

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014534</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE OF PALOS HEIGHTS WEST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11860 SOUTHWEST HIGHWAY PALOS HEIGHTS, IL 60463</b>
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(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) COMPLETE DATE
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S 000	Initial Comments  Complaint Investigation  1696428/IL89763	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210c) 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 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	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>12/05/16</b>
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S9999	<p>Continued From page 1</p> <p>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>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 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 requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have two staff members perform a two person transfer using the mechanical lift while transferring a resident to avoid a fall with injury. This applies to one of three residents (R1) reviewed for accidents in a sample of three. As a result, R1 sustained a right hip fracture and required surgery to repair it. Findings include:</p> <p>R1 is 89 year old admitted to facility with</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>diagnoses of right femur fracture and osteomyelitis, right artificial knee joint, Parkinson's and hypertension.</p> <p>Facility "Incident Report" completed on 10/14/16 at 3:30 a.m. documents E4 (RN) registered nurse was called to R1's room and noted right thigh/hip swollen and (RLE) right lower extremity shorter than (LLE) left lower extremity. R1 complained of pain if touched. Z3 (attending physician) made aware, order to transfer R1 to (ER) emergency room. Z1 (family) not answered the phone.</p> <p>On 11/22/16 at 3:00 p.m. E4 (RN) registered nurse stated E5 (C.N.A) certified nursing assistant transferred R1 by self, just pivoted resident to bed and was supposed to be a two person mechanical lift transfer. E5 urged R1 to go to bed. R1 did not fall.</p> <p>At 3:30 p.m. E5 stated "I transferred R1 to bed, who told me to be careful because the leg was twisted. I just took R1 from wheel chair and pulled resident who told me had leg twisted before I moved resident. I was supposed to use mechanical lift for R1; I didn't know, it was my first time taking care of R1 and I did not ask. You must have two people and use the machine to transfer R1 and patients like R1."</p> <p>Facility "Minimum Data Sheet" (MDS) documents on 10/26/16 under section G - functional status:</p> <p>B. Transfer 3/3 - extensive assist, two + person physical assist.</p> <p>Facility "Care Plan" documents on 10/10/16 under:</p> <p>Focus: Requires assistance/potential to restore function for transferring from one position to another related to disease process contusion of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>right knee.</p> <p>Goal: Will be transferred by staff without injury and will be able to transfer with assistance two persons.</p> <p>Interventions: Transfer using a mechanical lift. Therapy evaluation and therapy as ordered</p> <p>Transfers: Provide two persons for supervision/physical assist.</p> <p>On 11/23/16 at 10:30 a.m. E2 (RN) stated "They are educated to use two staff assistance with mechanical lift. E5 did not follow the two person transfer; they should follow resident kardex to ensure resident safety."</p> <p>On 11/22/16 at 12:30 p.m. R1 stated "They twisted my leg here, it hurt."</p> <p>Facility "Mechanical Lift" policy dated 1/14 documents as being advisable to have two staff members present to stabilize and support the patient.</p> <p>R1's Local Hospital "Orthopedic Trauma Surgery Operative Note" documents 10/15/16 at 1:20 p.m. Pre-operative diagnosis:</p> <ol style="list-style-type: none"> <li>1. Right peri-implant femoral shaft fracture.</li> <li>2. Right lower extremity infection.</li> </ol> <p>Post-operative diagnosis:</p> <ol style="list-style-type: none"> <li>1. Right peri-implant femoral shaft fracture.</li> <li>2. Right lower extremity infection.</li> <li>3. Right distal femoral shaft non union secondary to implant failure.</li> <li>4. Right supra-condylar femur non union secondary to infection.</li> </ol>	S9999		

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S9999	Continued From page 4  Procedure: 1. Irrigation and debridement right femur. 2. Removal of hardware right femur. 3. Open reduction internal fixation right femur.  (A)	S9999		

## IMPOSED PLAN OF CORRECTION

Manor Care of Palos Heights West, Palos Heights  
Complaint Survey 1696428/IL89763, exit date 11-23-2016

300.610a)  
300.1210b)  
300.1210c)  
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

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. Restorative measures shall include, at a minimum, the following procedures:

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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. (Section 2-107 of the Act)

This will be accomplished by:

- I. The facility will conduct an investigation of the incident and take appropriate actions to prevent reoccurrence. Policies and Procedures for Resident Supervision and Resident Falls will be reviewed and revised as necessary.

**Attachment B**  
**Imposed Plan of Correction**

- II. All nursing staff will be in-serviced on the facility's policy to assess for causative factors contributing to falls and take corrective actions based on said factors for those residents with a history of falls. The in-servicing must also include the systemic changes to reasonably assure deficiency does not recur by review of protocol for safety interventions, monitoring, care planning and assessment.
- III. All nursing and direct care staff will be in-serviced on patient transfer status and mechanical lift guidelines.
- IV. The Director of Nursing (DON) and/or Clinical Nurse Leaders, will audit documentation in the medical record for compliance weekly for six (6) weeks and then quarterly in the Quality Assurance meetings. Audits with negative outcomes will result in further education for staff involved and/or possible disciplinary action.
- V. Documentation of in-service training will be maintained by the facility.
- VI. The Administrator, Director of Nurses, and Quality Assurance Committee will monitor Items I through V to ensure compliance with this Imposed Plan of Correction.

**COMPLETION DATE:** Ten (10) days from receipt of this Imposed Plan of Correction.