Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001804	A. BUILDING: ____ B. WING ____	C 07/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

(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
S 000	Initial Comments Complaint# 1764370/IL95588	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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care needs of the resident.
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.

These requirements are not met as evidenced by:

Based on observation, interview, and record review the facility failed to maintain the wheel lock on a wheelchair in safe working order for one resident (R1) in a sample of three residents reviewed for falls. This failure resulted in R1 falling and sustaining a fracture to R1's fibula and tibia.

Findings Include:

R1's Physician's Order Sheet (POS) for July 2017 includes the following diagnoses: Delirium, Seizures, GI Bleed, Stage IV Kidney Disease, Type II diabetes, Muscle Weakness, and A-fib with Anticoagulant.

R1's X-ray report from a local hospital dated 7/2/17 at 9:58AM documents " Fracture of the proximal right fibula is minimally displaced.

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Minimally displaced fracture of the tibial metadiaphysis at level of prosthetic stem. Right knee hemarthrosis."

R1's history and physical 7/12/17 by Z2, Clinical Nurse Specialist (CNS) documents "patient admitted in early May for rehabilitation after Urinary Tract Infection Encephalopathy. She fell on 7/2/17 and sustained a fracture of (R1's) Tibia/Fibula".

A web based maintenance request "#93476" dated 7/1/17 at 1:52PM by E8, Licensed Practical Nurse (LPN) documents "Description: Lock on resident wheelchair broken. Details: (R1's room number) a lock on wheelchair broken."

R1's progress notes on 7/2/17 at 6:35AM E4, Registered Nurse (RN) documents, " (R1) sat at the edge of the seat. The wheelchair moved slightly and E7, (Certified Nurse's Aide) (CNA) lowered (R1) to the floor onto (R1's) buttocks and right knee. After R1 was sitting on the floor,(R1) laid back onto her back with (R1's) left leg extended in front of her and (R1's) right leg bent a the knee. E4 also documented "Upon examination of the wheelchair, the left wheel does not completely lock when the brake is locked."

R1's Minimum Data Set (MDS) dated 7/13/17 documents R1 as cognitively intact.

On 7/24/17 at 12:10PM R1 was being transferred from a wheelchair to the toilet via a sling type (full body) mechanical lift. R1 stated "This lift scares me a little and it kind of aggravates my broken leg. Before I fell and broke my leg, I could stand with the gait belt." R1 was wearing a leg immobilizer from R1's mid-thigh to R1's ankle on

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the right leg.

On 7/24/17 at 11:35AM R4 confirmed that prior to R1's 7/2/17 fall R4 had been R1's roommate. R4 stated "I heard (Z1) tell CNA and the nurse both the night before (R1) fell, the next morning that (R1's) wheel chair was broken and the brake wouldn't hold." R4's Brief Inventory of Mental Status (BIMS) dated 7/13/17 documents that R4 is cognitively intact.

On 7/24/17 at 12:11PM E5, Certified Nurse's Aide (CNA) stated "when I came in that day before (R1) fell I reported to my charge nurse E8, (Licensed Practical Nurse) that one of the locks was not working on (R1's) wheel chair and the nurse (E8) put in a work order." E5 confirms that prior to the 7/2/17 fall R1 was able to transfer with a gait belt and one staff.

On 7/24/17 at 12:11PM E6, Certified Nurse's Aide (CNA) stated "I was aware that the wheel chair (R1) was using had a malfunctioning brake 7/1/17, the day prior to (R1's) fall." E6 confirms that prior to the 7/2/17 fall R1 was able to transfer with a gait belt and one staff.

On 7/24/17 at 1:00PM E3, Registered Nurse (RN) stated "When I got to the unit 7/2/17 at 7:00AM, I was told in report that (R1) had fallen and her right leg was bent under (R1). R1 was complaining of more pain and we immediately sent (R1) to the hospital. We heard later from the hospital that R1's fibula and tibia were broken."

On 7/24/17 at 4:06pm Z2, Clinical Nurse Specialist (CNS) stated, "I do believe that when (R1) fell at (the facility) on 7/2/17 early morning, (R1) sustained a fibular/tibial fracture as a result of that fall."

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S9999	Continued From page 4 The facility's policy titled "Safeguarding Adaptive Equipment" dated 3/3/15 states "adaptive equipment may include, but is not limited to glasses, hearing aides, dentures, dining utensils, and ambulation/mobility equipment." This policy further states: If a resident's adaptive equipment is in need of repair, then staff make arrangements for a replacement (if able, such as walker, wheel chair) and/or send in the item to be repaired after notifying resident and/or responsible party. (B)	S9999		