STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145043	A. BUILDING _____ B. WING _____	C 10/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF KANKAKEE	**900 WEST RIVER PLACE KANKAKEE, IL 60901**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Incident Report Investigation to Incident of 9-18-15/IL80563 F323 Complaint 1575466/IL80603 No Deficiency	F 000		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to transfer a resident with the assistive device outlined in the resident's care plan. This applies to one of three residents (R1) reviewed for injury of unknown origin in the sample of four. The findings include: R1 is the subject of the investigation. R1, a resident of the facility since May 20, 2015, had diagnoses including degenerative joint disease, unsteady gait, severe protein calorie malnutrition, colitis, and mental retardation. E2 (Registered Nurse) stated she had been R1's assigned nurse many times, and described R1 as	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 323	Continued From page 1	F 323		

high functioning, who understands what is said but doesn't talk. E2 stated R1's ambulation status prior to the incident of September 18, 2015 was such that R1 did not try to walk alone, but could assist staff in ambulation and pivot. E2 stated R1 had some toys which occupied much of R1's awake hours, and served as a distraction to prevent R1 from dislodging the feeding tube by which nutrition, fluids, and medication were provided.

R1 was at the facility during the investigation, but was unable to participate in the investigation due to the resident's level of cognition, and the fact that the resident does not speak.

Review of the R1's interdisciplinary progress notes show up to three days prior to the date of the incident, there was no notation of any unusual behavior, skin issues or changes in the condition of R1. The progress notes showed on the date of the incident no unusual activities were noted prior to 3:30PM.

The progress notes show R1 received a bed bath and shave at September 18, 2015 at 3:30 PM, at which time an un-named CNA found bruising of the left knee and notified the nurse. E5 (Registered Nurse) then assessed R1 and "found a large red/purple bruise to left thigh," "and gray bruise covering kneecap." E5's documentation stated "resident did not exhibit any signs of pain. Did not complain of any pain. Was not moaning crying or grimacing."

E5 noted R1 was alert and oriented to self. The timeline of events following the assessment of R1, showed following a phone call to R1's physician, R1 was transported by ambulance at

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F 323	Continued From page 2 4:30PM to the local emergency room for medical evaluation of the facility's assessment of R1's bruised areas. At 7:45PM the facility received a call from the hospital to inform R1 was diagnosed with a left hip fracture and would be admitted to the hospital for surgery. On September 6, 2015 at 1:40PM, E1 (Director of Nursing) stated during the course of the facility's investigation into the origin of R1's injury many staff interviews were conducted. E1 stated it was determined on the afternoon of September 18, 2015 a transfer from wheelchair to bed performed by E3 (CNA) and E4 (CNA) and observed by E5 (Registered Nurse). The facility's investigation concluded the transfer was performed without a gait belt. R1's care plan dated June 3, 2015 instructed staff to "transfer with assist with gait belt." E1 stated because there were conflicting versions during individual interviews of the explanation of this transfer, these staff were required to perform a demonstration of the transfer. E1 determined the transfer performed by E3 and E4, and observed by E5 was not performed according to R1's care plan. This deviation from the intended process for transfer potentially put the resident's safety at risk.	F 323		