

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER AVANTI WELLNESS & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6840 WEST TOUHY AVENUE NILES, IL 60714
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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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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 02/25/15
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S9999	<p>Continued From page 1</p> <p>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 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 accidentsenvironment 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 Regulations were not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Based on interviews and record review the facility failed to follow safe transfer techniques when using a mechanical lift during transfer. This failure resulted in R17 sustaining a fracture of the tibia and fibula.</p> <p>This failure applies to one resident reviewed for falls.</p> <p>Findings include: R17's medical record documents the following diagnosis: Hemiplegia, Cerebral Vascular Disease, Diabetes, Congestive Heart Failure, Dementia and Epilepsy.</p> <p>On 2/6/15 at 1:00pm, a review of the Minimum Data Set (MDS) noted " Assessment Reference Dates (ARD) of 1/19/15 documents (R17) with no behaviors, bed mobility, transfer, toileting and all scored as 3/3 = Two person physical assist. Walking in room or around the unit is scored as 8/8 = activity never occurred. R17 is a resident that requires a two person assist with mechanical lift. "</p> <p>On 2/6/15 at 10:00am, the Care Plan noted " (R17) is at risk for falls related hemiplegia and seizure disorder, poor mobility skills, weakness, intake of psychotropic medications, anticoagulants, hypoglycemic and narcotic medications, with diagnosis of DM, CHF, dementia, hyperlipidemia, depression, epilepsy, and peripheral neuropathy. Care plan also indicates R17 requires special transfer with use of a mechanical lift.</p> <p>A review of the facility incident report (undated), filled out on 1/27/15 indicates that R17 (resident) was noted by E8, CNA, with bruising and swelling to left anterior shin. R17 reported pain to her left shin with movement. R17 was unable to recall events that caused the pain according to the incident report.</p> <p>On 1/26/15 at 3:11pm, the facilities actions upon discovery of the swelling and bruising</p>	S9999		
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S9999	Continued From page 3 administered PRN (as needed) pain medication and ice pack applied. R17 had X-rays done of left tibia and fibula which revealed a " spiral fracture of the distal shaft of the tibia and an oblique fracture of the proximal fibula with no significant displacement. Some demineralization and degenerative arthritic changes are also noted. " On 1/27/15 at 11:45am, an investigation was conducted by E2 (Director of Nursing). E2 interviewed staff E11, (CNA), and E12, (CNA), who worked the day prior to the incident. E11, (CNA), and E12, (CNA), reported " that R17 was transferred back from her wheel chair to bed with 2 persons assists. Staff does not recall the resident crying out or hitting any object with her leg. " E2 states in the incident report " at this point the only plausible cause of the injury is transfer technique. " On 2/5/15 at 11:20 am, E8, (Certified Nursing Assistant/CNA) states " 1/26/15 while assessing R17 ' s skin, noticed bruising on left lower leg, she then notified E10. " E8 also states " she transferred E17 alone on 1/25/15 using a mechanical lift and she should not have transferred her using mechanical lift alone. " On 2/5/15 at 11:50am (E6), LPN stated on 1/26/15 she was notified of bruising on E17 ' s left lower leg. E6 called the doctor for x-ray orders. E6 also states that R17 is bedridden and a mechanical lift should always have 2 people when using it. On 2/5/15 at 4:20pm Z1,(physician) returned call and stated that a spiral fracture can occur by twisting or by putting the leg in something. On 2/6/15 at 10:30am, E2 states that MDS shows 2 person assistance is required for transfers, there should be 2 person assisting when using the mechanical lift. Record Review:	S9999		
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S9999	Continued From page 4 On 2/5/15 at 11:00am, received report from E2, Investigation Report, Plan of Action: Number 1 states " Re-competency all nursing and activity staff on Lift Transfers On 2/5/15 at 11:00am, received Illinois Department of Public Health Incident Report. Page 3, column 3 states ... " .at this point, the only plausible cause to the injury is transferring technique. " On 2/5/15 at 11:00am, Care Plan received from E2 stating E17 risk for falling. On 2/5/15 at 11:00am, MDS received from E2. Section G shows that resident is a two person physical assist. On 2/5/15 at 11:00am, received SAFE PATIENT LIFTING POLICY For all employees in nursing department. Process and Procedures, 5th item listed states: Resident transfer status will be properly communicated with care plan card in room, coding system or at the Kiosk. On 2/6/15 at 10:00am, received Care Plan from E2. Page 48, states " Maria requires special transfer with use of hooyer lift R/T generalized weakness. On 2/6/15 at 10:00am INCIDENTS & ACCIDENTS report received from E2. Policy number 1 states " All staff will be trained upon hire on proper usage of facility equipment, including but not limited to accu-check machines, tube feeding, lifts, etc. (A)	S9999		
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- 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)*

This will be accomplished by:

Resident assessments are to be reviewed to ensure that those residents who are at risk for falls/injuries have appropriate interventions on their care plans. The facility must ensure that the resident environment remains free of accident hazards as is possible; and each resident receives adequate supervision and assistance to prevent accidents.

Staff are to be educated on the process to maintain resident safety, and on the facility's Fall Policy

The facility is responsible for an audit to be done, at least, monthly to verify that this procedure is completed as mandated per this imposed plan of correction.

The facility Administrator or designee will be held responsible to monitor logs and/ or audit tools used to verify compliance with imposed plan of correction.

Completion date: 20 Days from Receipt of Notice