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	IL6002125	A. BUILDING: _____ B. WING _____	C 05/05/2015

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HERITAGE HEALTH-ROBINSON	600 EAST ROBINWOOD DRIVE ROBINSON, IL 62454

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S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1210b) 300.1210c) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest	S9999		

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practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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. (Section 2-107 of the Act)

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S9999	Continued From page 2 THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY: Based on observation, interview and record review the facility failed to follow the restorative plan of care when transferring one of three residents (R2) reviewed for transfer procedures in the sample of 10. This failure resulted in R2 sustaining a bruise to the inner aspect of her right arm, a bruise to her right torso and a knot to her right anterior axillary area from an improper transfer and later being sent to the Emergency Room and requiring outpatient surgery to evacuate an organized hematoma from the subcutaneous space of the right axillary area and repair an avulsion/laceration of the subscapularis muscle. The findings include: R2's Occurrence Report, dated 4/8/15, documents that E4, Certified Nurse Aide (CNA) noted a large swollen area which was "purple and puffy" to R2's right inner arm and reported this to E3, Registered Nurse (RN) on 4/8/15 at 5:30AM as an injury of unknown origin. R2's Nurses Notes document in part the following: On 4/8/15 at 5:30AM, a large bruise was noted to the inner aspect of R2's right arm. This bruise was 8 centimeter (cm) long and was dark purple in color with a slight blue color on the outer edge and had a faint red streak that extended up towards R2's shoulder. R2 did not show any signs of pain when being assessed and it is unknown how R2 obtained the bruise. On 4/9/15 at 2:15PM, Z4, Physician for R2, was notified of a bruise of unknown origin to R2's right upper arm.	S9999		

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On 4/9/15 at 7:02PM, Z5, Power of Attorney (POA) for R2, is aware of the bruise discovered to R2's right upper arm. and aware of x-ray order and results.
On 4/21/15 at 8:02PM, a 2.5 cm long by 1.5 cm wide lesion discovered on R2's right anterior axillary area, where bruising/hematoma area of unknown origin was previously discovered. The area ranges from purple to yellow in color with various stages of bruise healing. The tissue in the affected area has continued to be firm to touch and appears that with pressure the tissue has split open. Z5, POA for R2, is aware of this change and corresponding treatment order to keep steri strips intact. and wash with wound cleanser daily and cover with a sterile pad as needed for drainage. Nurses will monitor for signs and symptoms of infection.
On 4/22/15 at 8:57AM, Z4, Physician for R2 was paged at 6:26AM due to R2's anterior axillary lesion was bleeding. Z4, Physician for R2 returned call at 7:14AM and gave orders to transport R2 to the hospital. Z5, POA for R2 was notified at 7:30AM and an ambulance was summoned via "911" dispatch at 7:41AM. The ambulance arrived at 8:05AM and departed with R2 on stretcher at 8:10AM.

R2's Hospital Operative Report, dated 4/22/15, documents the surgical procedure as; 1. Right Axillary Exploration. 2. Evacuation of Right Axillary Hemotoma. experience of Traumatic Right Axillary Laceration. 4. Partial Excision/Debridement of Avulsed Segments of the Subscapularis Muscle. This same Hospital Report documents that R2 tolerated the procedure well with no apparent complications.

R2's Nurses Notes of 4/22/15 at 6:16PM document in part that R2 arrived back at the

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facility at 4:30PM via ambulance with a 4 by 4 dressing in place and the dressing is dry, clean and intact with no drainage.

On 4/30/15 at 12:40PM, Z3, Surgeon for R2, stated that he could not say what caused R2's injury but that is was a bruise that turned into a hematoma. Z3 went on to say that it is possible, in the length of time from 4/8/15 to 4/21/15, for the injury/bruise to advance as it did. Z3 said he looked at the muscle in surgery and then saw that it was torn.

On 4/30/15 at 2:45PM, E8, Registered Nurse/Restorative Aide (RN/RA) stated that she does the facility's investigations of injuries of unknown origin regarding bruises and falls. E8, RN/RA went on to say that she saw R2's bruise for the first time on 4/9/15 in the early afternoon along with E2, Director of Nursing (DON), E5, Licensed Practical Nurse (LPN), and E11, Registered Nurse (RN). E8, RN/RA continued to say that R2's bruise at that time was purple and covered an area from R2's right shoulder to her right upper arm, that R2 also had a swollen area to her right axillary region and also had a purple, "linear bruise, approximately the width of a gait belt on the right side of her torso, on her ribs". E8, RN/RA went on to say that she was concerned about R2's bruises and the swollen area and started her investigation in the afternoon of 4/9/15.

