STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003792	A. BUILDING: ______ B. WING ______	C **04/23/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIPER CITY REHAB & LIVING CENTER	**600 MAPLE STREET PIPER CITY, IL 60959**

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S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 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. 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:	S9999		

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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.
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.

These requirements are not met as evidenced by:

Based on observation, record review and interview, the facility failed to safely transfer a resident (R3) using a mechanical lift and safely reposition another resident (R2) in a wheelchair. This failure resulted in R3 sustaining a left humerus fracture with displacement. R2 and R3 are two of three residents reviewed for unusual occurrences in the sample of three.

Findings include:

1. The Physician Order Sheet dated April 2015 documents the following diagnoses for R3: Cerebral Vascular Accident with Left Sided Paralysis, Lupus and History of Right shoulder

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Fracture.

The Minimum Data Set dated 2/2/15 documents that R3 is cognitively intact and that R3 is non-ambulatory and is an extensive assist of two or more.

R3's Nursing Progress Review assessment dated 3/19/15 documents that R3 is limited in upper extremities due to flaccid left arm and limited in lower extremities due to hemiplegia (paralysis on one side).

The facility report titled "Comprehensive Nursing Assessment" dated 3/30/15 documents that R3 is a "mechanical lift (full body)."

The Care Plan for R3 dated 2/11/15 documents that a full body mechanical lift is to be used as needed. The same Care Plan documents that R3 has contractures to left hand and fingers and is unable to move either one.

Nursing Notes dated 4/16/15 document that R3 participates with therapy and left side remains flaccid. Wears oxygen majority of time. Incontinent of urine and needs help of full body mechanical lift for transfers.

A facility document titled "Witness Statement" dated 4/18/15 by R3 states "(R3) stated she fell out of the sit to stand (mechanical lift) into her wheelchair. (R3) stated I was sliding out of my chair so they repositioned me. I felt stress to my armpit. It was about 3:30 or 3:45 pm and (E3 and E4, both Certified Nursing Assistants) were helping me."

On 4/22/15 at 11:10 am E6, Certified Occupational Therapy Assistant and Program

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Director stated that a (full body) mechanical lift had been recommended for R3 transfers. E6 stated that due to R3's left sided arm being flaccid, R3 can not grasp the bar on the lift. E6 went on to state that R3 is not always a good stand, due to weight bearing issues. Therefore, making a sit to stand mechanical lift an unsafe transfer.

On 4/22/15 at 11:30 am, R3 stated that when E3 and E4 transferred R3 using the sit to stand mechanical lift that R3's arm was hurt then. R3 stated "I believe my arm was hurt when the band going around me slipped up under my left arm and I fell back into my chair. They were in a hurry."

On 4/22/15 at 12:30 pm E2, Director of Nursing stated that the sit to stand mechanical lift had been used on R3 on 4/17/15 during a transfer with E3 and E4 assisting. E2 acknowledged that R3 had left sided paresis and that she had slipped in the sling and fallen back into the wheelchair. E2 stated "this is probably when her arm and shoulder were hurt."

On 4/22/15 at 1:05 pm, E4 stated that a sit to stand mechanical lift had been used for R3 on 4/17/15 two times, once with E3 and once with E7, Certified Nursing Assistant. E4 stated "I guess the sling could have slipped when we lifted (R3) half way up from the wheelchair. (R3) can't hold onto the the left side. We just kind of placed her hand up on the bar, but she couldn't grip it."

On 4/22/15 at 1:20 pm E7, Certified Nursing Assistant stated R3 is a full body mechanical lift transfer and can't hold on to the sit to stand mechanical lift with the left hand. E7 stated she too had helped transfer R3 on 4/17/15 with a sit

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S9999	Continued From page 4 to stand mechanical lift. E7 went on to state that the full body mechanical lift was not used because the sling was bunched up under R3 and was not accessible. E7 stated "(R3's) bottom went down in the chair kind of fast." On 4/22/15 E3 acknowledged that a sit to stand mechanical lift had been used to lift R3 because the full body mechanical lift sling was under R3 and E4 could not access it for the use of full body mechanical. R3's Nursing Notes dated 4/17/15 at 7:00 pm document that R3 complains of left shoulder pain and states the pain is caused from the sit to stand mechanical lift used for transfer on this same date (04/17/15). R3 states the arm hurts from the shoulder to the fingers and it hurts to touch it. Nursing Notes go on to document that "(R3) complains of severe pain in arm upon gentle attempt to even move approximately 5 or 6 inches." R3's Primary Care Physician, Z1 was called and a message left with no return call. Z2, Medical Director was then notified and orders were received to send R3 to the Emergency Room for evaluation and treatment. R3 was transported to the Emergency Room at 9:45 pm per the same Nursing Notes. Hospital Records titled "Radiology Report" and dated 4/17/15 for R3 document the following: Indication for service - Injury after falling, Findings - Multiple views of the left shoulder were obtained. There is a fracture through the surgical neck of the humerus with mild displacement......" This report is signed by Z3, Radiologist. Included in the Hospital Record is a report titled "Physician Report" dated 4/18/15 at 12:10 am documenting R3 as Status Post Fall while transferring and has a Left Humeral Fracture and R3 is to follow up	S9999		

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with orthopedics next week (Monday). R3 was placed in a left arm immobilizer until seen by orthopedics and returned to the facility.

On 4/22/15 at 2:15 pm Z2, Medical Director stated that a sit to stand mechanical lift is probably not safe to use on someone who is flaccid on the left side and is unable to bear full weight. Z2 stated "I would expect the facility to do what therapy recommended for transfers." Z2 went on to state that R3 or anyone having muscle dystonia should not be transferred with a sit to stand mechanical lift or something that could possibly dislocate a joint. Z2 added "They are already at high risk."

On 4/23/15 at 1:40 pm E2 stated that on 10/27/14 R3 had a fall from the wheelchair. E2 stated that a sit to stand mechanical lift had been used and placed in front of R3 by E3. R3 could not grab the left bar with her flaccid arm and hand. E2 acknowledged that E3 had tried to transfer R3 alone. E2 acknowledged at this time that the sit to stand mechanical lift should not be used on R3 and there should always be two assistants when using any mechanical lift.

2. The Physician Order Sheet dated April 2015 documents the following diagnosis for R2: History of Cerebrovascular Accident, Osteoarthritis, Muscle Weakness and Neuralgia Neuritis.
The Care Plan dated 10/09/14 for R2 documents extensive assistance of two and use of sit to stand lift for transfers.
On 04/22/15 at 3:20 pm E3 and E5, both Certified Nursing Assistants (CNA) repositioned R2 by each standing at the sides of R2's wheelchair. E3 and E5 then lifted R2 under the axillary areas, causing R2's shoulders to rise above the jaw line.

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S9999	Continued From page 6 No gait belt was used. E3 stated at this time "Oh, I didn't think about hurting R2 when pulling on her arms." Facility Policy dated 04/10/06 titled "Transfer Belts/Gait Belts" directs facility staff as follows: "all certified nursing assistants and licensed nursing personnel engaged in the lifting and transferring of residents will use gait belts." On 04/22/15 at 3:35 pm E1, Administrator was interviewed regarding the repositioning of R2 without the use of a gait belt. E1 stated "Oh, they know better than that, I'll talk to them about it." At 3:45 pm on 04/22/15 E2, Director of Nursing stated that E3 and E5 were wrong in repositioning R2 without the use of a gait belt, and acknowledged that R2 could have been hurt. E2 stated "My expectation is that they use their gait belts." (B)	S9999		