

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001242	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/16/2015
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NAME OF PROVIDER OR SUPPLIER BUCKINGHAM PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 2625 WEST TOUHY AVENUE CHICAGO, IL 60645
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/05/15

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S9999	<p>Continued From page 1</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and record review the facility failed to follow the current plan of care and utilize a mechanical lift during transfer from bed to wheel chair for 1 of 3 (R1) residents reviewed for menchanical lifts. This failure resulted in R1 being sent to the hospital where he was assessed and recieved treatment for bilateral humeral and right tibia/fibula fractures.'</p> <p>Findings include: R1 was admitted to facility on 1/6/11 with diagnoses of polio, osteoporosis, (ITP) idiopatic thrombocytopenic purpura, (DJD), degenerative joint disease and diverticulitis. R1 is alert and oriented x3. Review of facility nurses notes document on 7/7/15, late entry for 7/6/15 at 11:45 p.m. 'Observed water all over R1's bedroom floor. Deemed necessary and safest to move R1 to a different room for the night until water can be cleaned up. Explained to R1that it would be unsafe for both R1 and staff members to receive and provide care in her room. R1 said 'just give me my bedpan and turn off the light. I 'll be ok, nothing will happen to me.' Explained to R1 possible dangers, if she stays in the room. R1 said 'I don't care just give me my bedpan. Explained to R1 we will transfer with the mechanical lift, R1 does not want the lift to be used. R1 insist staying in bed.' Six staff members present to help transfer R1 safely onto wheel chair. Informed R1 of the procedure and transferred R1 safely onto wheelchair. No c/o</p>	S9999		
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pain at this time. R1 still shouting and telling staff that she wants to stay in her room. Transferred R1 safely to a different room and bed. Placed R1 in comfortable position, call light within reach.'

7/7/15 late entry 7/7/15 at 4:00 a.m. 'R1 sleeping comfortable. Pain medication given two tablets at 2:30 a.m. for generalized pain with good results.'

On 7/7/15 at 8:40 a.m. 'R1 complains of general body pain with movement, acetaminophen 500mg two tablets given at 8:00 a.m. Left message for Z1, attending physician.'

10:30 a.m. 'Z1 called back with order for laboratory test, chest X-ray and of both upper arms.'

11:40 a.m. 'R1 stated feeling pain all over her body due to being transferred last night. R1 was being transferred from bed to different room with assist of six staff members, (CNA's) and nurses. R1 noted with ecchymosis of left foot and toes.'

11:50 a.m. 'Called and left a message with Z2 (POA) power of attorney to update regarding R1's pain all over the body.'

2:00 p.m. 'Z1 aware of X-ray results, order to send R1 to local hospital.'

2:50 p.m. 'Call transport company for transfer to hospital.'

3:00 p.m. 'Vital signs checked.'

4:10 p.m. 'R1 transported to hospital.'

4:40 p.m. 'Left message with Z2, to update on R1's status, awaiting call back.'

6:45 p.m. 'Updated Z2 regarding R1 's condition and hospitalization.'

11:15 p.m. 'Spoke with hospital (ER) emergency room, R1 will stay at hospital overnight.'

On 7/8/15 at:

12:20 p.m. ' R1 re-admitted with bilateral humeral and right tibia/fibula fractures.'

On 7/9/15 at

4:15 p.m. order to send R1 to hospital (ER) for evaluation due to elevated temperature. '

