

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2016
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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE NASHVILLE, IL 62263
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S 000	Initial Comments Annual Statement of Licensure Violations	S 000		
S9999	<p>Final Observations</p> <p>300.610a) 300.1210b) 300.1220b)3) 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: Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the</p>	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/22/16
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S9999	<p>Continued From page 1</p> <p>nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months</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</p> <p>These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to provide adequate restorative services for the prevention and or treatment of current contractures for 1 of 6 residents (R10) reviewed for contracture/range of motion in the sample of 16. This failure resulted in R10 developing bilateral knee contractures.</p> <p>Findings include:</p> <p>R10's Physician Order Sheet (POS) dated 10/26/16 documents R10's diagnosis in part, "Weakness, Malnutrition, Failure to thrive and Weight Loss."</p> <p>R10's Admission MDS dated 9/4/15 documents in part, R10 has no impairment to his lower extremity and both R10 and direct care staff</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>believe R10 is capable of increased independence under Functional Rehabilitation Potential.</p> <p>R10's Initial Restorative Assessment dated 10/26/15 documents in part, Range of Motion, Left Knee minimal limitation, Right Knee minimal limitation. Restorative Recommendation: Transfer Restorative, Dressing/Grooming Restorative.</p> <p>R10's Minimum Data Sets (MDS) dated 4/13/16, 6/29/16, 8/30/16, and 11/16/16 all document R10 does not have any impairment to his lower extremities and requires extensive assistance with one person assist for ambulation.</p> <p>R10's Restorative Nursing Program Physical Therapy Communication Sheet dated 4/11/16 documents in part, "Current Functional Status: ambulated >200 feet with wheeled walker very limited assist. Transfers limited. Therex with theraband and omnicycle both lower LE's. Goals: Ambulates with wheeled walker >200 feet limited. Exercise both LE's. Treatment/Recommendations: See above goals."</p> <p>R10's Physical Therapy (PT)- Therapist Progress & Discharge Summary, dated 4/12/16, documents in part, "Treatment Diagnosis: Other lack of coordination."</p> <p>R10's PT- Therapist Progress & Discharge Summary, dated 6/29/16, documents in part, "Gait Tasks: Assistive Devices. Explanation: Progress Ceased. Prior Level as of 6/21/16, the patient (R10) requires front wheeled walker and contact guard assist (contact with patient due to unsteadiness) for safe ambulation for 100 feet. ROM (range of motion): Knee, Explanation:</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Progress Ceased. End of Goal Status as of 6/29/16 - Goal not met. The patient (R10) demonstrates AAROM (active assistive range of motion) of L knee minus 40 degrees of full extension and R knee minus 35 degrees of full extension. Analysis of Functional Outcome/Clinical Impression: Improvement in strength, balance, and impaired coordination allows patient (R10) to tolerate higher levels of challenges in gait, transfers, and dynamic standing balance. Impact on Burden of Care/Daily Life: the patient (R10) continues to demonstrate decreased strength, balance, and impaired coordination. The deficits increase the risk of falling and increase the reliance on the nursing staff for sit < > stand, surface to surface transfers, and gait. Discharge Plans & Instructions: D/C to SNF with Restorative Exercise Program."</p> <p>R10's Restorative Progress Documentation signed 6/29/16 documents in part, "Resident (R10) remains on transfer/ambulation program, limited extensive assist noted varies daily. Verbal cues for safety and direction. Can be impulsive at times. Gait slow unsteady. No decline noted."</p> <p>R10's Restorative Progress Documentation signed 8/30/16 documents in part, "Current programs maintained. No decline noted. Resident (R10) remains unsteady. Verbal cues required for safety. No complaint of pain."</p> <p>On 11/28/16 at 2:45 PM, R10 was lying on his bed on top of the covers in his room with his knees and legs up in a fetal position.</p> <p>On 11/29/16 at 4:00 PM, R10 was lying on his bed on top of the covers in his room with his knees and legs up in a fetal position.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 12/1/16 at 9:50 AM, R10 was lying in bed with his legs and knees up in the fetal position. At that time R10 stated he cannot stretch out his legs very far and then tried to extend his leg out. He was able to extend it to about 45 degrees. R10 stated I could get out of here if I could only straighten out my legs.</p> <p>On 11/30/16 at 2:00 PM, E23, Speech Therapist, stated that R10 was recently getting physical therapy but had been discharged due to not progressing. E23 then stated R10 had contractures to both lower extremities.</p> <p>On 11/30/16 at 2:10 PM, E22, Restorative Nurse, stated that R10 was on a restorative ambulation and safe transfer program. E22 stated that R10 is walked two times a day and can walk 150 feet on a good day. E22 stated that she fills out the mobility sections of the Minimum Data Set (MDS) and the section on Range of Motion. E22 stated that R10 does not have any lower extremity contractures and none have been documented on R10's MDS.