STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016281	A. BUILDING: _____ B. WING _____	C 03/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK MANOR - LAGRANGE	339 9TH AVENUE LA GRANGE, IL 60525

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

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S9999	Continued From page 1	S9999		

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.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to ensure that identified fall prevention interventions were implemented for 1 of 3 residents reviewed for falls (R1). These failures resulted in R1 sustaining a fractured left femur and subsequent hospitalization.

Findings Include:

Facility ' s fall risk assessment policy denotes residents will be assessed for risk factors that increase their potential for falls in order to identify the need to initiate additional safety measures. Residents who scores 0-11 shall be considered at risk for falls and have general resident safety interventions implemented.

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R1 ' s fall risk assessment dated 1-2-14 denotes R1 had total score of 8.

R1 ' s initial care plan denotes R1 has potential for falls related to dementia with decreased focus and safety awareness, interventions included ensure that resident (R1) is wearing appropriate footwear (shoes, bedroom slippers, nonskid socks) when ambulating or up in wheel chair, increase redirection of the resident for safety and initiate falling prevention protocol.

R1 ' s nurse note dated 1-25-14 denotes R1 in/out of residents ' room wearing their shoes. R1 ' s nurse notes dated 1-30-14 and 2-6-14 denotes R1 in other resident s rooms taking their personal belongings. R1 ' s nurse note dated 2-12-14 R1 continues to ambulate and wanders in and out of other residents rooms, takes their belongings, clothes shoes redirection given.

E2 (Certified Nurse Aide) stated on 3-18-14 at 11:20 AM was working on 2-14-14 and assigned to R1. E2 stated saw R1 with a pair of black shoes (clogs) on earlier at the beginning of her shift (2-10). E2 stated she did not know if they were her shoes and did not check. E2 stated was later told by the nurse that R1 had fallen. E2 stated was not told by the nurse to make sure R1 had the appropriate foot wear on. E2 stated she did know that R1 would go into other residents ' room and take their clothes but did not know R1 would put the other resident ' s clothes/shoes.

E4 (Assistant Director of Nursing) stated on 3-18-14 at 2:00 PM " clogs " are not appropriate foot wear for the residents. E4 stated staff is responsible to make sure residents have on the appropriate foot wear and their own

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shoes/clothes on.

E1 (Licensed Practical Nurse) stated on 3-18-14 at 1:10 PM worked on the Dementia unit for 5 years. E1 stated on 2-14-14 was sitting at the nurses ' station next to the TV room when the CNA (E3) told her that R1 had tripped and fallen. E1 stated she went to R1 and assessed her, called doctor and R1 denied any pain. E1 stated she noticed that R1 had on another resident black shoe (clogs) on. E1 stated R1 does not have black shoes (clog), she has a pair of gym shoes. E1 stated the black shoes (clogs) that R1 was wearing are not appropriate shoes. E1 stated all the staff is responsible to make sure the residents have the appropriate footwear on but the CNA assigned to R1 was to make sure R1 had the appropriate footwear.

E3 (Certified Nurse Aide) stated on 3-18-14 at 11:30 AM was sitting in the TV room on 2-14-14 when R1 got up and walked out. E3 stated she called for R1 and asked her to come back in the TV room. E3 stated as R1 was turning around she got tripped over her feet and fell. E3 stated she immediately got E1 and saw that R1 had black shoes that belonged to her roommate. E3 stated part of the CNA duties is to a make sure the resident they are assigned to have on the right shoes.

R1 ' s nurse note written at 4: 00 PM dated 2-14-14 denotes informed by CNA R1 on the floor in a sitting position. R1 assessed able to move all extremities. R1 observed to have another residents shoes-clog on at time of fall. Doctor notified and ordered X-ray.
R1 ' s nurse note dated 2-14-14 written at 7:00

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PM denotes X-ray done results pending.
R1 ' s nurse note dated 2-15-14 written at 12: 50 AM denotes X-ray results fracture of the left femur, doctor notified and ordered to send R1 to hospital.

R1 ' X-ray dated 2-14-14 denotes impacted transcervical fracture of the neck of the left femur.
R1 ' s hospital record dated 2-15-14 denotes R1 in emergency room and X-ray showed a left femur fracture admitted for further management. Date of surgery 2-16-14 preoperative diagnosis displaced femoral neck fracture, left hip. Procedure performed: Placement of bipolar femoral endoprosthesis at left hip.

Z1 (Doctor) stated on 3-18-14 at 1:00 PM R1 had Dementia but able to walk without staff assistance. Z1 stated R1 did sustain a fracture of her left hip from the fall and needed a rod placed in her left hip to stabilize it.

R1's post fall assessment dated 3-18-14 denotes footwear at the time of the fall were clogs foot wear.

E5 (Restorative Nurse) stated on 3-18-14 at 12:30 PM did R1's fall post assessment. E5 stated R1 fell because she had on the wrong shoes at the time according to the nurses.

(B)