| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6001184 | A. BUILDING: _____ B. WING _____ | C 11/17/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BRITISH HOME, THE | 8700 WEST 31ST STREET BROOKFIELD, IL 60513 |

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| S9999 | Final Observations<br><br>Statement of Licensure Violations<br><br>300.1210b)<br>300.1210d)6)<br>300.3240a)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br>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. Restorative measures shall include, at a minimum, the following procedures:<br><br>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:<br>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.<br><br>Section 300.3240 Abuse and Neglect<br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident<br><br>These requirements were not met as evidenced by:<br>Based on observation, interview, and record , the | S9999 | | |

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| S9999 | Continued From page 1 | S9999 | | |

facility failed to properly use a gait belt and supervise a resident while assisting with ambulation to prevent a fall for one of four residents (R4) reviewed for falls, in a sample of four. This failure resulted in R4 sustaining an acute non-displaced intertrochanteric fracture.

Findings Include:

Facility's incident report dated 11/4/14 at 11:00am documented, R4 was in the therapy gym. R4 was exiting the private treatment room with her walker with a gait belt on and the therapist(E9), providing stand by assistance (SBA). R4 fell backward while ambulating. The record further indicate R4 fell onto her left hip, and hit her head on the door. R4 reported pain of 10/10 pain scale while standing, and 3/10 while sitting in the wheelchair per this incident report. The therapist was not in contact with the gait belt when R4 was ambulating.

At 11:05am on 11/12/14 E7 (Licensed Physical Therapist) states, "The physical therapist, and assistants should use a gait belt with all transfers, and ambulation. Their hands should be on the gait belt at all times when the resident is standing. When a therapist is holding the gait belt their hand should be around the belt and closed firmly."

At 9:14am on 11/12/14 E9 (Physical Therapy Assistant)states,"I (E9) was walking out of the private treatment room with R4, she (R4) was using her rollator walker, and she had a gait belt on. I (E9) was giving R4 stand by assistance, meaning I was standing close by her (R4). R4 turned to say hello to E6, and she loss her balance falling backwards. She (R4) tried to grab the walker. I(E9) was along side of her, it was a

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chair in her path that I tried to push it out of the way prior to the fall with one hand. My left hand was back toward R4 near the gait belt. When she went backwards we (E6 and E9) tried to reach for her (R4) and I (E9) was only able to grab enough of the belt to keep R4 from hitting her head on the floor because she had hit her leg pretty hard on the floor. I (E9) feel like maybe we could have used the regular walker with two wheels, it may have slowed her down."

Facility incident reports, and care plan indicate that R4 had a fall on 10/23/14 and sustained an open area to the occipital region of her head with bleeding. R4's MDS(Minimum Data Set) functional status indicate that R4 required limited assistance of one staff with transfers, and ambulation's.

Fall assessment for R4 dated 9/10, 10/23, and 11/4/14 indicate R4 has transfer difficulties, unsteady gait, and uses an assistive device (wheelchair).

At 9:45am on 11/12/14 Z2(Nurse Practitioner) states, "R4 was here because of a fall she had earlier this year in her apartment. She had a pubic bone fracture and a pelvic hematoma. She was here to get rehabilitation and get stronger. I believe her baseline was walking with a walker in her apartment. I required that R4 had assistance with ambulation. I can't recall anything acute going on with R4. She was making good progress. I can't comment on therapy because I wasn't there. The facility should have their protocols in place to maintain patient safety."

On 11/13/14 at 12:00pm Z1(Attending Physician) states, I saw R4 in the morning on the day of the fall. She was doing good in therapy and was due

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| S9999 | Continued From page 3<br>to go home soon. I heard about the fall from my NP(Nurse Practitioner), that her X-ray was positive for a fracture. I sent her out to the hospital after I got the results. She had no neurological concerns or health conditions that contributed to the fall. She had two falls in the past and that's why she was in therapy to work on preventive measures for falls. She should have had assistance with ambulation because of the prior falls. Her injury at this time is a result of the trauma from falling."<br><br>Facility policy dated 10/7/2011 indicate a gait belt is mandatory for all residents handling with the exception of bed mobility and medical contraindications. R4 didn't have any documented contraindications of gait belts being used. E9 verbalized that she had tried to grab R4's gait belt indicating she didn't maintain hand contact with R4's gait belt.<br><br>(B) | S9999 | | |