

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009377</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TERRACE NURSING HOME, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1615 SUNSET AVENUE WAUKEGAN, IL 60087</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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S9999	<p><b>Final Observations</b></p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</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</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</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> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident was transferred from her wheelchair to her bed using a mechanical lift in a safe manner. This failure resulted in R1 sustaining a fractured right distal humerus on April 24, 2017.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>This applies to 1 of 3 residents reviewed for falls in a sample of 5.</p> <p>The findings include:</p> <p>The facility Incident Report dated April 24, 2017 states, "CNA (Certified Nursing Assistant) transferred resident{R1} to bed. When CNA moved the lift away from the bedside the resident rolled over. Before the CNA could reach the resident she fell from the bed to the floor. Noted to have a laceration to her inner, upper lip, slight swelling to nose and complaints of pain to right arm ... order to send to ER for evaluation. April 27, 2017 Resident returned to facility on April 24, 2017 with diagnoses fractured right humerus and sutures to inner, upper lip."</p> <p>On May 10, 2017 at 9:45AM, E2 (Director of Nursing) stated, "E3 (CNA) was transferring {R1} to bed. She turned to move the chair and the lift away from the bed and {R1} rolled off the bed. She had a laceration to her lip, was bleeding from her nose and her right arm was swollen. {E3} acknowledged that she did not use a second person during the transfer like she was supposed to." E2 then stated that R1 was recently admitted to the hospital for pneumonia and was currently not in the facility.</p> <p>On May 10, 2017 at 10:15AM, E3 stated, "I put {R1} in the mechanical lift and put her to bed. She was positioned towards me (on her left side with her back to the wall) and the wheelchair was between me and the bed. I turned to push the chair away and {R1} rolled forward off of the bed. .. {R1} was bleeding from her lip and nose." E3 then stated that the transfer happened after lunch and they were busy. E3 stated that she transferred R1 by herself but they are supposed</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>to have two staff for all mechanical lift transfers.</p> <p>R1's May Physician's Order Sheet shows that R1 has diagnoses including Cerebrovascular Accident with Left- sided Hemiplegia and Weakness.</p> <p>The Minimum Data Set of March 21, 2017 shows that R1 is totally dependent on two staff for transfers.</p> <p>The Physician's Progress Note dated May 1, 2017 states, "Right distal humerus fracture. Sling for comfort. Non-weight bearing to right upper extremity. Occupational therapy for right elbow fracture. Return to clinic in 2 weeks."</p> <p>The facility policy entitled Mechanical Lift or Total Lift dated June 2013 states, "A properly trained staff member cannot operate the mechanical lift/total lift by him or herself. A minimum of 2 staff members is required to operate the mechanical lift/total lift for a resident's transfer.</p> <p>(A)</p>	S9999		
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