

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009567</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GARDENVIEW MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14792 CATLIN TILTON ROAD DANVILLE, IL 61834</b>
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</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>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.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to perform safe transfers by not using a gait belt and not using the proper sling for a mechanical lift for three of five residents (R1,R11, R22) reviewed for transfer assist, on the sample of 22. The failure to use a gait belt while transferring R1 resulted in a Spiral Fracture to the Right Distal Humerus.</p> <p>Findings include:</p> <p>1. According to the 8-1-13 initial Incident/Accident Report, "On 7-30-13 2nd shift reported that Res (Resident R1) said she felt shoulder "pop" while turning in bed by staff." R1's April 2014 Physician Order Sheet (POS) lists following diagnoses: Anemia, Osteoporosis, Parkinson's, Anxiety, Schizophrenia and a history of a Fractured Hip. The 8-1-13 to 8-31-13 POS lists a diagnosis on 8-2 of Spiral Fracture to Right Distal Humerus for R1.</p> <p>The final investigation report dated 8/4/13 by E29, former Director of Nurse's, documents a incident</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>on 7-30-13. The report documents an interview of E30 Certified Nurse Assistant (CNA) on 8-2-13 by E29. According to the report E30 stated "I was caring for (R1) on the night of 7-30-13. (R1) requested to go to bed about (10:00 P.M.). I was unfamiliar with (R1) and asked my peers how she transferred . . . . I was informed that she was a one person transfer. I stood (R1) up and she appeared very shaky. I didn't feel comfortable transferring her . . . . During the transfer (R1) put her arms around my neck. I had my hands at her waist area. She transferred well, we made it to the (bed) and (R1) verbalized 'my arm popped' and (E30) reports hearing the arm pop as well." The charge nurse E14, Registered Nurse was notified.</p> <p>E29's report further states that E31, Physical Therapist was interviewed on 8-4-13. The report states "(E31) is the Physical Therapist that worked with (R1) prior to the occurrence and is presently still working with her. She reports that R1 is a minimal assist transfer with a gait belt. That she (R1) is very forgetful and requires frequent reminders. (E31) further feels that grabbing of the neck increased anxiety."</p> <p>E29 determined the root cause to be "(R1) with frozen shoulder grabbed CNA around neck during transfer which caused (R1's) arm to fracture."</p> <p>E29's report also included an employee discipline for E30 dated 8-4-13. The disciplinary note states "On 7-30-13 during the transfer you allowed the resident to hug you around your neck. This is not part of a proper transfer. This resident should have been instructed to keep her arms at her side. The transfer should also include a gait belt. All transfers with the exceptions of using a lift require a gait belt."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>E17, Assistant Director of Nursing (former night Nurse) on 4-10-14 at 10:15 A.M. stated she was made aware of the incident on 7-30-13. E17 assessed and monitored R1 during E17's shift. E17 stated she notified the Physician. The Physician's order was to apply a ACE wrap to the arm and notify the doctor of changes.</p> <p>The facility's undated gait belt policy states "It is the policy of this facility to appropriately use gait belts for transfer and ambulation, promoting safety for residents and staff. Nursing staff are required to use a gait belt for transfers and ambulation of residents requiring any physical assistance."</p> <p>2. The Minimum Data Set dated 3/3/14 states that R11 is cognitively impaired and requires extensive assist with transfers.</p> <p>The Physical Therapy Note dated 2/6/14 states, "....Use gait belt...Be patient with [R11] during transfers to toilet.....demonstrates [high] anxiety and fear of falling with all transfers.....also demonstrates backward lean while transferring to toilet....."</p> <p>On 4/9/14 at 9:30am E25, CNA (Certified Nurse Aide) transferred R11 from the wheelchair to the bed. E25 stood in front of R11 and told R11 "put your hands around me." R11 put his arms around E25's neck and E25 placed his arms around R11's waist, lifting R11 with a bear hug up out of the wheelchair and pivoting to the bed. E25 did not use a gait belt for the transfer.</p> <p>3. The History and Physical dated 4/4/14 states that R22 has a right above the knee amputation.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 4/6/14 at 3:00pm E12 and E13 CNA's placed the 4 point sling with leg straps under R22 in preparation for a transfer using the mechanical lift. E12 and E13 positioned the sling under R22's trunk, pulling each leg piece under R22's thigh so they emerged on the inside of his thigh. E12 and E13 then crisscrossed the leg straps and hooked the shoulder and leg clips on the sling to the pegs on the four point spreader bar of the lift. E12 lifted R22 using the mechanical lift and moved him over to the wheelchair. While moving R22 to the wheelchair, R22's right above the knee stump flexed up off the sling toward his chest momentarily, and then went back down to rest on the sling. R22 was then lowered to the wheelchair.</p> <p>Z2, Physical Therapist stated on 4/7/14 at 2:30pm that R22 was evaluated by therapy today (4/7). When asked what type of mechanical lift sling should be used for a resident with a above the knee amputee, Z2 stated a "amputee/bucket sling" should be used for mechanical lift transfers.</p> <p>The Manufacturer"s Instructions for the mechanical lift dated January 2001 states, "When lifting patients with leg amputations, use the double amputee sling....This sling is specially designed to accommodate for the differing patient center of gravity.."</p> <p>( B)</p> <p>300.1230 j)5)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Section 300.1230 Direct Care Staffing</p> <p>j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f).</p> <p>5)Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05 (d) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to meet the requirements for Minimum Direct Care Staff for two of 14 days reviewed for staffing. This failure has the potential to affect all 108 residents residing in the facility.</p> <p>The findings include:</p> <p>The two-week Staffing Spreadsheet dated 3-13-14 through 3-26-14 was provided by E1 (Administrator) on 4-9-14. Based on the average skilled and intermediate census of 15.6 and 101.3 respectively, the calculated requirement for Additonal Direct Care Staff is 234.4 (numbers rounded to nearest tenth) hours per 24 hours.</p> <p>The staffing spreadsheet as above records only 187 hours for Certified Nursing Assistants (CNAs)</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>on Saturday, 3/22/14. Allowing for an additional 34.3 hours by Nursing, Social Service and Therapy, the total number of additional hours equals 221.2 hours. This is 13.1 hours short of the required 234.4 hours of additional direct care hours.</p> <p>The spreadsheet for 3-23-14 records 192 hours for CNAs. There are no additional hours for Social Service or therapy on this date. Allowing for an additional 26.6 hours by nursing, the total number of hours equals 218.6. This is 15.8 hours short of the required 234.4 hours of additional direct care hours.</p> <p>On 4/9/14 at 4:00 PM, E1 confirmed that the documented hours are correct, and the facility was short the required direct care hours on those dates.</p> <p>The Resident Census and Conditions of Residents dated 4-8-14 documents that 108 residents reside in the facility.</p> <p>( B)</p>	S9999		