

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012975	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2018
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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF STREAMWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107
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S 000	Initial Comments Complaint Investigation 1892638/IL102088 FRI of 4-23-18/IL102312	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 05/15/18
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S9999	<p>Continued From page 1</p> <p>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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 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 requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow its policy for transferring residents and failed to use the recommended sling size and techniques for mechanical lift transfer. This failure resulted in R2 falling to the floor during a mechanical lift transfer and sustaining intracranial hemorrhage that required hospitalization.</p> <p>This applies to 1 of 3 (R2) residents reviewed for</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>falls in the facility from a total sample of 6.</p> <p>The findings include:</p> <p>R2 was admitted to the facility on July 17, 2010 with diagnoses which include Dementia, Generalized Muscle weakness, Anxiety and Psychosis according to R2's face sheet. R2's MDS (Minimum Data Set) dated April 10, 2018 showed R2 was severely cognitively impaired and R2 was totally dependent on 2 plus staff persons for transfers. R2's fall risk assessment dated April 5, 2018 showed R2 at high risk for falls; R2 scored 12 on a scale of 10 and above is high risk. R2's care plan for falls showed R2 had balance problems and problems with strength. R2 has cognitive impairment and impaired safety awareness. R2 reaches out for things that are not there. R2's care plan for activities of daily living showed R2 to be dependent on 2 staff persons for transfers.</p> <p>R2's caregiver alert last updated April 13, 2018 showed staff to use a full body mechanical lift with sling size medium (Red).</p> <p>On April 30, 2018 at 2:51pm V16 (Restorative Nurse) stated during interview that she performed an assessment on R2 on April 13, 2018. V16 stated she recommended R2 be transferred using a mechanical lift with a medium sling because R2's weight was 150 pounds. V16 added that the red sling was recommended per the manufacturer recommendations because of R2's weight. V16 also stated that R2 has poor trunk control and V16 cannot tell what could happen if staff used a larger sling size. V16 stated that she would expect that staff use the recommended sling size for R2. V16 stated that while transferring R2, one staff member can operate</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>the machine and the other staff should cradle R2's body in support during transfer using the mechanical lift.</p> <p>On May 1, 2018 at 2:00 PM V16 stated R2 had a behavior of leaning forward.</p> <p>On May 1, 2018 at 3:30 PM V15 (R2's Primary Care Physician) stated R2 had very weak upper extremity muscles and poor trunk control. R2 had a behavior of reaching forward. On April 23, 2018 R2 was hospitalized and admitted to Intensive care unit because of a bleed in the brain due to a hard fall during transfer.</p> <p>On April 26, 2018 at 3:35 PM V4 CNA (Certified Nurse Assistant) stated on April 23, 2018 she was assigned to work with R2 and provide care for R2 during the 7:00 AM and 3:00 PM shift. V4 stated that she was transferring R2 from the bed to the wheelchair with the assistance of V11 CNA (Certified Nurse Assistant). V4 stated she placed a sling (blue) under R2 while R2 was on the bed. V4 stated she held R2 at the feet as V11 operated the mechanical lift at the back of the machine. V4 stated that as V11 raised R2 off the bed and brought R2 away from the bed she saw R2 lean forward towards the right side and R2 fell over the right side of the sling to the floor. V4 stated she was not sure if R2 hit her head on the leg of the mechanical lift but R2 was bleeding from the back of her head. V4 stated she did not check R2's care card for the appropriate sling size for R2 when she transferred R2. V4 stated the correct sling for R2 was medium (Red).</p> <p>On May 1, 2018 at 2:00PM V16 stated she encourages the staff to only use the cross loop connection method when applying the sling.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On May 1, 2018 V2 (Director of Nursing) stated it was expected that the staff use the correct sling size for the resident. V2 said it was expected that nursing staff check R2's care card for the correct sling size and use the sling size that was recommended for R2.</p> <p>The manufacture's procedure guide for the mechanical lift used by the facility dated January 2014 showed the cross loop connection method: a) the patient must have predictable, cooperative behavior</p> <p>The manufacture's recommendations in the sizing and positioning the sling showed that when the correct size of the sling has been determined for the patient, the information should be documented in the patient's record and the information should be communicated to the nursing staff so the proper size sling is used in each transfer of the resident. The mechanical Sling/Belt color chart showed size medium (Red) 110 to 190 pounds average user weight and the size large (Blue) 180 to 250 pounds average user weight.</p> <p>The facility's policy on Mechanical Full Body Lift Safety and Use Procedure #1 (L) showed the lift requires two people to transfer patients. One employee will push the lift and one employee will hold onto the handles of the sling.</p> <p>(A)</p>	S9999		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2018
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F 000	INITIAL COMMENTS Complaint Investigation 1892638/IL102088 - F689 1890458/IL99702 - No deficiency 1892464/IL101898 - No deficiency	F 000		
F 689 SS=G	FRI of 4-23-18/IL102312 - F689 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow its policy for transferring residents and failed to use the recommended sling size and techniques for mechanical lift transfer. This failure resulted in R2 falling to the floor during a mechanical lift transfer and sustaining intracranial hemorrhage that required hospitalization. This applies to 1 of 3 (R2) residents reviewed for falls in the facility from a total sample of 6. The findings include: R2 was admitted to the facility on July 17, 2010 with diagnoses which include Dementia, Generalized Muscle weakness, Anxiety and Psychosis according to R2's face sheet. R2's	F 689		5/18/18

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>MDS (Minimum Data Set) dated April 10, 2018 showed R2 was severely cognitively impaired and R2 was totally dependent on 2 plus staff persons for transfers. R2's fall risk assessment dated April 5, 2018 showed R2 at high risk for falls; R2 scored 12 on a scale of 10 and above is high risk. R2's care plan for falls showed R2 had balance problems and problems with strength. R2 has cognitive impairment and impaired safety awareness. R2 reaches out for things that are not there. R2's care plan for activities of daily living showed R2 to be dependent on 2 staff persons for transfers.</p> <p>R2's caregiver alert last updated April 13, 2018 showed staff to use a full body mechanical lift with sling size medium (Red).</p> <p>On April 30, 2018 at 2:51pm V16 (Restorative Nurse) stated during interview that she performed an assessment on R2 on April 13, 2018. V16 stated she recommended R2 be transferred using a mechanical lift with a medium sling because R2's weight was 150 pounds. V16 added that the red sling was recommended per the manufacturer recommendations because of R2's weight. V16 also stated that R2 has poor trunk control and V16 cannot tell what could happen if staff used a larger sling size. V16 stated that she would expect that staff use the recommended sling size for R2. V16 stated that while transferring R2, one staff member can operate the machine and the other staff should cradle R2's body in support during transfer using the mechanical lift.</p> <p>On May 1, 2018 at 2:00 PM V16 stated R2 had a behavior of leaning forward.</p>	F 689			

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F 689	Continued From page 3 The manufacture's procedure guide for the mechanical lift used by the facility dated January 2014 showed the cross loop connection method: a) the patient must have predictable, cooperative behavior The manufacture's recommendations in the sizing and positioning the sling showed that when the correct size of the sling has been determined for the patient, the information should be documented in the patient's record and the information should be communicated to the nursing staff so the proper size sling is used in each transfer of the resident. The mechanical Sling/Belt color chart showed size medium (Red) 110 to 190 pounds average user weight and the size large (Blue) 180 to 250 pounds average user weight. The facility's policy on Mechanical Full Body Lift Safety and Use Procedure #1 (L) showed the lift requires two people to transfer patients. One employee will push the lift and one employee will hold onto the handles of the sling.	F 689			