

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
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NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
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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
S 000	Initial Comments Facility Reported Incident on July 29, 2022/IL00149699	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 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 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>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interview and record review the facility failed to provide services necessary to avoid physical harm to 1 (R2) of 3 (R3, R4) residents reviewed for falls. This failure resulted in R2 sustaining injuries of unknown origin including acute displaced multipart fractures involving the mid to distal tibial and fibular diaphysis, tibial fracture appearing to be a spiral fracture, additional displaced fractures of the distal tibia and fibular diaphysis with likely extension of the malleoli, a posterior malleolus fracture and diffuse soft tissue swelling.</p> <p>Findings Include:</p> <p>R2 was admitted to the facility on 07/23/19 and readmitted 08/09/22 with diagnosis not limited to Displaced Trimalleolar Fracture of Left Lower Leg, Subsequent Encounter for Closed Fracture With Routine Healing, Unspecified Fracture of Shaft of Left Tibia, Subsequent Encounter for Closed Fracture With Routine Healing, Displaced Comminuted Fracture of Shaft of Left Fibula, Subsequent Encounter for Closed Fracture with Routine Healing, Altered Mental Status, Urinary Tract Infection, Type 2 Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Dysphasia Following Cerebral Infarction, Essential (Primary) Hypertension, Pain Right Knee, Pain Left Knee, Osteoarthritis, Long Term use of Anticoagulants, Long Term Use of Insulin, Primary Pulmonary Hypertension, Schizophrenia, Major Depressive Disorder and Bipolar Disorder. R2 MDS (Minimum Data Set) Section-C Cognitive Pattern has a BIMS (Brief Interview for Mental Status) score of 06 indicating severe impairment.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Facility's Reportable dated 07/29/22 document in part at approximately 8 am CNA (Certified Nurse Assistant) on duty noticed R2 wasn't at her baseline. Nurse assessed R2 and left leg was warm to the touch and resident was lethargic. R2 was sent out to the hospital for evaluation. R2 was admitted with AMS (Altered Mental Status) and a fracture of R2 left tibia.</p> <p>Analysis/Conclusions: Family member stated that the doctor at the hospital stated with diagnosis of osteoarthritis it is probable that even the slightest pressure on her leg could have caused that fracture. The conclusion is that this fracture was caused by a pathological fracture from R2 diagnosis.</p> <p>On 08/16/22 at 01:15 V13 (Certified Nurse Assistant) stated "R2 is a 2 person assist with the Mechanical Lift."</p> <p>On 08/16/22 at 02:16 PM V15 (Licensed Practical Nurse) stated "R2 is alert and oriented x2, need assistance and is a 2 person assist for transfers. R2 was able to pivot and R2 had no complaints of pain prior to going out to the hospital on 07/29/22."</p> <p>On 08/16/22 at 02:24 PM during the interview, R2 was unable to verbalize events that occurred on or around the time of her (R2) injuries.</p> <p>On 08/16/22 at 02:26 PM V16 (Licensed Practical Nurse) stated "R2 is alert and oriented x 1-2 and a 2 person assist. R2 did not have any complaints of pain prior to her (R2) injury."</p> <p>On 08/17/22 at 12:17 PM V26 (Restorative Director) stated "I am familiar with R2. We do Range of motion and toileting. I don't know how often the aide perform R2 range of motion."</p>	S9999		
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S9999	Continued From page 4 On 08/17/22 at 01:02 PM V27 (Certified Nurse Assistant/Restorative Aide) stated "I took care of R2 and observe if any changes, physical swelling or if there is anything I need to let the nurse know. I do range of motion and bed exercises. Prior to R2 injury R2 had a splint on right leg. R2 now has a boot on the left leg and a splint on the right leg. R2 is transferred with a 2 person assist with a mechanical lift. I am not sure how they transfer her during the PM shift. The CNA's (Certified Nurse Assistants) transfer R2. Prior to the injury there was no swelling or redness to R2 legs. I see R2 every day to do range of motion and help feed her (R2). R2 never complained of pain to me." On 08/17/22 at 01:48 PM V28 (Certified Nurse Assistant) stated "R2 is a total 2 person assist, was alert and oriented x2. When transferring R2 we use 2 people with the Mechanical lift or 2 people stand pivot with the gait belt. I transferred R2 on 07/27/22 and R2 went out to the hospital on 07/29/22. On 07/27/22 I transferred R2 and put R2 in the wheelchair. I moved the wheelchair by the bed, made sure it was locked, sat R2 up in a sitting position on the bed, put the gait belt around R2 waist, stood R2 up with the 2 people assist, pivoted, and sat R2 in the wheelchair. The Restorative Director helped me transfer R2. R2 was able to bear a little weight on the left lower extremity and the right lower extremity is contracted. R2 had on the right leg splint, the little leg thingy. R2 had no complaints of pain when transferred. There was no swelling or redness to R2 left of right lower extremity. On 07/29/22 I asked where was R2 and R2 was in the hospital." On 08/17/22 at 02:08 PM V26 (Restorative Director) stated "on 07/27/22, I think I was doing rounds and V28 (Certified Nurse Assistant) had	S9999		

