

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/06/2014
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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF ELMHURST	STREET ADDRESS, CITY, STATE, ZIP CODE 420 WEST BUTTERFIELD ROAD ELMHURST, IL 60126
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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
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS 300.1210b) 300.1210d)6) 300.3240a)</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>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 300.3240 Abuse and Neglect</p> <p>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>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Based on interview and record review the facility failed to supervise a resident (R1) who needed assistance with toileting. This failure resulted in R1 to falling and fracturing the left hip. This applies to one of three resident's reviewed for falls.</p> <p>The findings include: R1 was admitted to the facility on 1/13/14. The Physician Order Sheet showed that R1 's admitting diagnosis included Lymphoma of Central Nervous System, Meningitis, and Dementia. On 1/13/14 R1 was admitted to the facility with a diagnosis of Lymphoma of the Central Nervous System. The Minimum Data Set dated 4/4/14 showed that R1 was cognitively impaired and was unable to complete the interview for assessment of cognitive patterns. The results for this date showed that R1 was severely impaired for making daily decisions. The document showed that R1 needed one to two assistants with transfers, ambulation and personal hygiene. The care plans for R1 did not show specific interventions to prevent falls that were appropriate for R1. The Fall Risk Assessments Dated for 3/28/14 and 4/11/14 showed R1 to be at high risk for falls. On 4/29/14 E4 at 1:20pm Certified Nursing assistant stated via telephone, " I did leave R1 alone on the toilet. I gave her the call light. Another resident needed me. R1 was forgetful, especially when anxious. R1 did not always remember what I told her. " On 4/29/14 at 2:00pm E5 Registered Nurse</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>stated via telephone, " I heard the aide call for help. When I went in I found R1 on the floor in the bathroom. R1 was complaining of pain in the leg, I think the left I ' m not sure " . E5 also said that R1 should not have been left alone on the toilet. E5 stated that a gait belt was used to transfer R1 from the floor in the bathroom to the wheelchair.</p> <p>On 4/27/14 E2 Director of Nursing provided documents of the Investigation of the fall that happened on 4/13/14. Written statements from E4 showed that R1 was left on the toilet alone while attention was given to another resident. These documents showed that E4 and E5 were given corrective action and suspended for deliberate poor job performance. These documents also show that E5 was in serviced on 4/14/14 for the proper way to transfer a resident that has indications of fracture or other serious injury.</p> <p>On 4/29/14 at 1:15pm Z1 Medical Doctor for R1 stated via telephone, " R1 ' s fall resulted in a fracture to the left hip. R1 had fluctuating Dementia from the Lymphoma of the Central Nervous System. R1 should not have been left alone on the toilet.</p> <p>(A)</p>	S9999		
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Lexington of Elmhurst

Plan of Correction

Survey 5/6/14

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.

To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. This plan constitutes the center's allegations of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.

F 323 the facility will ensure proper supervision who need assistance with toileting

Corrective action for the resident affected

- R1- No longer in facility

How other residents will continue to be identified:

- Facility sweep to identify residents high risk for falls with cognitive impairment and needing assistance with toileting and accurate supervision status on Care giver Alert.
- Compliance audits for supervision status information on Resident Giver Alert to be completed by Unit Manager or designee.

System Revision:

- In-serviced staff on routinely using Care Giver Alert to identify supervision status and on the Check level of support and ensure adequate supervision with toileting.
- Random observations of staff performing supervision of residents needing assistance with toileting with cognitive impairment in accordance with Care Giver Alert will be completed by the Unit manager or designee.
- Unsatisfactory results will be reported to DON.

How the facility will monitor the system:

- The Administrator, Director of Nursing or designee will evaluate audits for negative trends and address one to one with identified staff.
- Findings will be reported to the QAPI committee for review until resolution.

Compliance Date: 5/30/14