

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145700	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/18/2020
NAME OF PROVIDER OR SUPPLIER LEXINGTON OF CHICAGO RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415		
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F 000	INITIAL COMMENTS	F 000			
F 677 SS=E	<p>Complaint Investigation</p> <p>2090644/IL119550</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide incontinence care, bathing and grooming for residents dependent on staff for Activities of Daily Living (ADL). This failure affected six residents (R2, R3, R5, R6, R7 and R8) reviewed for ADL care.</p> <p>Findings include:</p> <p>On 2/10/2020 at 9:57AM R2 was observed in her room lying in bed, alert and awake and stated she was not doing well. When asked what is wrong, R2 stated, "I am in pain and I need to be changed." R2 was connected to a wound vac, R2's room was very crowded and dirty with a strong urine/feces odor. R2 was also noted with foam boots to both feet. Both feet appeared to be swollen, dry and scaly with a significant amount of dry whitish materials all over the bed. R2 stated that she has a wound on her back which resulted from a bed sore that was acquired from another facility. R2 added that she is rarely changed on time and that the wound care nurse was unable to work with her one time because she was soaking wet. R2 also added that she</p>	F 677	<p>Lexington of Chicago Ridge 10300 Southwest Highway Chicago Ridge, IL 60415</p> <p>PLAN OF CORRECTION Survey Date: February 18, 2020</p> <p>F677 – The facility will continue to provide incontinence care, bathing, and grooming for residents dependent on staff for Activities of Daily Living.</p> <p>Corrective action for the resident affected:</p> <ul style="list-style-type: none"> • R2's room was checked, cleaned, and ensured that the strong urine/feces odor is no longer evident. R2's feet was cleansed and moisturized. R2 was provided timely incontinence care and ensured that the cream was applied to her skin regularly. • R3's colostomy bag was emptied regularly and ensuring it has no leaks. • R5, R6, R7, and R8's concerns were previously addressed at the time the concerns were documented and 	3/6/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/06/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 677	<p>Continued From page 1</p> <p>does have cream for her dry skin but no one puts it on her.</p> <p>Review of R2's care plan documents that R2 requires total assistance from staff for activities of daily living, is supposed to be checked for incontinence every 2 hours and cleaned as needed. R2 is scheduled for shower/bath two times a week as documented in care plan.</p> <p>R2 was observed in 15 minute increments from 10:00AM to 2:00PM and was not washed up during that time. When asked if this is a regular occurrence, R2 stated, "They wash me up when they feel like, and sometimes I don't get washed up at all."</p> <p>On 2/10/20 at 2:17PM V5 (Certified Nurse's Assistant/CNA) stated, "I have not washed R2 up yet but I fed her lunch; I am an agency CNA. I have 10 residents and two of them are mechanical lifts."</p> <p>2/10/20 10:33AM R3 was observed in R3's room, awake, alert and oriented. R3's son and wife were at the bedside and stated that R3 came to the facility a week ago from the hospital after a surgical procedure. R3 appeared upset and was noted with a colostomy bag which was leaking. Some stool stains were observed on R3's clothing and bedding. R3 had an abdominal dressing in place and R3 was connected to a wound vac. R3 stated that he does not like the treatment from some of the staff, mostly some of the nurses who do not know how to handle his colostomy bag. R3 also stated, "You should have been here the other day; it was horrible this past weekend because my bag was leaking and staff</p>	F 677	<p>addressed to the patient/family satisfaction.</p> <p>How other residents will continue to be identified:</p> <ul style="list-style-type: none"> The facility identified other residents who are dependent on staff for Activities of Daily Living. <p>System Revision:</p> <ul style="list-style-type: none"> Staff was in-serviced on providing appropriate care for those residents dependent on staff for Activities of Daily Living ensuring that incontinence care, colostomy care, foot care, bathing and wound care are provided timely and appropriately; and ensuring that resident's room is satisfactory free of unpleasant odors. Survey compliance tool was developed to audit residents dependent on staff for Activities of Daily Living ensuring that incontinence care, colostomy care, foot care, bathing and wound care are provided timely and appropriately; and ensuring that resident's room is satisfactory free of unpleasant odors. <p>How Facility Will Monitor System:</p> <ul style="list-style-type: none"> The Director of Nursing or designee will evaluate audits for compliance and review at QAPI to determine continued monitoring needs. Any trends or negative findings will be corrected by the Director of Nursing and addressed with the individual staff member if necessary. 		

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F 677	Continued From page 2 left me lying in my stool for about six hours." Facility concern log presented by V1 (Administrator) showed complaints/concerns from family members for R5, R6, R7 and R8 regarding residents not getting showers on weekends, dirty rooms and soiled beds, and general activities of daily living (ADL) care. Facility policy presented by V1 titled Perineal Care - Female (undated) states that assistance with perineal care is provided for those who require staff participation for ADL care and/or toileting.	F 677	Date of Compliance: March 6th, 2020		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to use a mechanical lift as determined necessary by the resident's comprehensive plan of care during a transfer for one (R1) of three residents reviewed for accidents. This failure resulted in multiple fractures to R1's right ankle and transfer to local hospital for surgical procedure to her right ankle. Findings include:	F 689	Lexington of Chicago Ridge 10300 Southwest Highway Chicago Ridge, IL 60415 PLAN OF CORRECTION Survey Date: February 18, 2020 F689 – The facility will continue to use a mechanical lift as determined by the resident's comprehensive plan of care for transfers.	3/6/20	

