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
	IL6003511	A. BUILDING: ______ B. WING ______	C 02/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROSSE POINTE MANOR	6601 WEST TOUHY AVENUE NILES, IL 60714

(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 Complaints 2090457/IL119344 - F689 cited 2090513/IL119400 - F689 cited Facility Reported Incident of 1/19/20/IL119577 - F689	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210b)5) 300.1210d)6) 300.3240a) 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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.	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 02/20/20

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S9999	Continued From page 1	S9999		

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. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to use a mechanical lift as determined necessary by the resident's comprehensive plan of care during a transfer for one (R1) reviewed for accidents. This facility failure resulted in R1 sustaining two, separate left lower leg fractures.

Findings include:

R1 is a 101 year old, nonverbal resident with diagnoses per POS (Physician Order Sheet) that include (but not limited to) Parkinson's Disease, Vascular Dementia, Age-related Osteoporosis,

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S9999	Continued From page 2	S9999		

Osteopenia, and Lumbar Region Degenerative Joint Disease.

2/3/20 at 9:30AM, V1 (Administrator), stated, R1 has a fracture, and we (the facility) did report that to the State. We did an investigation of it, and it was found that the CNA's (Certified Nursing Assistants) involved (V3 and V8) had improperly transferred R1 on 1/18/20 before giving him a shower. Asked what type of transfer was recommended for R1 per his care plan, and what was performed by the CNA's, V1 stated that they did a two-person stand/pivot transfer instead of a two-person mechanical lift as ordered.

2/3/20 at 10:43AM, observed R1 lying supine in bed, sleeping, with the head of the bed elevated at approximately 35 degrees. R1's left lower leg had a moldable splint with cotton batting and ace wrapping applied to the leg, and was elevated on a pillow.

2/3/20 at 2:00PM, V2 (Director of Nursing/DON) stated, V3 told me she had improperly transferred R1. R1 is supposed to be a two-person mechanical lift. V3, with V8 assisting her, performed a two-person stand/pivot transfer from the bed to the shower chair with R1. Once V3 told me she did an improper transfer with R1, I didn't interview further because I knew what the cause of R1's injury was - it was due to the improper transfer.

2/3/20 at 3:00PM, V3 (CNA) stated, so we (V3 and V8) used a sheet under R1's knees while he was sitting on the side of the bed. We put our arms underneath each of his arms, and both of us took a side of the sheet from under his knees and then lifted him to the shower chair from the bed. Asked V3 why did you transfer R1 using a

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sheet instead of using the mechanical lift? - V3 stated, because I was looking for a mechanical sling, and I couldn't find one. I suggested using a sling under his knees to help move him. I know now that it was wrong, and I shouldn't have done that.

On 2/4/20 at 11:20AM, V14 (Physical Therapist) stated R1's transfer status is a mechanical hoyer lift with two-persons and that R1's status was poor prior to his injury too. Transferring R1 as a stand/pivot versus his recommended two-person mechanical lift could harm R1, he does have osteopenia/osteoporosis. With a comminuted and spiral fracture, the injuries could of been caused as a result of an improper transfer. Some diagnoses do make a resident more susceptible to fractures, but it (a fracture) is usually due to a trauma injury to the bone.

2/4/20 at 12:30PM, Asked V9 (Physician) if R1's type of fractures (a comminuted fracture of the tibia, and a spiral fracture of the fibula) could have spontaneously occurred? V9 stated, R1's medical condition is fragile, he is bedridden - these (the fractures) have to have been caused by mishandling. I presumed the nursing staff mishandled R1 during care, the fractures are not going to occur spontaneously - these types of fractures have to have an extraneous force. Informed V9 of R1's transfer status being a mechanical lift with two staff persons assisting - V9 stated, Oh, I agree - he (R1) shouldn't be weight bearing, he is fragile.

Review of R1's quarterly Minimum Data Set dated 10/28/19, Section G (Functional Status) documents R1's transfer status as total dependence on staff assistance, and his current care plan documents R1's transfer method as an

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S9999	Continued From page 4 extensive assist of two-persons using a mechanical lift. Review of R1's medical chart notes R1 was being monitored for trace (slight) edema to his left lower leg on 1/18/20 and 1/19/20. A portable x-ray of R1's left lower leg/foot was obtained on 1/19/20 which indicated an "age-indeterminate" tibia fracture, and V9 was notified of the results. R1 began to exhibit discomfort and bruising to his left lower leg, and was sent to the hospital emergency room for evaluation on 1/20/20, returning to the facility on 1/22/20. Hospital x-ray report dated 1/20/20 notes R1 sustained a left lower leg fracture, stating the fractures as, "Acute, mildly displaced comminuted fracture of the distal tibial diaphysis" and "Acute, mildly displaced spiral fracture of the distal fibula." (B)	S9999		