

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2017
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NAME OF PROVIDER OR SUPPLIER MEADOW MANOR SKILLED NURSING & REHA	STREET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR TAYLORVILLE, IL 62568
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S 000	<p>Initial Comments</p> <p>Annual / Complaint Investigation</p> <p>1740264/IL91069</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
02/03/17

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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 properly operate a mechanical lift for 1 of 3 (R1) residents reviewed for mechanical lift transfers in the sample of 15. This failure resulted in R1 receiving bilateral lower extremity fractures.</p> <p>Findings include:</p> <p>R1's Diagnosis Report dated 1/18/17 documents R1's diagnosis in part, "unspecified fracture of shaft of humerous, unspecified arm, initial</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>encounter for closed fracture, other specified disorders of bone density and structure, pain in left shoulder, stress fracture, unspecified tibia and fibula, initial encounter for fracture, pathological fracture, unspecified humerous, initial encounter for fracture, age-related osteoporosis without current pathological fracture, muscle weakness, primary generalized arthritis and spinal stenosis, lumbar region.</p> <p>R1's Minimum Data Set (MDS) dated 7/21/16 documents in part, "R1 is moderately impaired, requires extensive assistance of two or more staff with bed mobility and surface to surface to transfers and has impairment to one side of her upper extremity.</p> <p>R1's Care Plan revised on 1/9/17 documents in part, "Self-Care deficit as evidence by: Needs assistance with ADL's (Activities of Daily Living) related to HX (history) of fracture arm, Pain-spinal stenosis, Weakness, Osteoarthritis, Osteoporosis, HX of falls, unsteady gait, balance, poor trunk control, FX (fracture) femur non-weight bearing. Prefers to stay in bed due to pain and comfort, fearful of mechanical lift, has severe Osteoporosis and Osteopenia. Interventions/Tasks: No weight bearing to left and right leg, Transfer: Two person physical assistance required. Mechanical lift required. Date Initiated 01/11/16: (R1) has a pathological bone fracture related to Osteoporosis at risk for DVT (Deep Vein Thrombosis) and at risk for further FX due to Osteoporosis. Goal: (R1) will not develop complications or permanent loss of mobility related to fracture through review date. Interventions/Tasks: Handle gently when moving or positioning, Maintain body alignment."</p> <p>R1's Verification of Incident</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Investigation/Administrative Summary documents in part, "Type of Incident: Fracture, Date of Incident : 7/27/16, Time of Incident: 9:00 AM, Pertinent Diagnosis: Osteoporosis, Severe Osteopenia, and History of Pathological Fractures, Resident status/Description of Injuries: Right nondisplaced oblique fracture through the proximal tibia/fibia. Left transverse fracture to the distal tibia/fibula. Brief description of the incident/event: (R1) was transferred to bed by 2 CNA's (Certified Nursing Assistants) and during transfer they heard a "pop". Immediate actions taken: Assessment completed by E18, RN (Registered Nurse). Called the doctor and asked for x-ray. POA (Power of Attorney) and MD (Medical Doctor) notified. Resident information: (R1) is a 90 year old female resident admitted to the facility on 5/22/15. (R1) has diagnosis Osteoporosis, Severe Osteopenia, History of Pathological Fractures, unspecified fracture of humerus, symbolic dysfunctions, General Osteoarthritis, Spinal Stenosis, Dysphagia, History of falls, Anemia, and HTN (Hypertension), (R1) has a BIMS (Brief Interview of Mental Status) of 8.</p> <p>Interview with (E19), CNA: (E19) stated she and the other CNA, (E16), were transferring (R1) from the wheel chair to the bed with the mechanical lift. (E19) stated midway through the transfer the mechanical lift "died." (E19) stated they had just changed the battery. (E19) said they could not get the emergency button released. (E19) stated both she and (E16) lifted the resident. (E19) was holding on the sling by (R1's) head and (E16) was holding underneath (R1's) knees when they lifted (R1) into the bed. (E19) heard a pop and (R1) complained of pain in her legs.</p> <p>Interview with (E16), CNA: (E16) stated after breakfast, she and her partner (E19) were</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>transferring (R1) into bed with the mechanical lift. The battery on the lift "died" when (R1) was a couple of inches from the bed. (E16) stated she and (E19) lifted (R1) into bed. The sling had enough slack to be able to unhook (R1) once she was in the bed. (E16) heard a pop and reported it immediately to the nurse, DON (Director of Nursing) and ADON (Assistant Director of Nursing).