

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/09/2017
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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462
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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>Final Observations</p> <p>Licensure Violation:</p> <p>300.1210 a) 300.1210 b) 5) 300.1210 d) 6) 300.3240 a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/26/17
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S9999	<p>Continued From page 1</p> <p>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.</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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S9999	<p>Continued From page 2</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow the care plan to use a sit to stand device to transfer a resident (R27) from a shower chair to a wheelchair. The facility also failed to follow their CNA Checklist to have a nursing assessment done before moving a resident after a fall for one resident (R27) of eleven residents reviewed for falls in a total sample of 28 . This failure resulted in R27 sustaining multiple fractures and being hospitalized.</p> <p>Findings Include:</p> <p>R27 is a 75 year old resident admitted to the facility on 7/16/15. R27 has diagnoses of but not limited to heart failure, diabetes mellitus type 2, muscle weakness and morbid obesity. R27 is not currently in the facility.</p> <p>R27's Care Plan effective date 1/3/17 documents ADL's (Activities of Daily Living) R27 requires extensive assistance with ADL performance and cueing/supervision with physical help of 1-2 (person)due to decreased strength, balance and endurance. Transfer Status Sit to Stand Machine.</p> <p>The Fall Risk Assessment dated 3/29/17 scores R27 as 10, high risk for falls.</p> <p>On 6/7/17 at 3:20 PM E9 CNA (Certified Nursing Assistant) stated that E10 CNA was giving R27 a shower. R27 sometimes can stand stand for short periods of time and sometimes we use sit to stand machine, When I came in the shower room</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R27 was standing getting ready to pivot to wheel chair from the shower chair. There was no sit to stand machine. R27's left leg twisted, it didn't turn toward the wheel chair. R27 started to go down, we lowered her to the ground. I went to go get the mechanical lift. We used the call light. R27 had on briefs and socks.. I can't remember if a towel was on the floor. R27 complained that her left leg hurt and she couldn't breath. When the nurse came we already had her in the sling of the mechanical lift. The nurse came and assessed R27's leg and took vitals.</p> <p>On 6/7/17 at 11:45 AM E2 DON Director of Nursing stated that the nurse should assess residents prior to being moved after a fall.</p> <p>Witness Statement of R27 dated 4/19/17 at 12:00 PM written by E4 RN (Registered Nurse Unit Manager) documents R27 stated she was in the shower and was being moved from shower chair to wheelchair and left foot caught in towel. Legs gave way so two CNA's lowered her to the ground. CNA got lift to pick her up and brought her to her bed. Nurse came in, had pain to left leg (foot, ankle and leg) movement pain is 9 out of ten., do not move. X-ray was done, nurse gave pain medicine but didn't sleep all night.</p> <p>Witness Statement of E10 CNA dated 4/20/17 documents in part; When drying R27 off, another CNA (E9) came into shower to assist. Resident (R 27) stood up holding on to the bar with one hand and locked wheel chair with the other hand. Back side dried off and brief applied. Resident then started to turn to sit in the wheel chair when stated "help me" and resident started to bend knees so the two CNA's assisted her to the ground. The resident became very anxious, call light in shower pulled, resident insisted "get me</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>up, I cant breath" CNA got lift to get resident up and put her in bed. Nurse notified to see resident.</p> <p>Progress Note dated 4/19/17 12:07 AM written by E11 RN writer informed by CNA that resident was lowered to floor in shower room during transfer to wheelchair Writer went to further assess resident (R27) who was lying in bed. Resident complain of left lower leg foot pain. PM Supervisor notified of incident. Vitals stable, fall was witnessed and resident did not hit head. Z1 Medical Director notified, Primary Care Physician did not respond to pages. New orders for STAT X-rays of left knee, tibia/fibula, ankle and foot. Family notified. Pain medication administered. Will continue to monitor.</p> <p>X-ray report from Z2 dated 4/19/17 documents in part; Impression: undisplaced oblique fracture left lateral malleolus with over lying soft tissue swelling and undisplaced oblique supra condylar fracture of left femur.</p> <p>Progress Notes dated 4/19/17 written by E12 LPN (Licensed Practical Nurse) documents in part; Dr ordered that the resident should be sent to a hospital of choice. Ambulance picked up the resident at about 2:30 PM.</p> <p>The facility CNA Checklist, undated, documents in part; discuss post fall management; report to the nurse intermediately, do not move the resident until the nurse gives you instruction.</p> <p style="text-align: center;">(B)</p>	S9999		
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