

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011589	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/24/2014
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NAME OF PROVIDER OR SUPPLIER MANORCARE OF SOUTH HOLLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2145 EAST 170TH STREET SOUTH HOLLAND, IL 60473
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 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>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</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>care needs of the resident.</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 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 interview and record review, the facility failed to use the appropriate mechanical lift to transfer one resident (R1) of four residents reviewed for mechanical lift transfer out of a total sample of four. This failure resulted in R1 sustaining a left femur fracture.</p> <p>Findings include:</p> <p>R1's Physician order sheet dated 5-24-14 documents R1 Diagnoses of Dementia, Anxiety, Muscle Weakness, and Difficulty Walking. R1's</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>MDS (Minimum Data Set) dated 3-29-14 documents R1 was non-ambulatory, and required the extensive assistance of at least two staff members to transfer.</p> <p>Facility incident report dated 5-11-14 documents R1 fell at 11:30am during transfer from her bed with the sit-to-stand mechanical lift. R1 let go of the handles of the lift while being transferred, and slid to the floor. Nursing note dated 5-11-14 at 7:42pm documents resident was on the floor in a sitting position, the mechanical lift in front of her. This nursing note also documents there were no apparent injuries, and R1's physician, Z2 (Friend) and Z3 (Friend) were contacted. R1's care plan was updated post fall to include new interventions of reporting to the physician the development of pain, bruises, change in mental status, ADL (Activities of Daily Living) function, appetite or neurological status.</p> <p>Facility incident report dated 5-23-14 documents R1 again fell at 8:30pm, while being transferred to bed via the sit-to-stand lift. Nursing note dated 5-23-14 at 8:30pm documents that upon entering the room, E10 (Nurse) observed R1 "lying on the floor on her back, blood and clear fluids were draining from right leg deep skin tear." This note further documents "advised the CNA's to get the mechanical, full body sling lift to lift R1 back to bed to be examined. The CNA's say that R1 slid off the stand up lift to the floor on her knees and then layed down on her back." This note further documents R1's physician and Z3 were notified, and R1 was sent to the hospital for evaluation. Nursing note dated 5-24-14 at 4:31am documents R1 was admitted to the hospital with a Diagnosis of a Fractured Left Femur.</p> <p>E5 (CNA) stated 6-18-14 at 9:45am she was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>assigned to care for R1 the evening of 5-23-14, and enlisted the assistance of E6 (CNA) to help put R1 to bed. E5 further stated she had taken care of R 1 "a couple of times" in the past, and wasn't aware that the kardex/kiosk computer system informs CNA's of which lift to use for a resident. E6 also stated that upon trying to lift up R1 with the sit-to-stand lift, R1 was "in a panicky state, flailing her arms around, and resisting trying to stand up. E6 then stated R1 then slid under the lift's under arm sling, sliding to the floor. E6 further stated she saw other CNA's use a sit-to-stand lift for R1 in the past, so that's why she also decided to use it to transfer R1.</p> <p>E6 (CNA) stated 6-17-14 at 2:15pm she assisted E5 to attempt to transfer R1 the evening of 5-23-14, and stated she assumed E5 checked the kardex to see what type of mechanical lift should be utilized to transfer R1, since R1 was assigned to E5. E6 also stated R1 was "fighting every time we tried to lift her up with the machine to get her in a standing position, and began to slide out of the sling" upon her transfer 5-23-14. E6 further stated that every time she assisted R1 to go to bed, "she would act the same way--fighting, combative." E6 further stated R1 was known to move around a lot during transfer, trying to get out of the mechanical lift, fighting to get into the lift, and once in, would often try to unfasten the strap closures in attempts to get out of it.</p> <p>Z2 stated 6-16-14 at 10:05am R1 continued to decline after hospitalization, and was transferred to in-patient hospice care at another hospital, where she expired 6-6-14.</p> <p>E2 (Director of Care Delivery) stated 6-17-14 at 1:46pm that after R1's fall 5-11-14 from the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>sit-to-stand lift, her kardex was updated to say "use mechanical lift with sling to transfer". E2 further stated that upon questioning E5 and E6 after R1's fall from the sit-to-stand lift 5-23-14, both CNA's stated that it was unclear to them what type of lift to use, as all mechanical lifts have a sling. A copy of R1's kardex was requested by the surveyor, but was never provided. E2 further stated she was not aware who assessed R1 to be appropriate for a sit-to-stand lift.</p> <p>E1 (Administrator) stated 6-17-14 at 12:28pm falls are reviewed by the Quality Assurance Committee the next day, to try to discover the cause and put new interventions into place to prevent future occurrences. E1 further stated that after R1's fall from a sit-to-stand lift 5-11-14, R1's kardex was updated to say to use a "mechanical lift with sling" to transfer her, and CNA's are responsible to look at each resident's kardex to see which assistance devices are to be used for that particular resident's care. E1 further stated E5 and E6 did not understand that "mechanical lift with sling" meant to use a full body sling lift. E1 also stated nursing staff/therapy is responsible to assess which lifting device to use for each resident. Surveyor asked for a copy of R1's mechanical lift assessment, but was not provided one. E1 stated 6-18-14 at 10:30am new CNA's are oriented to the kardex/kiosk system upon their unit orientation, and are to use it to refer to perform their daily tasks in caring for each resident.</p> <p>Z1 (R1's Physician) stated 6-18-14 at 9:08am it's a nursing decision which type of lift to use to transfer a resident. This should be based on the resident's physical and cognitive abilities, level of confusion, and cooperativeness. Z1 further</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>stated that if a resident isn't capable of following directions or won't cooperate enough to use a sit-to-stand lift, a full body sling lift should be used. Nursing staff need to ensure the resident is transferred safely.</p> <p>Facility Policy titled "Mechanical Lift" states, in part "Introduce self, explain procedure. Connect sling straps attachment clips to attachment points on the spreader bar. Fold patient's arms on chest and instruct to keep arms close to body for safety."</p> <p>Facility policy titled "Falls Practice Guide" states, in part "Initiate/update patient information kardex, task list" post fall and "Develop/revise interdisciplinary care plan as applicable, including ongoing fall prevention strategies, patient/family and staff education."</p> <p style="text-align: center;">(A)</p>	S9999		