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S9999	<p>Continued From page 3</p> <p>10:00 p.m. ' R1 admitted to hospital with diagnoses of fever and leukocytosis. '</p> <p>10:10 p.m. ' Z2 (POA) power of attorney called and updated that R1 was admitted.'</p> <p>On 7/14/15 at:</p> <p>7:30 p.m. 'R1 re-admitted to facility, sling on right arm and immobilizers on both legs.'</p> <p>11:55 p.m.'R1 complained of pain to right foot, pain medication given as ordered.'</p> <p>Facility 'Endurance/Functional Ability Assessment' documents: On 6/4/15 ' R1 does not ambulate, has limitations to upper and lower extremities. Needs moderate to maximum assist with transfers and minimal to moderate with (ADL ' s) activities of daily living. R1 ' s limitations affect R1 ' s ADL abilities. '</p> <p>Facility ' Fall Risk Evaluation ' for R1 documents 5-6 which is less than ten, R1 not at risk fall.</p> <p>Facility ' Condensed Minimum Data Set ' (MDS) documents on 6/03/15 under: ADL Self-performance: Transfer 3. Extensive assistance ADL Support provided: Transfer 3. Two+ person physical assist. ADL Self-performance: Locomotion on unit 4. Total dependence Functional Limitation in (ROM) range of motion: Upper extremity 1. Impairment on one side. Functional Limitation in (ROM) range of motion: Lower extremity 2 Impairment on both sides.</p> <p>Facility ' Care Plan ' documents for R1 under: Present weight is: 163 pounds Physical and Psychosocial needs: Mechanical lift for transfers</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>.On 7/14/15 at: 2:45 p.m. E4 (RN) registered nurse stated 'R1 had an electrical bed, thought it will be better to move R1 out of the room. We explained the need to move and use mechanical lift to mover R1 out of the room. R1 said no. Six of us transferred R1 to the wheel chair and to the new room, R1 wanted to stay in the room and not transfer. They did some test and when results came back and Z1 (attending physician) said it would be best if R1 was transferred to the hospital. '</p> <p>3:00 p.m. E12 (CNA) stated ' Room was flooded had to move R1 out of the room last week. I supported R1's back with my hands; R1 did not want to be transferred. '</p> <p>3:30 p.m. ' I supported R1 by the thighs. The mechanical lift was offered but R1 refused. Six of us were in the room to transfer R1. R1 refuses everything, so all it was being said by R1 was no to the transfer. '</p> <p>On 7/15/15 at 3:00 p.m. E14 (RN) stated 'The team discussed and made the decision to transfer R1. E15 9 (CNA) grabbed R1 from the torso to the wheel chair. R1 was explained the need to be moved. R1 refused the mechanical lift. We have to use the mechanical lift if indicated for resident safety and staff.'</p> <p>On 7/16/15 at 6:30 a.m. E15 (CNA) stated 'All of us moved R1; three on the right and three on the left side. We moved R1 ' s feet to the sitting position and transfer R1 at the count of three. Then we maneuver R1 in the bed slowly and gently at the count of three. R1 refused to use the mechanical lift. '</p> <p>6:45 a.m. E16 (CNA) stated 'We gently transferred R1, no mechanical lift was used, R1 refused the lift. We moved R1 gently from the bed</p>	S9999		
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to the wheel chair. R1 didn ' t fall. '

11:30 a.m. E5 (QA) quality assurance stated 'I feel bad for R1 and my staff for what happened. The thing is that they usually use the mechanical lift and that night R1 refused. Hard to say what could have been done different.'

12:30 p.m E3 (DON) director of nursing stated 'If CNA's don't know the resident, they should ask the nurse or look at the care plan for transfers, under (ADL's) activities of daily living. Total assist needs a mechanical lift if they can't bear weight; with twopeople, it depends if one to two. For transfers the gait belt will hold the resident and the CNA hold the gait belt on the sides. The CNA's must be in the day room and supervise residents at all times, if not then someone to check the monitor at the nursing station.'

2:15 p.m. Z1 (attending physician) stated 'My understanding is the fractures apparently occurred from moving R1. The working hypothesis is that they transferred R1. The mechanical lift is the preferred method. R1 had pain and they were able to identify the fractures. It normally takes four to six weeks to heal. This impacted R1's routine, main activities of daily living and needing more assistance than before.'

On 7/15/15 at 11:30 a.m. R1 stated 'I ended up with a broken arm and I am left handed, at present I can ' t raise my in left arm. I was fearful that I was going to be hurt, I have muscle weakness, and I hope I can move my arm and leg. They got me into a wheel chair and put me into another bed. They made me go out of the bed. I have a mechanical lift and they didn ' t use it because it was late at night, I tried to tell them not to pull me. They put arms/hands under my

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S9999	<p>Continued From page 6</p> <p>arms and legs. '</p> <p>Facility 'Lifting and Movement of Residents' not dated documents under: Policy Interpretation and Implementation</p> <p>2. Manual lifting of residents shall be kept to a minimum when feasible.</p> <p>3. Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary.</p> <p>Facility 'Safe Lifting and Movement of Resident: Manual transfer' not dated documents under: Purpose: the purposes of this procedure are to safely transfer a resident. General Guidelines: When moving a resident who cannot assist you, ensure adequate staff are present to lift the resident.</p> <p>(B)</p>	S9999		