

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010094 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/01/2017 |
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| NAME OF PROVIDER OR SUPPLIER WINNING WHEELS | STREET ADDRESS, CITY, STATE, ZIP CODE 701 EAST 3RD STREET PROPHETSTOWN, IL 61277 |
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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 Final Observations

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Statement of Licensure Violation:

- 300.610a)
- 300.1210b)5)
- 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

Attachment A
Statement of Licensure Violations

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/15/17 |
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| S9999 | <p>Continued From page 1</p> <p>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.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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> | S9999 | | |
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These Requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to transfer a resident in a safe manner. This failure contributed to R1's left leg being twisted and R1 sustaining a spiral fracture of the tibia and fibia bones of the left leg.

This applies to 1 of 5 residents (R1) reviewed for safety and supervision with transfers.

The findings include:

R1's Minimum Data Set dated July 5, 2017 showed R1 has a BIMS (Basic Interview for Mental Status) score of 11 and requires extensive assistance of 2 people for transfers. R1's Care Plan revised July 6, 2017 showed R1 has diagnoses which include Quadriplegia. R1 is a "hoyer (mechanical) lift with 2 assist for all transfers".

R1's Emergency Department Documentation dated July 25, 2017 at 10:00 AM showed that R1 presented to the hospital "with the report of a left ankle injury after the patient's leg got twisted when he was being moved last night. Chief Complaint: patient was being transferred last night at the facility by 1 aide, deformity to left ankle."

R1's Emergency Department X-ray report dated July 25, 2017 at 10:08 AM showed, "Spiral fractures of the distal diaphyses of the tibia and fibia on the left. Transverse fracture through the base of the first metatarsal."

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On July 31, 2017 at 8:30 AM, R1 was seated in an electric wheelchair with a blue plaster cast noted to his left lower leg. R1 stated that on July 24, 2017, "during the evening shift, a new girl got me up using a sit-to-stand lift. I don't remember her name. I told her to go get help because they are supposed to use 2 staff to help move me, not 1. The girl told me she had been trained and knew what she was doing. She got me up in the lift and my left knee and left leg hurt right away. It was positioned wrong, my leg was turned wrong. I told her my leg hurt and then she went to go get help."

On August 1, 2017 at 8:20 AM, E3 Certified Nursing Assistant (CNA) stated that she provided cares for R1 during the evening shift on July 24, 2017. E3 CNA stated, "E7 CNA and I got R1 up to the toilet and to bed that night but E7 CNA kept walking in and out of R1's room. When we initially stood R1 up in the sit-to-stand lift, R1 complained of left knee and left ankle pain so I repositioned his left leg and then got R1 on the toilet. R1 usually complains of pain so I didn't think much of it. When we got R1 off of the toilet and into bed, he kept complaining of left knee and left ankle pain so I let the nurse know." E3 CNA stated that R1 remained attached to the sit-to-stand lift while on the toilet. E3 CNA stated she was "making R1's bed and E7 CNA had stepped out of R1's room" while R1 was being toileted. When E3 CNA was asked how R1 should be transferred, E3 replied, "I believe R1 is a sit-to-stand lift with 2 person assistance."

On July 31, 2017, E4 CNA, E6 CNA, E7 CNA and E8 Registered Nurse (RN) each denied helping with or transferring R1 during the evening shift on July 24, 2017.

On July 31, 2017 at 2:00 PM, E2 Director of Nursing (DON) stated, "I was called to R1's room

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by the nurse around 8:30 AM on July 25, 2017. R1 was lying in bed with his legs directly out in front of him. His left foot was rotated outwards at a 90 degree angle at the ankle. His left ankle was swollen." E2 stated that R1 was immediately sent to the hospital. E2 DON also stated that R1 is to be transferred by a mechanical lift with 2 persons assisting.

On July 31, 2017 at 9:00 AM, Z3 (Nurse Practitioner) stated, "R1 can't stand at all. He needs a mechanical lift with 2 person assistance for all transfers."

On July 31, 2017 at 10:15 AM, E1 Administrator stated, "E3 CNA told me she transferred R1 with a sit-to-stand lift that evening (July 24, 2017) while E7 CNA was in R1's room. R1 was supposed to be transferred with a mechanical lift."

On August 1, 2017 at 8:45 AM, Z2 (R1's Orthopedic Physician) stated that R1's left tibia/fibia fracture sustained on July 24, 2017 was "an acute spiral fracture. This fracture can be caused by hitting the leg on an object but is typically caused by the twisting of the leg while standing, possibly during a fall."

The facility's Transfer Policy/Use of Mechanical Lifts revised September 2010 showed, "The final decision on the method of transfer and amount of assist ultimately rests with the treatment team, and will be reflected on each individual care plan..."

(B)