R2's Occurrence Report, dated 4/8/15, documents the investigative interviews regarding transfers as follows:

On 4/9/15 at 3:00PM, E7, CNA stated that she had transferred R2 with 2 assist, gait belt and lifting some weight under R2's arms.

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On 4/9/15 at 3:10PM, E19, CNA stated the she has two assisted R2 with E6, CNA and that they are not always able to use a gait belt because R2 becomes combative during transfers so they lift under R2's arms.

On 4/9/15 at 3:20PM, E20, CNA stated that she transfers R2 with 2 assist and a gait belt but that they do lift some weight under her arms.

On 4/9/15 at 3:25PM, E21, CNA stated that she uses 2 assist for transfers and no gait belt and that R2 is not easy to transfer.

On 4/9/15 at 3:35PM, E18, CNA stated that she uses 2 assist and no gait belt because it is hard to get on and that she lifts some weight under R2's arms.

The facility's April 2015 Schedule was reviewed and the following staff were interviewed by this surveyor. These staff were caring for R2 at sometime during the three days prior to her bruise being noted:

On 4/30/15 at 9:55AM, E6, CNA stated that R2 can get combative and that he transfers R2 with 1 assist and a gait belt.

On 5/4/15 at 1:30PM, E7, CNA stated that if she transferred R2 by herself, she would lift R2 under her arms. E7, CNA continued to say if she and E17, CNA would transfer R2 together, then they would still lift R2 under her arms. E7, CNA went on to say that she knew she was not supposed to transfer R2 that way but it was easier because R2 was so tiny and R2 would put her feet on the floor and pivot. E7, CNA also said that R2 could get aggressive.

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S9999	Continued From page 6 On 5/1/15 at 4:40PM, E14, CNA stated that she would transfer R2 by putting her arms around R2's waist and pivoting her to her wheelchair. On 4/30/15 at 5:00PM, E16, CNA stated that she would transfer R2 with 2 assists and a gait belt but that R2 would get combative when staff would get her up out of bed. E16, CNA said that R2 would hit, punch and bite. On 4/30/15 at 10:20AM, E4, CNA stated that he would transfer R2 with 1 assist and a gait belt. E18 CNA, E7 CNA, E6 CNA and E19 CNA all cared for R2 at sometime during the time frame of 4/8/15 at 5:30AM, when R2's bruise was first noted, to 4/9/15 in the afternoon, when R2's transfer status was changed. All 4 of these CNAs indicated in their interviews that they were not adhering to R2's required transfer protocol. E6, E7 E19 and E16 all indicated in their interviews that R2 would become aggressive at times. R2 had behavior tracking for a target behavior of reduced episodes of being combative with staff. According to R2's April, 2015 behavior tracking for this target behavior, R2 did not have any episodes of this behavior. R2's 4/8/15 Occurrence Report documents a follow up report written by E8, RN/RA which documents in part: R2 is alert and oriented times one. R2 is often combative with care and depends on staff for all Activities of Daily Living and mobility. Staff propels her in her wheelchair. R2 is currently seeing occupational therapy for left upper extremity contracture. Root cause analysis; R2 received bruise from inappropriate transfers. Interventions: R2 is now a mechanical	S9999		

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lift for transfers, staff is to be inserviced on proper transfer techniques, verbal warning is given for inappropriate transfers.

R2's April, 2015 Physician's Orders and Medication Administration Records show that R2 receives Aspirin 325 mg daily.

R2's Restorative Care Plan, with an initiated date of 4/21/14 and a last review date of 1/22/15, documents that R2 will transfer with a gait belt and two assist by next review date of 4/22/15. This Restorative Care Plan was discontinued on 4/9/15 when R2 was changed to a mechanical lift transfer with 2 assist.

R2's Minimum Data Set, dated 1/22/15, documents under Section G Functional Status, that R2's Transfer Status is Extensive Assistance with two person assist.

The facility's Resident Handling Policy "Limited Lift", with a revised date of 11/22/11, states gait belt usage is mandatory for all resident handling with the exception of bed mobility and medical contraindications. The gait belt will be considered a part of the certified nursing assistant's uniform.

A facility In-Service Attendance Sign In Sheet is dated 4/10/15 documenting the topic as Transfers and the content of the program as Proper Lifting of Residents. On page 2 of this same form it is written: "This is a facility wide verbal warning. If you are observed improperly transferring residents, this includes the lifts, you will be immediately written up."

On 4/29/15 at 3:30PM, R2 was lying in her bed and had a light tan/yellow bruise to her right forearm, a clean, dry dressing to her right axillary

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S9999	Continued From page 8 region and a blue bruise approximately 2.5 centimeter by 1.5 centimeters above the dressing. (B)	S9999		