F323 The facility does ensure that the resident environment remains as free of accident hazards as is possible and that each resident receives adequate supervision and assistance devices to prevent accidents

Corrective action taken for residents found to have been affected by deficient practice.

R1 no longer resides at center

E5 and E6 received 1:1 education and skill competency for transfers with mechanical lift was validated.

How the center will identify other residents having the potential to be affected by the same deficient practice.

Patients who require use of mechanical lifts for transfers have the potential to be affected.

What changes will be put into place to ensure that the problem will be corrected and will not recur.

New/Re-admitted patients, or those with a change in condition, will be evaluated using a formalized tool to assist in identifying patient's individualized transferring needs. Based on assessment findings, care plans and task Kardex will be modified to reflect appropriate mode of transfer and necessary equipment required.

Nursing staff were re-educated on Mechanical Lift policy, the use of care plan/task Kardex prior to care to validate and implement patient's individualized plans of care, how to provide transfer assistance to combative and mentally impaired residents and the need to notify nursing for concerns related to the mode of transfer or residents inability to participate.

Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

The ADNS/designee will conduct random chart reviews to validate that assessments have been completed and plan of care/task Kardex communicates patient's transfer needs; random observations will be performed to validate that staff are utilizing care plans/task kardex and transferring patients in accordance with plan of care.

Data from the above monitoring will be presented to the QAA committee for trending and analysis with further direction provided as needed.

Date when corrective action will be completed: 7/16/14

F498 The facility does ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Corrective action taken for residents found to have been affected by deficient practice.

R1 no longer resides at the center

E5 and E6 received 1:1 education and skill competency for transfers with mechanical lift was validated.

How the center will identify other residents having the potential to be affected by the same deficient practice.

Patients requiring mechanical lifts for transfer have the potential to be affected.

What changes will be put into place to ensure that the problem will be corrected and will not recur.
CNA's were re-educated on the mechanical lift policy and where to locate patient specific information regarding transfer needs and/or necessary equipment

Administrative Director of Nursing or designee will conduct mechanical lift skill validations with CNA's to validate knowledge and understanding of education received.

Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

The ADNS/designee will conduct random transfer observations to validate systems are sustained and recording findings on the QAA monitoring tool.

Data from the above monitoring will be presented to the QAA committee for trending and analysis with further direction provided as needed.

Date when corrective action will be completed: 7/16/14