

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6901 NORTH GALENA ROAD</b> <b>PEORIA, IL 61614</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 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</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **06/05/15**

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S9999	<p>Continued From page 1</p> <p>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:</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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 Regulations were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on interview and record review, the facility failed to follow policies related to transfers and mechanical lifts that require staff to transfer a resident according to the individualized care plan for one of three residents (R1) reviewed for transfers in a sample of three. This failure resulted in R1 sustaining fractures of the tibia and fibula.</p> <p>Findings include:</p> <p>Facility document "Abuse/Neglect Prevention and Response", dated 5/4/13, documents under "Procedures...Definitions...Neglect is defined as withholding services that are necessary to maintain physical, mental, or spiritual health."</p> <p>Facility document "Using Mechanical Lift", dated 2005, states "Residents who are unable to bear their own weight will be transferred using a mechanical device....Use of a mechanical lift will be determined by the residents individualized plan for care."</p> <p>Facility document "Using a Transfer Belt to Assist in Transferring a Resident between Two Surfaces", dated 2005, states "when a resident requires assistance in transferring between two surfaces the team member assisting the resident will review the resident plan of care to determine if there is an individualized plan noting specific requirements related to transfer."</p> <p>R1's Minimum Data Set (MDS), dated 5/1/15, documents under Section G-Functional Status B. Transfer as "total dependence and two plus person physical assist."</p> <p>R1's facility "Order Audit and electronic Signature-By Resident" dated 5/1/15-5/19/15</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents R1 as non-weight bearing and a mechanical lift.</p> <p>R1's care plan dated 3/10/15 documents R1 uses a mechanical lift for transfers.</p> <p>R1's "closet care plan", no date, documents R1 as a mechanical lift with a bed and chair alarm.</p> <p>On 5/15/15 at 12:50p.m., E11 CNA, verified R1 bears no weight and was "2 man lifted" by E11 CNA and E8 CNA from R1's reclining wheelchair to R1's bed. E11 and E8 noticed the bed alarm cord wrapped around R1's leg when R1 was in bed. E11 also stated R1 immediately complained of right leg pain and stated (R1's) leg was broke.</p> <p>On 5/15/15 at 12:20p.m., E2 DON, stated the following: E11 CNA and E8 CNA performed an improper transfer of a "stand pivot" with R1 instead of a mechanical lift transfer from R1's reclining wheelchair to R1's bed, and R1 got wrapped up in R1's chair alarm. E8 CNA told E2 that E8 transferred R1 without a mechanical lift because E8 wanted R1 in bed right away so E8 CNA had E11 CNA assist E8. R1's leg was x-rayed at the facility, and a fracture was found. R1 was then sent to the emergency room at the local hospital.</p> <p>On 5/19/15 at 8:40a.m., E2 DON, stated E8 CNA had education on how to determine a residents transfer status and how to use the mechanical lifts at the facility prior to the incident. E2 DON verified that E8 CNA regularly works with R1 and has previously transferred R1 with a mechanical lift prior to the 5-14-15 incident.</p> <p>On 5/19/15 at 3:00p.m., E9 RN (Registered Nurse) stated E8 CNA told E9 "we 2 man lifted</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(R1) to bed and (R1's) leg got caught in the alarm cord."</p> <p>On 5/20/15 at 6a.m., Z2 APN (Advanced Practice Nurse), stated "I think R1's spiral fracture was caused by the wheelchair and bed. When the CNA's picked up R1 and turned R1 to the bed, R1's leg did not turn with the body. I would assume it (leg) got caught where it did not move with the body. There were no ligaments/cord marks on R1's leg so I don't believe the (alarm) cord made the spiral fracture. R1 had significant swelling, bruising, and definite deformity of the right leg. R1's leg could have gotten caught between the bed and the wheelchair."</p> <p>Radiology report, dated 5/14/15, documents R1 has a "Spiral fracture of the distal tibial shaft. Nondisplaced fracture of the distal fibula shaft. Mild swelling."</p> <p>R1's local hospital emergency department notes, dated 5/15/15 at 5:53a.m., by Z2 APN (Advanced Practice Nurse) documents E10 LPN, stated, "R1 got the alarm cord tangled around (R1's) leg. R1 was being transferred to R1's bed."</p> <p>Orthopedic Consultation Note, dated 5/15/15, by Z3 PA-C (Physician Assistant-Certified) documents R1's "Radiology Review: Spiral fracture of the tibia and fibula which extends cranially to the level of midshaft. Mild angulation. Not significantly displaced.....to place patient in long leg splint."</p> <p style="text-align: center;">(B)</p>	S9999		