

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007967</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SYMPHONY EVANSTON HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>820 FOSTER STREET EVANSTON, IL 60201</b>
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S9999	<p><b>Final Observations</b></p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.610a) 300.1210b)5) 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 plan. Adequate and properly supervised nursing</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violation</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>04/09/19</b>
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S9999	<p>Continued From page 1</p> <p>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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>by:</p> <p>Based on interview and record review the facility failed to use the mechanical lift calibrated for 300 pound and instead used one for 170 pound for 1 resident (R1) of 2 residents in a sample of 3 reviewed for fall with injury. This failure resulted in the fracture of R1's pelvis after the mechanical lift broke.</p> <p>Findings Included:</p> <p>R1 was 80 years old admitted to facility on 10/26/2018 with Diagnoses to include Morbid Obesity and Fracture of right femur (10/26/2018), her weight was 323 pounds on 2/22/2019. Her mental status was intact as noted in the Brief Interview for Mental Status (BIMS) score of 15 out of 15 on 2/2/2019.</p> <p>Incident report for R1 on 2/26/2019 and revised on 3/5/2019 documented R1 fell from mechanical lift during transfer from chair to bed. Hospital record dated 2/26/2019 documented there was no change in subacute hip fracture but there was presence of Right Iliac bone fracture.</p> <p>On 3/19/2019 at 12:10PM, V3 said he was the Certified Nursing Assistant (CNA) for R1 on the day when she fell. He said he could not find a mechanical lift to transfer R1 from chair to bed and V4 (nurse) brought a lift to the room and as they tried to transfer R1, the lift broke and she (R1) fell on the floor. He said he always used a specific brand of mechanical lift but that day used a different brand mechanical lift.</p> <p>On 3/19/2019 at 1:30PM, R1 said the incident happened on 2/26/2019 and the mechanical lift</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>the staff used was not the one she normally used.</p> <p>On 3/21/2019 at 11:00AM, V4 said he brought the lift from R3 who was a Hospice resident. He did not answer when asked if he could use the lift that was not supplied by the facility.</p> <p>On 3/22/2019 at 11:00AM, V2 (Nursing Supervisor) said the facility orders equipment for the residents. She said the hospice company orders equipment for their specific residents and R3 was on hospice care and the lift used for him was used for R1. She said whenever they ordered any mechanical lifts they supply the company with height and weight for the residents for whom the equipment would be used. She said the staff should not have used the lift ordered by hospice for another resident.</p> <p>R3, a 53 year old resident, was admitted on 12/19/2018 and was on hospice care. His weight was 170 pounds and hospice supplied the mechanical lift. According to V2, the hospice staff said in order to obtain the equipment, they had to provide the resident's height and weight.</p> <p>On 3/21/2019 at 3:15PM, V14 (mechanical lift staff member) said the lift was sent on 1/10/2019 for a hospice patient who weight was calibrated at 170 pounds. He did not answer when asked if the lift could have been used for resident whose weight was over 300 pounds.</p> <p>On 3/22/2019 at 10:15AM, V15 (hospice nurse) said when equipment is sent to facilities for their residents the equipment is specific for that person and should not be used for other residents in the facility.</p> <p>Facility's undated policy on Medical Equipment</p>	S9999		
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S9999	Continued From page 4  Management Plan noted: The facility will conduct comprehensive, proactive risk assessments that evaluate the potential adverse impact of medical equipment on the safety for the residents, staff and other people coming to the facility.  <p style="text-align: center;">(B)</p>	S9999		
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