</p> <p>Interview with (R22), roommate: (R22) has a BIMS of 14. (R22) stated the lift stopped working and the girls gently lifted her roommate into bed. (R22) heard (R1) cry out in pain. The CNA's took their time with her and were very gentle because she is fragile.</p> <p>Interview with (R1): (R1) stated she was in the lift after she came back from breakfast and the lift "lost it's battery." The CNA's put her back in bed by hand. (R1) stated she did not remember how they lifted her, but she remembers feeling pain. (R1) stated her legs were not bumped on anything."</p> <p>R1's SBAR (Situation Background Assessment Recommendation) - Physical Injury Report of Incident dated 7/27/16 documents in part, "Vital. 5. Pain on scale of 0-10 : 10, Situation. 2. The patient is noted to have: j. other, 2a. possible fracture, 2b. injury is located (site) : bilateral legs, 2c. Date and time when injury was observed: 7/27/2016 09:00, 3. The condition occurred in the: b. resident room, 4. Occurrence was: a. observed, 5. Function Level Prior to Incident: b. Needs Assistance. B. Background. 1. Pertinent Diagnosis/Conditions: c. Osteoporosis or Osteopenia, d. Fragile/Thin Skin, k. History of Fractures, L. History of Physical Injuries, 2. Etiology Identified as: c. Injury During Transfer."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>R1's Nursing Home to Hospital Transfer Form dated 7/27/16 documents in part, "Reason for transfer: Pain (uncontrolled), Most recent pain level: 10 - Excruciating Pain, Assistive device: mechanical lift for transfers."</p> <p>On 1/18/17 at 10:02 AM, R1 stated that a couple of months ago she got an injury to her legs. R1 stated that it happened when they were using the lift. R1 then stated, "The battery went bad and they dropped me." R1 then stated she is still wearing boots from hurting her legs and hasn't been out of bed for a while.</p> <p>On 1/18/17 at 3:03 PM, E2, DON stated that the batteries to the mechanical lift should be changed during every shift. E2 stated the mechanical lift has an emergency release valve that should and can be used if the battery goes dead during a transfer. E2 stated that the battery should beep if it is low and needs replaced. E2 then stated that if a battery goes dead during a transfer and the release does not work she would expect staff to call out for assistance immediately and replace the battery before continuing with the transfer.</p> <p>On 1/18/17 at 3:03 PM, E1, Administrator stated that she would expect staff to call for help if the battery on the mechanical lift went dead during a transfer.</p> <p>On 1/18/17 at 3:13 PM, E19, CNA stated that the battery died during a mechanical lift transfer with R1. E19 stated that the battery beeped once during the transfer and then completely died. E19 then stated that she tried to push the red button on the lift to release the sling but it was too hard to push in. E19 then stated that she and E16, CNA decided to move R1 to bed. E19 then</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>stated that during an in-service after the event she learned the mechanical lift actually had two releases that can be used if the battery dies during a transfer.</p> <p>On 1/19/17 at 12:41 PM, E1, stated that the Facility uses the the manufacture's manual for instructions on how to use the mechanical lift.</p> <p>The Facility's Mechanical/Electrical Portable Patient Lift Manual dated 2011 documents in part, "Activating a Mechanical Emergency Release: Primary Emergency Release - To activate the primary emergency release, insert a pen into the hole labeled "emergency" on the control box of the lift and push down on the boom at the same time. All lift actuators are equipped with a mechanical Emergency release. The mechanical release will enable the actuator to retract without power. The actuator will only retract while under load and the mechanical Emergency release is pulled. The release is colored reddish orange with the word Emergency spelled out in white. Second Emergency Release. It is recommended that the primary emergency release be used. The secondary emergency release is only a back-up to the primary emergency release. In cases where the primary release is either not functioning or unreachable, a secondary emergency release may be used. To activate the secondary release, pull up on the Emergency grip and push down on the boom at the same time. Charging the battery: An audible alarm will sound (horn will beep) when battery is low."</p> <p>(B)</p>	S9999		

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