

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2020
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NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
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S 000	Initial Comments Statement of Licensure Violations Complaint Investigation 2061177/IL120140	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/09/20
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to safely transfer, pursuant to the Plan of Care, one resident (R1) of three residents reviewed for falls in a sample list of five residents. This failure resulted in R1 sustaining a Displaced Fracture of the Right Femur which required surgical intervention.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R1's Minimum Data Set (MDS) dated 1/1/2020 documents R1 requires extensive assistance of two or more staff members to transfer. R1's Brief Interview of Mental Status (BIMs) score dated 1/1/2020 documents R1 scored a 15 of a possible 15 indicating R1 is completely cognitively intact. R1's Care Plan last revised 7/9/19 documents " (R1) requires extensive assist with transfers. Staff uses the sit to stand (mechanical lift) getting (R1) in/out of bed. While in the bathroom, (R1) can use the grab bars to stand up and maintain balance. Goal: (R1) will maintain current ability to stand in the bathroom during each toileting safely with the assist of 1 staff. Interventions: Explain task to be done. Place walker in front of (R1) and cue to push up. Cue to grab the bars. Assure proper footwear and apply gait belt. Encourage (R1) to sit/stand 3 times at each toileting. Practice and praise. Self-propels w/c (wheelchair) Toilet use: (R1) requires extensive assist of 1 staff for toileting. Transfer: (R1) requires sit to stand lift with transfers."</p> <p>V14, (R1's primary care physician) signed an order dated 10/8/19 for R1 to have physical therapy documenting " Treatment diagnosis: Difficulty Walking, Other Lack of coordination."</p> <p>R1's progress note by V6 Licensed Practical Nurse (LPN) dated 1/26/2020 at 7:05PM documents" At approximately 2:00 pm (R1) was observed laying in bathroom on Left side. This nurse (V6) had been called to room by (V9) CNA. (V9) stated resident initially on knees but laid on side for comfort. Physical assessment: Range of Motion to All Extremities Within Normal Limits with complaint of pain to Right knee at a 4 (on 0-10 scale). No redness or deformities noted. Cause: Resident was transferring to wheelchair with 1 assist from toilet, (R1) sat to quickly, not</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>sitting far enough back and slid off front of chair. Immediate Intervention: Resident was positioned for comfort, taking pressure off knee. Assisted up to wheelchair with two assists. Able to bear weight without difficulty Notification: MD (physician) notified of initial fall. Orders received to get Stat (Now) X-ray for Right Lower Extremity. Power of Attorney notified.</p> <p>R1's progress note by V15, Licensed Practical Nurse (LPN) dated 1/26/2020 at 9:59PM documents "Critical x-ray results called in from (X-Ray provider) re: (regarding) Right knee. Acute displaced fracture of distal lateral femoral condyle/shaft. Not knee replacement, this is a new fracture. No fracture seen with hip." results faxed to facility. Copy placed in DON's (Director of Nursing) box. (computer based medical service) notified of results via text and sent image. Per (medical service) On call, (V16), Medical Doctor, send (R1) to Emergency Room due to displaced fracture. (V16) does not want any further possible shifting to take place." R1's hospital record printed 2/18/2020 documents R1's right femoral fracture was surgically repaired on 1/26/2020 by V17, Orthopedic Surgeon.</p> <p>On 2/18/2020 at 10:52AM R1 was seated in a wheelchair in room. R1 was wearing a splint from left thigh to left ankle. R1 stated "I fell in the bathroom of the room I was in before I was in the hospital. (V9) CNA got me off the toilet and did not use a gait belt or the sit to stand lift. I went to turn using my wheelchair to lean on. I couldn't get back far enough to sit in the wheelchair and I fell on my knees. I was in a lot of pain. (V9) called (V12), certified Nurse's Aide (CNA) and (V6), Licensed Practical Nurse (LPN). They stood me up. It really hurt, but once I sat down it was a little better. Then at dinner I could hardly</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>stand it and (V6) called and got an X-ray. I went to the hospital and (V17) did surgery to fix the fracture. Now I can't stand up at all and it still hurts some. I told (V9) I needed the lift that day, but (V9) didn't listen (V9) told me that I could stand up." R1's MDS dated 1/1/2020 documents R1 as completely cognitively intact.</p> <p>On 2/18/2020 V12, Certified Nurse's Aide (CNA) stated "The night (R1) fell (V9) called me to (R1's) room to help. (R1) was laying on the floor in the bathroom. (V6), Licensed Practical Nurse (LPN) came in and we got (R1) to stand and sit in the wheelchair. (V9) told me (V9) was transferring (R1) to the wheelchair and dropped (R1). (R1) was having pain. I think then we were always using the sit to stand (lift) for (R1). "</p> <p>On 2/18/2020 at 12:30PM V10, Certified Nurse's Aide stated "I have worked here about a year. Before (R1) broke (R1's) leg we always used a sit to stand for (R1)"</p> <p>On 2/18/2020 at 12:30PM V11 Certified Nurse's Aide stated "If (R1) says (R1) needed at sit to stand (Prior to fracture) we used it. (R1) has always been able to tell us what (R1) needs."</p> <p>On 2/19/2020 at 8:51AM V9 stated on the evening (R1) fell "(R1) rang for help. I went in and (R1) needed to use the bathroom. (R1) could stand and pivot using the grab bar. (R1) was able to get on the toilet, but when I went to help (R1) go from the toilet to the wheelchair (R1) missed the wheelchair and went down to the floor on (R1's) knees. If (R1) is weak we would use the sit to stand lift." When asked if R1 needed a walker V9 stated "No we never have used a walker for (R1) that I know of."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 2/19/2020 at 2:30PM V4, RN (Registered Nurse) Care Plan Coordinator stated " If I had read the care plan before (R1) fell I'd have thought we needed to use a walker if (R1) was being transferred from the toilet. The thing is the bathroom for the room (R1) was in before the fall is so small that you couldn't get a walker in there let alone a sit to stand." When asked how that kind of information gets on the care plan V4 stated "The CNAs would tell a nurse, then me or another nurse would assess (R1) and we would update the care plan." When asked if an assessment was done for the space issue in R1's bathroom V4 stated "not that I'm aware of."</p> <p>On 2/20/2020 at 7:30AM V17, Orthopedic Surgeon stated "I can certainly say that this fracture of (R1's) femur was caused by the fall. This type of fracture is generally caused by trauma. The fact that (R1) has an old knee replacement has nothing to do with this new fracture." V17 verified that a plate and screws were implanted to stabilize R1's right femur.</p> <p>The facility's policy "Transfers" issued 8/2017 revised 8/2018, 7/2019,1/2020 states "Policy: To promote safe transfer for the residents, as well as the staff, gait belts, (Sling type mechanical lifts) and/or sit to stand (lifts) will be used, unless otherwise specified. Responsibility: It is the responsibility of all nursing staff to ensure the use of safe transfer techniques when transferring a resident. It is the responsibility of the Director of Nursing/Designee to ensure that adequate training is provided to all nursing staff on the proper use of gait belts, (Sling type mechanical lifts) and/or sit to stand (lifts)."</p> <p>(A)</p>	S9999		
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