

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004899	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
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NAME OF PROVIDER OR SUPPLIER JENNINGS TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH LASALLE AURORA, IL 60505
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.1010h) 300.1210b) 300.1210d)3)6) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification</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 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:</p> <p>d) Pursuant to subsection (a), general nursing</p>	S9999		
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Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete a comprehensive pain assessment and identify new onset of pain; failed to notify the physician of resident's change in condition; and failed to transfer a resident in accordance with the plan of care. These failures led to R1 receiving a delay in treatment for a fractured femur R1 sustained in the facility.</p> <p>This applies to 1 of 3 residents (R1) reviewed for incidents/accidents and pain management in a sample of 3.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>The MDS (Minimum Data Set) dated 4/18/18 reads: R1 has severely impaired cognitive skills. The MDS also documents R1 requires extensive physical assistance of 2 staff for transfers and toilet use.</p> <p>The Care Plan for Pain with start date 7/27/17 reads: Observe for nonverbal signs of pain or discomfort, including increased restlessness, crying, moaning, guarding/protecting of an area, flushed appearance, increased sweating, pale color, etc; Utilize proper assistive device(s), i.e. wheelchair, as indicated. R1 is non-ambulatory.</p> <p>The report to the State Surveying Agency dated 5/2/18 reads: R1 complained of right leg pain, X-Ray shows right femoral fracture. Received reduction surgery at local hospital</p> <p>The Nurses' Notes for R1 reads: -4/29/18 10:38 PM Noticed a bruise on the upper right arm, approximately 2.8 x 3.2 [sic], denies pain. -5/1/18 10:40 AM, Resident is still complaining of pain in right leg. Resident is unable to verbally scale his pain but when you move resident in bed, resident cries out so I assume resident's pain is 8/10. Tylenol was given. Resident can't out [sic] weight on leg without discomfort. 3 people assistance was needed to get him out of bed today. -5/1/18 2:38 PM X-Ray was ordered by doctor. Report given to incoming nurse for follow up. -5/1/18 7:58 PM, V4 (Medical Doctor) emailed regarding X-ray results. Impression 1. There is an acute transverse fracture through the right femoral neck -5/1/18 8:17 PM, V12 (Medical Doctor on Call)</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>notified of X-ray results, send to emergency room for evaluation and treatment -5/1/18 8:56 PM, Resident out to hospital -5/2/18 10:33 AM, by V2 (Director of Nursing): On 5/1/18 at around 12 noon, I went to see why R1 was not up for lunch. R1 was lying awake in bed flat on R1's back</p> <p>There was no event/incident report in R1's medical record related to the pain/fracture. There was also no comprehensive pain assessment. V2 stated the facility did not complete an event/incident report (5/16/18 11:20 AM).</p> <p>On 5/15/18 at 11:20 AM, V5, (Registered Nurse/RN) stated she was the nurse who sent R1 to the hospital on 5/1/18. V5 stated she documented R1 is "still" complaining of pain because she had received report from the night nurse that R1 had been complaining of pain. V5 stated she didn't know how long R1 had been having pain, just that "the nurses were monitoring R1 for pain." V5 stated she didn't get a full report from the night nurse. V5 stated "I got more information from the CNA (Certified Nursing Assistant). V5 stated she asked the CNA to get R1 out of bed and the CNA stated R1 was in pain. V5 stated "So I emailed the doctor. He got back to me at the end of the shift." When asked if she completed a comprehensive pain assessment, V5 replied "No, I just asked if it was 8/10 and gave R1 Tylenol. R1 mumbles and is not verbal. V5 stated she is not familiar with R1's care, and "the CNA's know this patient better than we do. R1 was a little bit swollen by the knee." V5 added "I don't know how long R1 had complained of pain."</p> <p>On 5/15/18 at 12:15 PM, V6 (Licensed Practical Nurse/LPN) stated he documented R1 had a</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>bruise on the right arm on 4/29/18, and when staff dressed R1, R1 became very agitated. When asked if V6 completed a comprehensive pain assessment, V6 replied "no, I only touched the bruise and looked at R1's face."