

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2015
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NAME OF PROVIDER OR SUPPLIER HOLY FAMILY VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464
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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: 300.610a) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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.</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. (A, B) (Section 2-107 of the Act)</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 03/20/15
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S9999	<p>Continued From page 1</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow their safe handling and gait belt policy for transferring one of three residents (R1) reviewed for positioning, in a sample of three. As a result, R1 sustained a left leg fracture.</p> <p>Findings Include:</p> <p>R1's minimum data set report dated 1-26-15 denotes for toilet use extensive assistance with one person physical assist.</p> <p>R1's restorative nurse note dated 2-10-15 denotes extensive assist with ADL's and transfers with gait belt assist times one.</p> <p>R1's nurse note dated 2-14-15 written at 7pm denotes while transferring R1, she (R1) complained of left ankle hurting. Left ankle appeared swollen. Doctor notified ordered X-ray left foot non weigh bearing, Tylenol given.</p> <p>R1's pain assessment dated 2-14-15 denotes location of pain left ankle, onset 2-14-15; complaint of pain during transfer. Tylenol 650 milligrams given resting in bed.</p> <p>On 2-26-15 at 10:45 am E3 (Certified Nurse Aide/ CNA) stated she usually works the night shift and that was her first time working the pm shift on 2-14-15. E3 stated after dinner R1 mumbled something but she did not understand what she mumbled. E3 thought R1 needed to use the washroom and took R1 to the washroom. E3 put the gait belt around R1 breasts. R1 was being uncooperative and pulled R1 up from the wheel</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>chair with the gait belt and placed R1 on the toilet. E3 stated R1 was still being uncooperative and did not want to get off the toilet and called the nurse (E2) to help her get R1 off the toilet. E3 stated they got R1 off the toilet and put her back to bed. E3 stated she did not know when R1 complained of pain.</p> <p>On 2-20-15 at 1:55pm E2 (Registered Nurse) stated the aide (E3) reported that R1 was being uncooperative and needed help to transfer R1 off the toilet. E2 stated she (E3) asked R1 was she doing anything wrong and R1 did not respond. E2 stated they grabbed R1's under her armpits and lifted her up off the toilet. E2 stated during the transfer R1 verbalized that her left ankle was hurting. E2 stated they placed R1 into her wheel chair and looked at R1's left lower extremity noted it was swollen. E2 stated when they transferred R1 back to bed did not recall seeing gait belt. They (E2 and E3) grabbed R1 under her armpits and lifted her up off chair and transferred to the bed. E2 stated they are supposed to use the gait belt on when transferring residents.</p> <p>Facility's safe resident handling policy denotes manual lifting is unsafe for residents and staff, and is not permitted therefore employees will not be asked to perform a solo- manual lift on a resident who needs extensive assistance, or on a residents who are completely dependent. Gait belts are to be used on all residents who are not independent, if they are limited assistance with transfers or are stand-by assist with ambulation; they need to have a gait belt.</p> <p>Facility's gait belt instruction insert denotes place the gait belt around patients waist only, not around patients; chest.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>E5 (Restorative Nurse) stated on 2-26-15 at 1:10 pm staff are trained on how to use the gait belt. E5 stated staff is instructed to apply the gait belt is around the waist of the resident. The gait belt provides support and safety to the resident. The gait belt helps the staff support the resident during transfer. The gait belt is placed around the waist it provides more stability for the resident and the care giver. E5 stated whenever a resident is transferred the gait belt must be used.</p> <p>R1's hospital records dated 2-15-15 denotes R1 sent from nursing home for further evaluation of left leg pain, swelling and bruising. X-ray of the leg showed fracture of the distal tibia fibia, admitted for further evaluation.</p> <p>R1's nurse note dated 2-19-15 denote R1 readmitted from hospital diagnosis left fibia tibia fracture extremity in cast.</p> <p>Z1 (Medical Director) stated on 2-25-15 at 11:00 am that only under stress can a person's bone fracture.</p> <p>E4 (Director of Nursing) stated on 2-26-15 at 12:00 pm the gait is supposed to be used to support the resident and to help make safe transfers. E4 stated staff are not to move a resident that is uncooperative or that does not want to be moved.</p> <p>(B)</p>	S9999		