into the bathroom. E6, CNA, turned to get a brief and when turned back R6 was on the floor. She complained she couldn't move her arm, she was moving everything else ok. I saw her walker in the doorway of the bathroom. Sometimes R6 will use the call light and sometimes she will not. The second time she fell, I had just come out of her room. I was a few doors down, and I heard her yelling for help. She was on the floor by her recliner. We lifted her with a mechanical lift and put her in her recliner. She said she was fine. I received a call later while she was out to the Ortho and was told she was complaining of pain in her hip. They found a fracture when they did a CT (Computerized Tomography) scan. I was surprised because she had not complained of any pain the night before.</p> <p>On 5/7/14 at 11:15 AM, E6 (CNA) said that she was walking behind R6 into the bathroom and she turned to get a brief and a towel, and when she looked back R6 was falling. She fell backwards. She said she didn't know what happened. Her shoes "flew" off when she fell, they were like a slip on tennis shoe. I work various halls so I only get report for that day. I wasn't sure about her falls, but I had heard she has fallen a lot before. She did not wear her</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>oxygen, because we were always told she could walk from her bed to the bathroom with out it. We don't want her to get tangled in the tubing. She usually takes herself to the bathroom, I have seen her coming out and going in by herself when I'm walking down the hallway.</p> <p>R6's Care Plan dated through 7/13/14, shows that R6 has an Activities of Daily Living (ADL) deficit due to Dementia, Limited Mobility and Fatigue. The same care plan shows that R6 is at risk for impaired gas exchange due to Chronic Obstructive Pulmonary Disease. The Fall risk care plan documents that R6 is at risk for falls related to the use of an assistive device, poor decision making, psychotropic medications, and impulsive behavior.</p> <p>The fall prevention interventions include non-skid wheel chair cushion, encourage appropriate use of the wheel chair, encourage the resident to report falls, non skid foot wear, supportive shoes, no clogs or slippers, notify family and physician of new falls.</p> <p>According to the facility policy and procedure for Fall Prevention: the facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the resident's care plan in order to minimize the risks fo fall incidents and/or injuries to the resident.</p> <p style="text-align: center;">(B)</p>	S9999		
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