</p> <p>On 5/15/18 at 12:26 PM, V7 (CNA) stated "R1 had been complaining of knee pain for a few days. R1 could not tell you if the pain was in the knee or the leg. R1 just knew R1 was in pain, so we started using the mechanical lift (which requires the resident to stand and bear weight on the extremity). R1 wouldn't stand because R1 had discomfort in the leg. R1 was awkward in this mechanical lift, so we would stand R1 at the side of the bed and change R1. That was a couple of days. It's fuzzy, but I know it was a few days. We were going to switch to a full body mechanical lift." V7 stated it was approximately 4 days from the time he first heard R1 complain of pain to the time R1 was sent to the hospital. V7 added "R1 stands and sits on the toilet. Then one day, I can't stand, my leg hurts, try again R1, no I can't (sic). So it was a concern how to get R1 changed because it was so easy when R1 could stand. We observed R1 for a couple of days before R1 left because of the pain. We could not change R1 because R1 could not stand up. R1 does not express R1's self clearly. That was the only time Oh my leg hurts. R1 was quite clear with that. So we moved to other options." V7 stated he takes R1 to the bathroom without assistance from other staff. V7 stated "R1 grabs the bars. I just take R1 by myself. R1's so easy once R1 is in the chair."</p> <p>On 5/15/18 at 12:56 PM, V8 (CNA) stated she was R1's care giver on 4/26, 4/27 and then she worked with R1 for the morning and PM shift on 4/28-4/29. V8 stated R1 complained of pain so</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>we tried the mechanical lift that requires standing. V8 stated "we used the mechanical lift because it was impossible to move R1. That was on a weekend. V8 stated it was myself and V9 (CNA). V8 stated the last day she worked with R1 was on 4/29 (Sunday). V8 stated I had received report from the CNA who worked Saturday night that R1 was complaining of leg pain. We told the nurse R1 had pain. We even tried to keep R1 in bed that day. Most of the time, the nurses want R1 to eat with everybody. R1 was complaining of pain when we tried to get R1 up."</p> <p>On 5/15/18 at 1:23 PM, V9 (CNA) stated on "4/29/18, R1 was complaining of pain. In the previous days, R1 would complain, R1 would moan if we touched R1's leg and say- here, R1 would say yeah. Days before that, R1 was having a hard time complaining of pain so when the weekend came we used the mechanical lift. We told the nurses, they would say no, get R1 up because they like to get people up for meals." V9 also stated "We kept telling the nurse we don't want to move R1, so every morning before getting R1 up we would check with the nurse because R1 kept complaining of pain. R1 would moan out or put R1's hand over the area. But I always told the nurse and they were like yeah, go ahead and get R1 up. It started Thursday or Friday. I remember toileting R1 Thursday and R1 was fine, then when V7 toileted R1 Friday, V7 told the nurse R1 was complaining of pain. Something happened between Thursday and Friday morning to R1's right leg.</p> <p>On 5/15/18 at 2:18 PM, V10 (CNA) stated "R1 doesn't usually complain of pain. I remember the day R1 complained of pain, then the next day they got R1 in the chair and R1 was agitated. Then when I took R1 to the bathroom, R1 was</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>having a really hard time struggling and groaning to get up. A few days later it was just awful, around Saturday or Sunday, R1 was worse. I'm kind of surprise they didn't send R1 out sooner because R1 doesn't act like that." V10 added "Then when it got worse, I'm like of course it's going to get worse and they finally got an X-ray. I'm like that's just ridiculous because we kept telling the nurses. Even when R1 wanted to get up, R1 wasn't the same. It was even worse, so I would come in every morning and check on R1. R1 would be holding R1's leg. R1 can't tell you what's wrong." V10 stated he would take R1 to the bathroom without assistance. V10 stated R1 is "one person" assist for toileting.</p> <p>On 5/15/18 at 2:46 PM, V11 (Fitness Aide/CNA) stated he was in charge of the transfer program. V11 stated he made the decision along with V2 (Director of Nursing) to get R1 a mechanical lift when R1's knee started hurting and R1 could not stand. V11 stated R1 was using the (standing) lift and then they changed it to a full body lift. V11 stated when he checked R1, R1 could not stand so he informed the staff to use the mechanical lift. V11 stated "I saw R1 doesn't have any weight bearing. The knee was really hurting." V11 stated "I don't know how long exactly the staff used the standing lift because it was the weekend. I know they told me the day before, R1 was having problems. When I saw R1, the knee was really hurting."