Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001010	A. BUILDING: ______ B. WING ______	C 06/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBA CARE CTR OF BLOOMINGTON	1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701

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S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest	S9999	Attachment A Statement of Licensure Violations	

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practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.

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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

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:

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:

Based on observation, interview and record

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review, the facility failed to use a mechanical lift while transferring one of three residents (R1) and failed to utilize two staff assistance with a gait belt while transferring one of three residents (R3) reviewed for safe transfer/falls in a sample of three. This failure resulted in a left arm fracture and increased pain for R1.

Findings include:

The facility's undated policy Transfers and Lifts, documents "Know the Resident's Needs: The resident's care plan should be very explicit on exactly how the resident is to be transferred and or lifted. If you think changes need to be made to the way the resident is lifted, discuss this with the charge nurse. (Mechanical) Lift: For residents who are totally dependent or partial or non-weight bearing."

1. The Resident Care Plan for R1, dated 6-20-15, documents "(R1) is a potential risk for falls related to...gait/balance problems...and (mechanical lift) transfer. Intervention: Use (mechanical lift) for all transfers."

R1's Minimum Data Set (MDS), dated 5-27-15, documents R1's diagnosis as CVA (Cerebral Vascular Accident) with moderately impaired cognition; also as being totally dependent on staff for transfers with two person physical assist. R1's MDS documents that R1's Functional Limitation in Range of motion is a bilateral impairment of upper and lower extremities.

On 6-24-15 at 1:55 pm, E3 (Certified Nursing Assistant/CNA), stated "After (R1's) shower (E4/CNA) and I transferred (R1) back into the wheelchair without the (mechanical) lift. (R1) then complained of left arm pain so I told the nurse

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right away. (R1) is supposed to be transferred by a (mechanical) lift, but it was easier (to get R1 dressed) not using the (mechanical) lift and to get (R1) from the shower chair to the wheelchair."

On 6-24-5 at 2:03 pm, E4 (CNA), stated "After (R1's) shower, (E3) and I used a gait belt and transferred (R1) from the shower chair to (R1's) wheelchair. (R1) is supposed to be transferred by a (mechanical) lift. (R1) wasn't back far enough in her chair so we boosted her under her arms. (R1) was able to put a little weight on her good leg to stand and pivot."

The facility's Incident/Accident Report for R1, dated 6-20-15 and signed by E6, (Licensed Practical Nurse/LPN), documents that at 1:00 pm "(R1) said she received a shower and when the aids were done went to transfer her and slippers slipped and aids caught her from falling but c/o (complained of) left shoulder pain."

The facility's undated policy Falls, Post-Fall Protocol, documents "Definitions: An intercepted fall is still a fall. An episode where a resident lost his/her balance and would have fallen, were it not for staff intervention, is a fall."

On 6-24-15 at 2:08 pm, E6 (LPN), stated "(R1) is supposed to be transferred using the (mechanical) lift. I've never heard of a reason as to why they can't use the (mechanical) lift with a shower chair. It can be done, but it is time consuming."

On 6-25-15 at 9:20 am, E2 (Director of Nursing/DON), stated "(R1) is a (mechanical) lift transfer. They should have transferred (R1) using the (mechanical) lift."

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On 6-25-15 at 11:45 am, E8 (LPN), stated "(R1) has been asking for more pain medication for that shoulder lately since the incident with the shower."

On 6-25-15 at 1:30 pm, R1 stated "There were only two CNAs (Certified Nursing Assistants) who dropped me. My knee was on the floor. My slippers are slippery; they tried to get me to stand, but I can't stand up. I told them to get the lift, but they didn't listen. Now my arm hurts all the time."

An X-ray report, dated 6-27-15, of R1's left clavicle, scapula, shoulder, humerus, elbow, forearm, wrist, and hand, documents "Acute left greater tuberosity fracture with mild lateral displacement."

2. On 6-27-15 at 11:00 am, E9 (Certified Nursing Assistant/CNA), transferred R3 from the toilet to R3's wheelchair without utilizing a gait belt.

R3's Minimum Data Set (MDS), dated 4-27-15, documents R3's diagnoses as Alzheimer's Disease, Anxiety Disorder and Abnormality of Gait, with severely impaired cognition. R3's MDS also documents R3 as needing extensive assistance with two person physical assist for transfers and toilet use. R3's MDS documents that R3's Functional Limitation in Range of motion is a bilateral impairment of upper and lower extremities.

R3's Resident Care Plan, revised on 5-11-15, documents "(R3) has an ADL (Activities of Daily Living) self-care performance deficit related to pain (back), Alzheimer's and Impaired balance. Intervention: Explain task. Apply gait belt. Decrease amount of assistance needed as able."

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S9999	Continued From page 5 On 6-27-15 at 11:05 am, E9 (CNA), stated "I didn't use a gait belt because he was trying to get up on his own. I don't have a gait belt on me." On 6-27-15 at 11:53 am, E2 (Director of Nursing/DON), stated "(R3) should have a gait belt on when being transferred." (B)	S9999		