</p> <p>On 11/30/16 at 2:20 PM, E15 and E16 Certified Nursing Assistants (CNA's) walked R10 down the hall with a wheeled walker followed behind by E22 with R10's wheelchair. During ambulation R10 walked 3 steps hunched over with knees bent on his tip toes. After walking just a few steps he would sit back in his wheelchair to rest. R10 ambulated this way three separate times. During ambulation E15 and E16 would have to remind him to try and walk flat footed.</p> <p>On 12/1/16 at 10:00 AM, E22 stated that she does an initial restorative assessment on residents when they are admitted to the facility</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>and does not do any further assessments. E22 stated that she bases a continued restorative program on therapy recommendations which are done on a quarterly basis. E22 stated that R10 can do AROM (active range of motion) with his legs but he is not on a leg exercise program.</p> <p>On 12/1/16 at 10:10 AM, E21, Physical Therapy Assistant, stated that R10 does have contractures in both of his lower extremities. E21 stated that R10 cannot stretch out his legs.</p> <p>On 12/1/16 at 12:50 PM, E21 stated that R10 was discharged from physical therapy in November because he was not progressing and was not getting any better. E21 stated that it would be a waste of Medicare and his money to keep him in physical therapy. E21 stated that when R10 was discharged from the program she instructed him to try and keep his legs straight and showed him exercises he could do in his room. E21 stated that at that time he couldn't stretch his legs out. E21 stated that upon discharge she wrote a recommendation for restorative exercises and active range of motion for his legs.</p> <p>R10's Physical Therapy Plan of Care dated 11/8/16 documents in part, "R10's start of care as 11/8/16. Reason for referral: The patient (R10) was referred to therapy with increased assistance needed with gait, transfers, and dynamic standing balance. Therapy Necessity: Therapy necessary for decreased strength, balance, and impaired coordination. Without therapy patient at risk for falls and increased reliance on the nursing staff for sit < > stand, surface to surface transfers, and gait. When he was last seen for therapy, he was able to ambulate 100 feet with w/w (wheeled walker) and CGA (contact guard assist). Gait, Distance: Prior Level - 150 feet, Current Level - 5</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>feet. Gait, Level Surfaces: Prior Level - modified independence, Current Level - maximum assistance (76-99% assist). Transfers; Prior Level - modified independence, Current Level - moderate assistance. Underlying Impairments- ROM: R LE (right lower extremity) minimum 55 degrees of full extension. L LE (left lower extremity) 60 degrees of full extension. Rehab Potential: Good. Frequency/Duration: 3 times a week for 12 weeks.</p> <p>R10's PT (physical therapy) Therapist Progress & Discharge Summary dated 11/16/16 documents in part, "ROM: General. The patient (R10) will increase AAROM (active assistive range of motion) of BLE (bilateral lower extremity) knee extension to minus 50 degrees of full extension to increase level of independence. Explanation: Progress Ceased. End of Goal Status as of 11/16/16 - Goal not met. The patient (R10) demonstrates RLE minus 55 degrees of full extension and L LE minus 60 degrees of full extension. Impact on Burden of Care/Daily Life: The patient (R10) continues to demonstrate decreased strength, balance, and impaired coordination. The deficits increase the risk of falling and increase the reliance on the nursing staff for sit < > stand, surface to surface transfers, and gait. Discharge Plans & Instructions: D/C (discontinue) to SNF (skilled nursing facility) with Restorative Exercise Program."</p> <p>R10's Restorative Nursing Program Physical Therapy Communication Sheet dated 11/16/16 documents in part, "Current Functional Status: Ambulates few steps with wheeled walker, ext X2. Stretching knees into extension. AROM (active range of motion) both LE's (lower extremities). Goals: ambulate with wheeled</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>walker ext X2 distance as tolerated, AROM both LE's. Precautions/Problems/Approaches: contracted knees into flexion."</p> <p>R10's Restorative Progress Documentation signed 11/16/16 documents in part, "Transfer/Dressing program continued. Extensive to limited assist of 1-2 staff required. Varies daily verbal cues for safety required. No decline noted."</p> <p>R10's Restorative Progress Documentation signed 11/18/16 documents, "Therapy recommendation reviewed. Resident (R10) to remain on current program. Resident (R10) remains able to ambulate with extensive assist verbal cues required and encouragement provided many breaks for rest."</p> <p>On 12/1/16 at 2:25 PM, E22, stated that she did not have any Restorative Nursing Program Physical Therapy Communication Sheets for R10 in between the dates of 4/11/16 and 11/16/16.</p> <p>R10's Care Plan dated 11/22/16 documents, "Decline in ability to walk. Therapy as needed." R10's Care Plan does not address R10 being on a Restorative Exercise Program.</p> <p>R10's Amubulation and Mobility Check blank check sheet documents in part, "Ambulation up to 150 feet twice daily with wheeled walker limited assist of 1 staff, may part in group exercise."</p> <p>The Facility's Restorative Nursing Programs Policy undated documents in part, "All residents will be encouraged to maintain or improve their functional status through participation in restorative programs. Procedure: 1) All residents will be assessed for functional status within 14</p>	S9999		
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S9999	Continued From page 8 days of admission with re-evaluation of status at least quarterly and as needed. 2) Based on the assessment and the determination of the resident's capability to improve functional ability." (B)	S9999		