</p> <p>On 5/15/18 at 2:56 PM, V2 (Director of Nursing) stated she did all of the staff interviews related to R1's fractured leg. V2 stated "Staff is really good about reporting everything." When asked if she was aware R1 had been complaining of pain, V2 replied "no." When asked the interview process, V2 replied "I interviewed the ones who worked on</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>the unit." V2 looked at the schedule and confirmed V8 worked with R1. However, when asked to provide V8's interview, V2 looked at the documented interviews and stated "she's not on here." The documented interviews conducted by V2 consisted of 2 questions. V2 stated "I asked everyone if they are aware of falls and if R1 did fall, could R1 get up? They all agreed R1 could not be able to get up." There was also no interview of V7. V2 she did not interview V7 because V7 completed the interaction tool sheet titled "Stop and watch early warning tool." The sheet documents "Pain-new or worsening; participated less in activities, right leg pain, overall needs more help (5/1/18, 10:00 AM)." V2 documented on 5/2/18 (24 hours after R1 was sent to the hospital) that she saw R1 on 5/1/18 at 12:00 PM lying flat in bed. V2 stated she "checked on R1 because R1 wasn't up for lunch. I heard they thought R1 had had some swelling." When asked if V2 interviewed V9 who worked double shifts with R1 over the weekend, V2 looked at the investigation file and stated "she's not on here." When asked for the interview for V5, V2 stated she did not interview V5. When asked the policy for new onset of pain, V2 stated "to get vital signs and call the physician. It's the doctor's decision. It depends on where the pain is." When asked policy for comprehensive pain assessment, V2 stated "comprehensive pain assessments are done on admission and quarterly. We ask about pain on every shift. V8 stated R1 does not have a comprehensive pain assessment for the leg pain. When asked the policy for acute change in condition, V2 stated "to notify the physician within an hour. We would call or email. If no call back in 30 minutes, call back, If no call after two tries we call the medical director. But he (V4/Medical Doctor) is the medical director."</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>There was no documentation in R1 medical record regarding the onset of the new pain, frequency, pattern or Range of Motion.</p> <p>On 5/16/18 at 10:40 AM, V4 (Medical Doctor) stated R1 went to the hospital the day the facility notified him. V4 stated "I got an X-ray when they called me." V4 stated "Generally speaking if it is a significant change in status, I get an email or they would call the office." V4 also stated it is not ok to wait 4 days and "I agree if R1 can't bear weight there's and change and R1 should be evaluated. There's always somebody on call if I'm not around. If a resident is not able to bear weight, and normally does, I would've ordered the X-ray. That's a pretty significant change."</p> <p>The radiology report for R1 dated 5/1/18 reads: Impression- Acute mildly transverse fracture through the right femoral neck. There is soft tissue swelling.</p> <p>The policy for Pain-Clinical Protocol reads: Assessment and Recognition-</p> <ol style="list-style-type: none"> 2. The nursing staff will assess each individual for pain upon admission to the facility, at quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain. 3. The staff and physician will identify the nature (characteristics such as location, intensity, frequency, pattern, etc.) and severity of pain. <ol style="list-style-type: none"> a. Staff will assess pain using a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level. 5. Staff and physician will also evaluate how pain is affecting mood, activities of daily living, sleep and the resident's quality of life, including 	S9999		

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S9999	Continued From page 9 complications such as gait disturbances social isolation, and falls. The policy for Change in Condition reads: 1. The nurse will notify the resident's Attending Physician or Physician on call when there has been a: d. significant change in the resident's physical/emotional/mental condition; e. need to alter the resident's medical treatment significantly g. need to transfer the resident to a hospital/treatment center 2. A "significant change" of condition is a major decline or improvement in the resident's status that: a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not "self-limiting") b. impacts more than one area of the resident's health status The policy titled Guidelines for Notifying Physicians of Clinical Problems read: Categories- Immediate Notification (Acute) problems- The following symptoms, signs and laboratory values (which are not all-inclusive) should prompt immediate notification of the physician, after an appropriate nursing evaluation. Immediate implies that the physician should be notified as soon as possible, either by phone, pager, text messaging, or other means. These situation include: 2. Rapid decline or continued instability (for example, markedly fluctuating vital signs), unless the individual is receiving only palliative care. 3. The following symptoms a. Sudden in onset OR a marked change (for	S9999			

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S9999	Continued From page 10 example, much more severe or frequent) compared to usual (baseline) status, AND are b. Unrelieved by measures which have already been prescribed ... <p style="text-align: right;">(A)</p>	S9999		
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