

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

PRINTED: 04/22/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/27/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	F 000			
F 323 SS=D	<p>Complaint Investigation #1411260/IL68871</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that staff transfered a resident from the wheelchair to his bed in a safe manner to prevent injury. This failure resulted in R1 sustaining a fractured right ankle on 3/21/14.</p> <p>This applies to 1 of 3 residents (R1) reviewed for safety in the sample of 3.</p> <p>The findings include: The Physician's Order Sheet dated 3/2014 shows that R1 has diagnoses including Acute Respiratory Failure, Muscle Weakness and Dementia with Behavioral Disturbances.</p> <p>The Minimum Data Set of 2/14/14 shows that R1 is totally dependent on 2 or more staff for transfers, bed mobility and personal hygiene.</p> <p>The Nurse's Notes dated 3/21/14 state, "Reported to this nurse by CNA (Certified Nursing</p>	F 323		4/14/14	

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

TITLE

(X6) DATE

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 323	<p>Continued From page 1</p> <p>Assistant) that right ankle is swollen, tender (to touch, slight warm to touch. (Nurse Practitioner) notified with new order to do X-ray..."</p> <p>R1's Right Ankle Radiology Report dated 3/21/14 states, " Results: Oblique fracture medial malleolus and distal tibia trace distraction. Transverse nondisplaced fracture distal fibula. Soft tissue swelling... Conclusion: Bimalleolar fracture."</p> <p>R1's care plan dated 12/21/13 states, " (R1) requires the use of a mechanical lift and 2 assist for transfers related to dementia, activity intolerance, limited ROM (range of motion), limited mobility, disease process, confusion, musculoskeletal impairment, weakness. He is dependent on staff for all ADLs (Activities of Daily Living) at this time."</p> <p>On 3/22/14 at 1:20 PM, R1 was lying in his bed positioned on his left side. R1 had an ace wrapped splint on his right lower leg and a blue heel lift boot on his left leg. E7(CNA) assisted R1 to turn over further to allow for an assessment of his back. R1 had 2 solid darkened areas in a line across his back on either side of his spine and a third solid reddened area in the center of his lower back. E7 stated, "Oh, those spots have been there, those are not new. E7 continued, "I came in to take care of (R1) yesterday and I noticed his ankle was swollen. His ankle looked okay on Thursday so I went and reported it to the nurse. We get him up for breakfast and lunch, I don't know about supper. We always use the (mechanical lift) for transfers."</p> <p>On 3/26/14 at 1:20 PM Z1 stated, "I talked to the nurse. He said they found (R1) with the injury but</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>nobody saw it happen or knew how it happened. They were going to be doing their own investigation. (R1) is confused and non-verbal. He is non-ambulatory. If I had to guess I would think they had a gait belt around him and had an inversion of his ankle. He appears to have had some issue during transfer and they didn't recognize it."</p> <p>Untitled, handwritten documents from the facility's investigation dated 3/22/14 show that E4(CNA) stated that he and E5(CNA) transferred R1 by placing their arms under his arms and holding onto the back of R1's pants. These same set of documents show that E5 stated that she and E4 two person transferred R1 to bed."</p> <p>On 3/26/14 at 10:00 AM E1 (Administrator) stated, "(E5) told me she couldn't find a sling (for the mechanical lift) and (E4) doesn't usually work that side so he didn't know. (E5) told him (R1) was a 2 assist so he helped her. (E5) did tell me that they transferred (R1) by holding him under his arms and the back of his pants. Both insist that nothing happened during the transfer. When (R1) is in his (reclining wheelchair) he likes to pull his legs up, so if they put his chair down his legs could have gotten caught in there. He also likes to hang one leg over the side of the chair. His leg could have gotten hit by something or another resident."</p> <p>On 3/26/14 at 2:15 PM E5 stated, "(R1) was on my assignment. I believe it was about 9:30 PM when we transferred him to bed. We did a 2 person assist transfer. We usually use a (mechanical lift) but I was unable to find a sling. We put the chair up without any problems- his feet were on the footrest. I was on his left side</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>and (E4) was on his right. We didn't use a gait belt because he has a G-tube. I hooked his arm with mine and grabbed his pants with the other hand. He never showed any signs of pain. We laid him down in the bed and then transferred his roommate into bed. Then I went back to (R1) and (E6-Registered Nurse) was in there. (E6) helped me get (R1's) pants and socks off. Then I put the heel boots on, covered him up and left him positioned on his side facing the window."</p> <p>The facility Disciplinary Memorandum dated 3/26/14 for a violation occurring on 3/21/14 states, "Employee (E5) conducted an unsafe transfer by not using a mechanical lift as indicated and wrongly informed a co-worker that the resident was a 2 person assist.... This unsafe practice has the potential to seriously injure a resident."</p>	F 323			