

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007439</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GROVE OF ST CHARLES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 ALLEN LANE</b> <b>ST CHARLES, IL 60174</b>
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S 000 Initial Comments S 000

Facility Reported Incident of 2/18/2020 IL# 120545

S9999 Final Observations S9999

Statement of Licensure Findings  
300.1210a)b)d)6)  
300.1220b)3)  
300.3240a)

300.1210 General Requirements for Nursing and Personal Care

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)

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

*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 <b>03/16/20</b>
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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</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>300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who required a mechanical lift with two assist for transfers was transferred safely. This failure resulted in a resident sustaining a laceration which required sutures in a local Emergency Room.</p> <p>This applies to 1 of 3 residents (R1) reviewed for safe transfers in the sample of 4.</p> <p>The findings include:</p> <p>R1's Face Sheet showed she is 97 years old and was admitted to the facility on January 18, 2020. R1's January 25, 2020 Minimum Data Set (MDS) showed she was severely cognitively impaired and was totally dependent on the assistance of at least two persons for transfers.</p> <p>On February 28, 2020 at 2:05 PM, V5 RN (Registered Nurse) stated that on February 18, V7 CNA (Certified Nursing Assistant from a staffing Agency) came out of R1's room and said R1 was bleeding. V5 stated she saw R1 lying in bed with a left lower leg "gash" laceration. V5 stated R1's leg was "visibly open and actively bleeding." V5 stated R1's wound was "bleeding a considerable amount," and she called 911 because she was concerned about a hemorrhage and she did not think the bleeding could be controlled at the facility. On March 3, 2020 at 2:30 PM, V5 described the bleeding as "like a faucet; not a drip, but continuous flowing." V5</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>stated V14 (RN, Wound Care Certified Nurse) came in to assist.</p> <p>On March 3, 2020 at 2:35 PM, V14 (RN, Wound Care Certified Nurse) described R1's laceration as a smooth slit. V14 stated she guessed the laceration was 0.4 to 0.5 centimeters deep, but blood was still inside R1's wound. V14 described R1's injury as "a clean fresh cut with blood in the middle." V14 stated she investigated the incident at the time and she did not think R1 was bleeding before the transfer because there was no blood on the floor, on the leg pedal, or on the wheelchair. V14 stated if R1's injury occurred because her leg had fallen off her leg pedal, the scene "would have been a bloody mess."</p> <p>R1's February 18, 2020 progress note from 2:01 PM showed " ...Vital signs were unable to be obtained at that moment due to urgency of stopping bleeding and paramedics approaching ... Around 1:30 PM CNA notified nurse of laceration to patient's left leg after being transferred from wheelchair to bed ..."</p> <p>On February 28, 2020 at 1:35 PM (10 days after the injury), V6 (Wound LPN-Licensed Practical Nurse) removed the dressing from R1's left lower leg. On the outside of R1's mid-calf was a scabbed line with eight sutures. R1's February 19, 2020 Wound Assessment Details Report showed the laceration was nine centimeters long. On February 28, 2020 at 8:55 AM, V12 (R1's Daughter and Power of Attorney) stated R1 lived with her and her husband for two and a half years until R1 was hospitalized in mid-January for an infection. V12 stated because R1 was no longer standing and pivoting, she could not care for her any longer so she brought her to the hospital and then she came to the facility. V12 stated R1 was</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>transferred by staff with a sit-to-stand lift when she was admitted, and Physical Therapy (PT) tried to work with her to stand and pivot.</p> <p>On February 28, 2020 at 10:05 AM, V17 (Physical Therapist) stated R1 had received therapy when she was first admitted to the facility, and R1 was discharged from PT on February 12, 2020 (eight days before her injury). R1's PT Missed Visit Details showed she had refused PT on February 5th, 6th, 11th, and 13th, and her February 14, 2020 PT Discharge Summary showed she was "functioning at her maximum capacity and did not make any progress toward her set goals." V17 stated "even when we were seeing [R1] we recommended a lift machine ...[R1] was always a sit-to-stand lift or [full-body] lift." V17 added there's "no way" you can transfer R1 with one or two people. V17 continued R1 "has never been NOT a mechanical lift of some kind. She is not capable ...she has to follow commands, task segmentation ...with her cognition, she can't solve." V17 stated if R1 was transferred with one person, there could be complications, stating "it's unsafe ...falls, skin tears, injuries ..." On February 28, 2020 at 1:35 PM, V20 (Occupational Therapist) stated R1 "was changed from a sit-to-stand lift to a [full-body] lift the first week she was here." V20 stated R1 "has no balance and it's not appropriate to make her stand."</p> <p>On March 3, 2020 at 9:15 AM, V7 (Agency CNA) stated she transferred R1 from her wheelchair to her bed by herself without a mechanical lift on February 18, 2020. V7 stated that on February 18, R1's pantleg was not wet (with blood) when she lifted R1's left leg up to remove the leg pedal prior to the transfer, nor did she see any blood on R1's clothes prior to the transfer. V7 stated when she transferred R1 to bed, she was facing her</p>	S9999		
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and turned R1 to R1's left to get her on the bed. V7 stated she kept the outside of R1's left leg braced with the inside of her own right leg, and then she moved her to the bed. V7 added "she's not that heavy." V7 stated she had worked with R1 before, and she transferred R1 both times by having R1 grab V7 by her shoulders or waist and helping her stand. V7 stated R1 "helped a little, but not as much as when I transferred her before." V7 stated when she lifted R1's legs into bed, she noticed blood on the white stripe on R1's left pantleg and the side of R1's white left sock. V7 stated "blood was just coming out and started leaking all over the bed." V7 stated R1 "may have bumped my leg. I can't say she didn't."

V7 was asked how she knew how to transfer R1. V7 stated staff can usually tell at other facilities by a paper in the resident's closet or they can ask the nurse. V7 stated when she transferred R1 the first time by herself, a PM shift nurse had told her how. On February 28, 2020 at 10:15 AM, V15 (another Agency CNA) was asked how staff know how residents transfer. V15 stated staff have to ask a nurse if they don't know. V15 stated the facility does not have resident directions posted in the resident closets, and even if you work regularly, "you don't know if something has changed because any changes aren't posted."

Under "Functional Status" in R1's February 1, 2020 Nursing-Daily Evaluation assessment form (completed 17 days before R1's injury), it showed R1's transfer status is total dependence, she uses a mechanical lift, and needs the full body lift with two or more assist.

R1's Activities of Daily Living (ADL) care plan (revised February 7, 2020) showed she requires

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S9999	Continued From page 6	S9999		
	<p>assistance with transfers and other ADLs with a goal for R1 to be assisted as needed. R1's ADL care plan interventions do not include mention of a mechanical lift or how many assist are needed for her to transfer. The "Tasks" section in R1's Electronic Medical Record does not show how R1 should be transferred. R1's February and March 2020 Physician Order Sheets do not show how R1 should be transferred.</p> <p>On March 3, 2020 at 12:55 PM, V3 RN (Director of Nursing) verified R1's transfer status was not written anywhere and stated the facility does not have a policy related to resident transfers. At 3:20 PM, V3 stated she expects CNAs to transfer residents safely and expects them to connect with the nurse and the resident's care plan.</p> <p>(B)</p>			