

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2015
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NAME OF PROVIDER OR SUPPLIER MASON POINT	STREET ADDRESS, CITY, STATE, ZIP CODE ONE MASONIC WAY SULLIVAN, IL 61951
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S9999	<p>Final Observations</p> <p>Statement of licensure violations :</p> <p>300.1210b)</p> <p>300.1210c)</p> <p>300.1210d)6)</p> <p>300.3240a)</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.</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</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>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 07/16/15
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S9999	<p>Continued From page 1</p> <p>These requirements were not met as evidenced by :</p> <p>Based on record review and interview the facility failed to safely transfer one resident (R1) from a wheelchair to the toilet using a mechanical lift. This failure resulted in R1 sustaining a fracture of the left femur. R1 is one of three residents reviewed for falls in the sample of five.</p> <p>Findings include:</p> <p>The facility's Physician Order Sheet (POS) dated June 2015 for R1 documents medical diagnoses including: Dementia, Vertigo, Osteoarthritis (OA), General Muscle Weakness, Lack of Coordination, Abnormal Posture, Late Effect of Cerebrovascular Accident (CVA) with Hemiplegia of the Left Side, and Osteoporosis.</p> <p>The facility's POS dated March 2015, April 2015, May 2015, and June 2015 document R1 is to be transferred only with a full body mechanical lift. The written order reads as follows: "TRANSFER WITH 2 STAFF AND [full body mechanical lift] D/T [due to] RESIDENT UNABLE TO CONSISTENTLY PARTICIPATE WITH TRANSFER."</p> <p>The facility's Physician Telephone Order dated 3/25/15 documents an order from Z4 (R1's Primary Care Physician) to "transfer with 2 staff and [full body mechanical lift] due to resident unable to consistently participate with transfer."</p> <p>The facility's Minimum Data Set (MDS) dated 4/13/15 documents R1 is totally dependent on 2 staff for surface to surface transfers and for toileting. This MDS also documents R1 with an</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>impairment in range of motion of one upper extremity and one lower extremity. This MDS also documents R1 has a Brief Interview for Mental Status score of 3 out of 15 (severe cognitive impairment).</p> <p>The facility's Care Plan for R1 documents on 3/25/15 R1 "requires total assist of 2 (staff) and [full body mechanical lift] with transfers due to (R1) being unable to consistently participate with transfers", and "(full body mechanical lift) only." This same Care Plan documents R1 is "totally dependent for toileting with assist of 2 staff due to Late Effect CVA with left sided weakness, severe OA, and Dementia", and again documents the order to "transfer with 2 staff and (full body mechanical lift) due to resident unable to consistently participate with transfer."</p> <p>The facility's Fall Risk Assessments dated 9/21/14, 10/18/14, 10/20/14, 1/13/15 and 4/13/15 document R1 as being at High Risk for falls.</p> <p>The facility's Occupational Therapy Plan of Care documents R1 was referred to Occupational Therapy on 10/26/14 because of an overall decline in function and R1's family had noticed R1 "is not using (R1's) right hand as well as previously". This Occupational Therapy Plan of Care also documents R1 has contractures of the left hand requiring a splint, has severely impaired motor control of the left upper extremity, 25 percent range of motion of the left upper extremity, 0 out of 5 for strength of the left upper extremity, moderately impaired motor control of the right upper extremity, 75 percent range of motion of the right upper extremity, and 3 out of 5 for strength of the right upper extremity, and confirms R1 as being at high risk for falls.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The facility's Occupational Therapy Progress and Discharge Summary documents R1 was discharged from therapy on 1/6/15 with R1's transfer performance status documented as "only able to safely perform functional transfers with 100 [percent] assist", and being "variable with performance."</p> <p>The facility's self-reported incident report dated 6/13/15 documents that a Certified Nursing Assistant (E11, CNA) transferred R1 from wheelchair to toilet using a sit-to-stand mechanical lift with no other staff present and R1 fell to (R1's) knees from the sit-to-stand lift during the transfer. This report documents R1 experienced pain and the inability to move (R1's) left knee. This report documents R1 was sent to the hospital for an x-ray and was then admitted to the hospital with a fracture of the left femur. This report documents the root cause of R1's fall as R1 becoming agitated and letting go of the sit-to-stand mechanical lift.</p> <p>The hospital's "X-ray Knee 2 View Left" report dated 6/12/15 confirms a fracture of R1's left distal femur.</p> <p>The hospital's "Operative Report" dated 6/13/15 confirms R1 received a surgical open reduction and internal fixation repair of the left femur.</p> <p>The facility's Behavior Monitoring Record dated June 2015 for R1 does not document any adverse or agitated behaviors on the date of R1's fall 6/12/15.</p> <p>On 6/30/15 at 4:00 PM E3, Licensed Practical Nurse, stated, "(R1) was not frustrated or agitated when I assessed (R1) when (R1) fell.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 6/30/15 at 3:55 PM E11, CNA, stated, "I transferred (R1) by myself and I did not fasten the leg strap on the (sit-to-stand) lift, that's how (R1's) legs slipped off the foot platform when (R1) let go of the handles." E11 stated, "(R1) can only hold on with one hand because of a previous stroke." E11 stated, "I have never looked at (R1's) care plan, I was going by how E12 (CNA) trained me to care for (R1)." E11 stated, "(R1) was not agitated at the time, (R1) just wanted to go to the bathroom."</p> <p>On 7/1/15 at 10:45 AM E2, Director of Nursing, stated, "All CNA's and licensed nursing staff are trained in the use of mechanical lifts." E2 stated, "The staff training includes the use of all safety straps including the leg straps." E2 stated, "The staff should know which residents are to be transferred with which type of lift because each resident has a specific care plan which the staff are directed to follow and stay updated to any changes." E2 stated, "(R1's) care plan was clear on using the (full body mechanical lift) for transfers and it (full body mechanical lift) should have been used to transfer (R1)."</p> <p>On 6/30/15 at 3:25 PM Z1, Hospital Radiologist, stated, "My opinion is that (R1's) fracture was not pathologic, that it was directly related to (R1's) fall."</p> <p>On 6/30/15 at 1:30 PM E6, Physical Therapist, stated, "When I assess a resident to be a candidate for a transfer with a sit-to-stand lift, the resident needs to be weight bearing on both legs, have adequate strength of the trunk and both upper extremities to hold the handles, and be able to follow simple commands."</p> <p>The facility's Certified Nurse Aide Job Summary</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>documents; " ...Responsibilities:...3.a. executes procedures consistent with interdisciplinary care plan."</p> <p>The facility's product manual for the sit-to-stand mechanical lift documents, "each resident should have an ability to bear weight prior to using the (sit-to-stand lift).... fasten the [hook and loop fastener] strap around the resident's lower legs... only use with patients that can bear the requisite amount of weight.... requires that patients possess more advanced motor and cognitive skills than for a full body mechanical lift."</p> <p style="text-align: center;">(B)</p>	S9999		