

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6012587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/16/2019
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NAME OF PROVIDER OR SUPPLIER  ROSEWOOD CARE CENTER OF MOLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 34TH AVENUE MOLINE, IL 61285
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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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S 000 Initial Comments  
  
Facility Reported Incident Investigation to Incident date of 6-18-19/IL113629  
  
Statement of Licensure Violations

S 000

S9999 Final Observations  
  
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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

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

08/02/19

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NAME OF PROVIDER OR SUPPLIER  ROSEWOOD CARE CENTER OF MOLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 34TH AVENUE MOLINE, IL 61265
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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</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</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide appropriate staff assistance and safety measures to prevent an injury during an assisted transfer for one of three residents (R2), reviewed for transfers, in a sample of three. This failure resulted in R2 sustaining a laceration requiring sutures.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Resident Transfers, dated 01-13-2006 directs staff, "The facility will assess the resident to determine the safest method of transfer as a component of activities of daily</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD CARE CENTER OF MOLINE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7300 34TH AVENUE MOLINE, IL 61265</b>
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S9999	<p>Continued From page 2</p> <p>living. The method of transfer will be noted in the Resident's Care Plan and on the CNA (Certified Nursing Assistant) Care Plan Guide to communicate transfer status. Safety with transfers must be a priority."</p> <p>The facility Preliminary Investigation Report, dated 6/18/19 documents, "(R2) with thin, fragile skin was being transferred by (V3/CNA) (Certified Nursing Assistant) from bed to the (wheel) chair when (R2's) shin caught the wheelchair latch and (R2) sustained a laceration to the mid shin. (R2) was transferred to the ER (Emergency Room) for treatment."</p> <p>R2's (facility) Face Sheet, dated 3/7/2018 includes the following diagnoses: Chronic Obstructive Airway Disease; Chronic Kidney Disease, Stage 3 (moderate); Bilateral Primary Osteoarthritis of Knees; Repeated Falls, Weakness.</p> <p>R2's Minimum Data Set Assessment, dated 6/13/19 documents that R2 requires total dependence on two staff members (Section G0110) for all transfers.</p> <p>R2's C.N.A. Care Plan Guide documents that at the time of R2's injury, R2 required the assistance of two staff members for all transfers.</p> <p>R2's Care Plan, dated 11/30/18 includes the following care plan problems: (R2) requires extensive assist with ADLs (Activities of Daily Living) and transfers. Also included are the following interventions: Transfer with staff assist. See Care Card (Care Plan Guide).</p> <p>R2's hospital Emergency Department (ED) Notes, dated 6/18/19 document, "(R2) presents with left</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>leg laceration. (R2) presents to ED today for evaluation of left lower leg laceration. (R2) lives at (facility) and (R2) was being transferred from the bed to the wheel chair when (R2's) leg got caught between the foot rest and gave (R2) a laceration to (R2's) left leg. 11 CM (centimeter) in length, V-shaped laceration, subcutaneous depth. Three sutures were placed to the lateral aspect of the v-shaped (wound) and four sutures to the medial aspect. The point of the V shape was closed with steri strips."</p> <p>On 7/15/19 at 11:52 A.M., V3/Certified Nursing Assistant (CNA) stated, "I was transferring (R2) with on 6/18/19, around 5:00 in the evening from (R2's) bed to (R2's) wheel chair, for supper, when something went wrong and (R2's) left leg was injured. (R2) had a large skin tear, down to the muscle. I don't remember what (R2) cut (R2's) leg on. I did not use a gait belt. (V4) (Certified Nursing Assistant) was in the room with me, but (V4) didn't help me. I did the transfer by myself." At that same time, V3/CNA stated that R2's wheel chair foot pedals were not removed from R2's wheel chair before V3 completed the transfer for R2.</p> <p>On 7/15/19 at 2:23 P.M., V5/Licensed Practical Nurse (LPN) stated, "I was (R2's) nurse, the night (R2's) leg was injured. (V4/CNA) was coming out of (R2's) room, as I was walking down the hall. She said (R2's) leg was cut. (V3/CNA) was in the room and said he had transferred (R2) by himself, not using a gait belt or the (sit-to-stand) lift, like (V3) was supposed to. The foot pedals were still on the wheel chair and it looked like (R2) caught (R2's) leg on that. The cut was bleeding a lot, it was very deep. The (previous) DON was in the room with me, helping to apply pressure and another nurse called 9-1-1 to get</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>(R2) to the hospital."</p> <p>On 7/16/19 at 8:20 A.M., V9/Physical Therapy Assistant and Rehab Director stated, "At the time of (R2's) injury, (R2) was a (sit to stand) lift. Residents who are partial weight bearing can use a (sit to stand) lift. During a transfer with a (sit to stand) lift, the wheel chair would be positioned next to the bedside, two staff members should always provide hands on assistance and the wheel chair pedals should be removed from the wheel chair, to prevent injury to the resident. A belt is applied to the resident's waist and the lift is activated. Once the resident is seated in the wheel chair, then the foot pedals are applied. Staff are instructed to never perform a lift transfer with the foot pedals attached to the wheel chair. They are only to be attached once a resident is seated in the chair. Due to (R2's) injury to (R2's) leg and (R2's) declining physical condition, (R2) is now a total mechanical lift."</p> <p>The facility Final Investigation Report, dated 6/24/19 documents, "(R2) was transferred from the bed to the wheelchair inappropriately when (R2) caught (R2's) leg on the locking mechanism of the foot pedal. (R2) was not transferred from (R2's) bed to (R2's) wheel chair appropriately and therefore sustained (an) injury. Upon interviewing (V3/CNA), (V3) acknowledged he understood (R2's) transfer status and did not follow policy and procedure, therefore causing (R2's) injury." (B)</p>	S9999		