

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
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NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2270148/IL142136</p> <p>Final Observations</p> <p>Statement of Licensure Violation: 300.610a) 300.1210b)5) 300.1210c) 300.1210d)6)</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. 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</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</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>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.</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>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident was transferred in a safe manner using a mechanical total transfer lift device.</p> <p>This failure resulted in R1 sustaining a fractured fibula of the left lower leg.</p> <p>This applies to 1 of 3 residents (R1) reviewed for falls in a sample of 3.</p> <p>The findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The Face Sheet shows R1 had multiple admissions and readmissions to the facility. R1 was originally admitted to the facility for short term rehabilitation on 01/08/2013. R1's readmission to the facility for long term placement was on 09/01/2020.</p> <p>The POS (Physician Order Sheet), dated December 2021, shows R1 as an 81-year-old resident with diagnoses including Acute and Chronic Respiratory Failure with hypoxia, Urinary Tract Infection, Chronic Obstructive Pulmonary Disease, Vascular Dementia, unspecified-site Osteopenia, Polyarthritis, pain in unspecified shoulder, pain in right and left knee, Dorsalgia (back pain), and Congestive Heart Failure.</p> <p>The restorative assessment dated 07/20/2020 shows R1 was alert and oriented times 2-3, was able to verbalize her needs and required total assistance of two people physically assisting R1 when transferring using a mechanical total transfer lift device. R1 was also assessed as high risk for falls.</p> <p>The care plan dated 09/02/2020 showed that R1 had an intervention for proper utilization of the mechanical total transfer lift device and the need for two staff members for safe transfers.</p> <p>V3's (Licensed Practical Nurse) note dated 01/03/2021 at 3:40 PM, shows that V3 was summoned to R1's room because R1 was lying on the floor. R1 slid out from the sling of the mechanical total transfer lift device. The note shows R1 hit her head and had vomited. R1 was sent out to the hospital for further evaluation, treatment and CT (Computerized Tomography) of the head. R1 returned to the facility on same day.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>There was no abnormal finding on CT of the head.</p> <p>On 01/11/2022 at 2:30 PM, V3 stated she remembers very well when R1 fell on 01/03/2021 around 3:40 PM. V3 stated R1 fell because V4 (CNA/ Certified nurse Assistant from an agency) had transferred R1 by himself without assistance. V3 added R1 had slid from the sling of the transfer lift device while R1 was being lifted up from her wheelchair in route for transfer from wheelchair to the bed. V3 reiterated that while R1 was being hoisted up, R1 slid down from the sling because one of the attachments of the sling was not attached to the hook of the transfer lift device. V3 also stated the sling has four attachments and all attachments must be attached to the hooks of the transfer lift device to ensure safety and to prevent resident from falling. V3 further stated with R1, one of attachments was not attached to the hook and this caused R1 to slide from the sling during transfer. V3 also stated that R1 was found on the floor when she entered R1's room. V3 then repeated the above statements during the interview when V2 (Director of Nursing) and V5 (Nurse Consultant) were present and reminded V2 " You even gave an in-service to (V4/CNA-Certified Nurse Assistant) to ensure safety during transfer when using a mechanical lift device because he (V4) transferred (R1) by himself instead of using two staff to transfer."</p> <p>V6's (Nurse Practitioner, NP) notes dated 01/04/2021, shows R1 was seen on 01/04/2021 for a follow up due to the fall incident on 01/03/2021. The note shows during this visit, R1 was complaining of pain of 10 out of 10 to her LLE (left lower extremity) (Pain of 10 out of 10 means excruciating pain and is described as worst pain imaginable). The note also shows R1 stated she</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>hit her left leg when she slid down from the sling of the transfer lift device. It was also documented that R1 had developed a blood blister with swelling to the left lower extremity. V5 ordered X-Rays to left shoulder, knee and leg. The portable X-Ray result dated 01/05/2021 shows there was a suspicious fracture of the left leg.</p> <p>The nurse's notes dated 01/05/2021 shows that R1 was sent to the hospital on 01/05/2021 for further evaluation. X-Ray of the left extremity was inconclusive, and an MRI (Magnetic Resonance Imaging) was recommended for follow up. R1 returned to the facility the same day with a CAM (Controlled Ankle Movement) boot (leg immobilizer) in place to the left leg.</p> <p>Review of the hospital ER (Emergency Room) report dated 01/5/2021 showed "ER reason for visit; abnormal findings; diagnoses; closed fracture of ankle. Ankle fracture is when one or more of the bones in your ankle break."</p> <p>The clinical documentation showed that MRI was not done. On 01/12/2022 at 1:30 PM, V2 (Director of Nursing) stated she cannot find any documentation to show that MRI was done.</p> <p>V6's (NP) notes dated 01/20/2021, showed a follow up evaluation was done by V6 and R1 had an ankle fracture.</p> <p>The nurse's notes dated 01/08/2021 showed that R1 was scheduled for an Orthopedic consultation on 01/11/2021.</p> <p>On 01/12/2021 at 2:30 PM V6 (Nurse Practitioner) stated R1 was having excruciating pain to her left leg on 01/05/2021 due to R1 hitting her leg during the fall on 01/03/2021. V6</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>also stated that the fracture left fibula must have been determined during the Orthopedic consultation. Again on 01/13/2022 at 9:45 AM, V6 was further interviewed after she had reviewed R1's clinical chart. V6 stated that she has to defer to Orthopedic regarding R1's fracture. V6 stated "from my professional standpoint, when I saw (R1) on 01/04/2021, the pain to her left leg was excruciating, it was something unusual, an acute and new onset. During my previous examination (R1) had not complained of any new onset of pain that was severe, no left leg swelling and no blood blister prior to the fall. I saw (R1) on 12/30/2020 prior to fall. This pain, swelling, and blood blisters were caused from the fall that occurred on 01/03/2021."</p> <p>On 01/12/2022 at 3:30 PM, V7 (R1's Attending Physician) stated that R1 was referred to an Orthopedic consultation on 01/05/2021 for fracture management when R1 was at the hospital.</p> <p>The Orthopedic consultation notes by V8 (Orthopedic Surgeon) dated 01/11/2021 showed that R1 had "fracture of left fibula, WBAT (weight bearing as tolerated), CAM (Controlled Ankle Movement) boot while out of bed and returned to clinic for orthopedic follow in 6 weeks for another X-Ray of the left ankle."</p> <p>The information regarding CAM boot obtained from website (myfootdr.com) shows that it works by both keeping foot and ankle fixed in place, and offloading (removing) some of the weight off the foot, so that fracture can heal more effectively.</p> <p>The information regarding fibula from a website (childrenshospital.org) shows that fibula is called the calf bone, is smaller than tibia, and runs</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>beside it. The top end of the fibula is located below the knee joint but is not a part of the joint itself. The lower end of the fibula forms the outer part of the ankle joint.</p> <p>The facility's policy with a revision date of August 2008 shows the total lift machine "should be used by two staff members."</p> <p>(B)</p>	S9999		
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