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F 689	<p>Continued From page 3</p> <p>R1 is a 59 year old female who was admitted to the facility on 5/25/2018. R1's diagnoses include, but are not limited to: Generalized Muscle Weakness, Neurogenic Bladder, Paraplegia, Injury of Cervical Spinal Cord, Multiple Sclerosis, Unsteady Gait.</p> <p>On 2/10/2020 at 9:50AM R1 was observed in bed, awake and alert and stated she just took her pain medicine and was getting ready for therapy. There was a wheel chair at the bedside and R1 was noted to have a blue colored cast to her right ankle. R1 was observed being transferred from bed to wheelchair with a mechanical lift with no concerns.</p> <p>On 2/10/2020 at 2:03PM during an interview R1 stated, "I injured my leg when two girls were trying to get me in my wheelchair using a sliding board. I told them they were doing it wrong, but they did not listen to me. I was shouting ouch, ouch, my leg, my leg, but they continued with the transfer. When I got down to therapy, I told the restorative aide that my leg got injured while I was being transferred to my wheelchair by two CNA's (Certified Nurses Assistants)." R1 also added that when she came back from therapy, she reported to the nurse that her right foot hurt and was twisted. R1 stated the nurse gave pain medicine and the following morning, R1's CNA noticed that her leg was swollen, turned black and blue and had some blisters. (R1) was eventually sent to the hospital where she underwent surgery which involved two screws and a metal plate placed to her heel.</p> <p>On 2/13/2020 at 12:22PM, V10 (CNA) stated, "I was not the assigned CNA for R1 that day but</p>	F 689	<p>Corrective action for the resident affected:</p> <ul style="list-style-type: none"> R1 continues to reside in the facility and ensured that a mechanical lift is utilized for proper transfers. <p>How other residents will continue to be identified:</p> <ul style="list-style-type: none"> The facility identified other residents who require mechanical lift for transfers. <p>System Revision:</p> <ul style="list-style-type: none"> Staff was in-serviced on residents who require mechanical lift for transfers ensuring that this is reflected on the resident's Care Plan and Care Giver Alert and that this is done appropriately and properly. Survey compliance tool was developed to audit residents who require mechanical lift for transfers ensuring that this transfer status is reflected on the resident's Care Plan and Care Giver Alert and that staff, through direct observation, are doing this transfer appropriately and properly. <p>How Facility Will Monitor System:</p> <ul style="list-style-type: none"> The Director of Nursing or designee will evaluate audits for compliance and review at QAPI to determine continued monitoring needs. Any trends or negative findings will be corrected by the Director of Nursing and addressed with the individual staff member if necessary. 		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 689	<p>Continued From page 4</p> <p>was just helping another CNA who is an agency staff. We transferred the resident from her bed to her wheelchair using the sliding board. R1 did not complain of any pain." V10 added that V10 worked a double shift on that day and was notified at the beginning of her second shift, around 3:00Pm that R1 sustained an injury when she was being transferred.</p> <p>Physical therapy documentation showed patient short-term goals as transferring with sliding board discontinued on 11/8/2019.</p> <p>Per documentation in nurse's note, R1 reported her injury to the nurse on 1/15/20 at 3:09PM. Per assessment, R1's foot was turned outwards to her right side. An order for X-ray of right foot was obtained. At 11:55PM R1 was medicated for pain, X-ray result pending. On 1/16/20 at 4:48PM, R1 was sent to the hospital for abnormal X-ray result, and R1 returned to the facility on 1/18/2020 at 7:41PM with a diagnosis of right ankle fracture and splint. Review of X-ray result done at the facility on 1/15/20 at 10:37PM showed that there was a displaced fracture of the lateral and medial malleolus. X-ray result from the hospital done on 1/16/20 at 1:29 PM also showed a bimalleolar fracture of the right ankle, possibly timalleolar with lateral subluxation of the talus.</p> <p>R1's care plan (undated) fall risk section, reads: transfer with full body lift, with a goal date of 4/29/2020.</p> <p>On 2/11/20 at 1:35PM, V7 (Restorative Nurse) stated that when a resident's care plan states transfer with full body lift, it is the same as</p>	F 689	Date of Compliance: March 6th, 2020		

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F 689	<p>Continued From page 5</p> <p>transferring with a mechanical lift. V7 also added that the transfer method is recommended but therapy and staff will be trained on the transfer methods if needed. The facility also uses a care giver alert posted in resident's rooms. Information on transfer methods should be updated and should be in the care plan.</p> <p>V9 (Licensed Practical Nurse) stated that she was the assigned nurse for R1 on 7-3 pm shift on 1/15/2020. V9 stated she went into R1's room for something, probably medication pass, when R1 told her that her foot was twisted to the right. V9 looked at R1's right leg and actually saw that R1's right foot was twisted to the right. V9 stated she asked R1 what happened and R1 said that it happened when the CNA's were transferring her from bed to her wheelchair. V9 stated that there was no swelling and the foot was not warm to touch at that time, but R1 would not let her touch or elevate the foot. V9 stated she gave R1 pain medication, notified the doctor and received an order for an X-ray which V9 entered as STAT (immediately).</p> <p>On 2/13/20 at 10:50AM, V8 (Licensed Practical Nurse) stated (regarding R1's injury) that she was the person who sent R1 to the hospital after she was called to the room on 1/16/2020 by another staff to come and see R1's leg. V8 stated, "Upon assessment, the right foot did not look right. It was swollen, discolored and had a blister the size of a half dollar." V8 stated V8 asked R1 what happened and R1 told V8 that she was injured during a transfer by two CNA's the previous day. V8 then notified the nurse practitioner and received an order to send R1 to the hospital for further evaluation. When asked if</p>	F 689			

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F 689	Continued From page 6 there was an x-ray done by the facility, V8 stated, "Yes, and the x-ray result showed that R1 had a fracture." V8 could not recall who received the x-ray results or what time the results were received, but V8 was notified the of the X-ray result at 9:00AM on 1/16/2020.	F 689			