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R2 sitting on the bed with the gait belt. R2 really did not weight bear, R2 was a lift and R2 was heavy. I remember that 'see what I'm saying'. We lifted R2 with the gait belt with 2 persons. When R2 stood we pivoted R2 and sat R2 in the wheelchair. R2 did not complain of pain, and I did not see any swelling. R2 is totally dependent. How to transfer a resident depends on each resident. R2 would not have been able to bear her (R2) weight on her (R2) own and R2 required the gait belt with us bearing her (R2) weight. I only use the care planning and MDS (Minimum Data Set). As far as I am concerned R2 is a 2-person transfer. Mechanical lifts are used with 2 people. From restorative standpoint R2 is a 2 person assist. I did not know about this mechanical lift, I thought R2 was just a 2 person assist. We did not totally lift R2. We told R2 to turn her (R2) hips to pivot. There is a potential for anyone to be injured when being transferred."

On 08/17/22 at 02:30 PM V29 (Certified Nurse Assistant) stated "One morning I went in R2 room to give R2 her (R2) tray and it was hard for R2 to respond. R2 was just staring. I told the nurse R2 did not look good. The nurse came in did an assessment and they said to send R2 out. As I was cleaning R2 I noticed the left leg was swollen. I asked R2 did her (R2) leg hurt and R2 nodded her (R2) head as if gesturing yes. R2 is transferred with the mechanical lift. I have never transferred R2 stand pivot with a gait belt. R2 has been a mechanical lift all the time, that is how they weight R2. R2 was heavy and solid. Everything about the residents' care can be seen when doing charting. It is on the index card.

On 08/17/22 at 02:37 PM V2 (Director of Nursing) stated "If residents are totally dependent, they use a mechanical lift for transfers. R2 has always

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S9999	<p>Continued From page 6</p> <p>been a 2 person assist with the mechanical lift for transfers. On 07/27/22 I am thinking that the mechanical lift was not available, and the staff did a 2 person assist with the gait belt, pivot to transfer R2 to the wheelchair. It is possible for an injury to occur if a resident is not transferred with the correct device. R2 does not have the ability to bear weight. R2 should not have been transferred with the gait belt, they should have used the mechanical lift. I am aware of the R2 tibular and ankle fracture."</p> <p>On 08/17/22 at 03:02 PM V2 (Director of Nursing) stated "the CNA (Certified Nurse Assistant) said R2 could bear weight on the left leg when they transferred R2. R2 was able to pivot with the gait belt."</p> <p>On 08/17/22 at 03:09 PM V32 (Certified Nurse Assistant) stated "I worked on 07/29/22 when R2 was being sent out. I never saw R2 leg, swelling or redness. R2 is a 2 person assist using the gait belt. How R2 was transferred depended on how R2 is feeling or what type of day R2 was having. If R2 say she (R2) was not feeling well, I would use the mechanical lift. If R2 felt okay, R2 would pivot for us. We can see how to transfer the resident in their chart, and we will be able to see it when we chart on them every day. The IDT (Intra Disciplinary Team) alert us of the resident transfer status." V32 showed the surveyor using her (V32) phone a Document Response dated 08/17/22 and stated R2 "was a 2 person assist prior to the injury. Mechanical lift 2 person."</p> <p>On 08/18/22 at 09:29 AM R2 was observed in bed and just stared when asked questions.</p> <p>On 08/18/22 at 11:02 AM Per telephone interview, V30 (Primary Physician) stated "on 07/29/22 the</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Nurse Practitioner was covering for me. The fracture to R2 tibia and ankle could be from several things. R2 could have laid in a position that is not appropriate and pathological fractures can be seen in people that are bed bound. R2 is Demented and doesn't know what she (R2) is doing. Another possibility is a spontaneous fracture. It is hard to say what caused the fracture, but these are the possibilities. R2 is a 2 person assist and I was not notified of any falls. R2 was sent to the hospital with pain and swelling and they found R2 with the fracture at the hospital. I believe they gave R2 an immobilizer and sent R2 back to the facility. R2 was not a candidate for surgery because of R2 comorbidities of Dementia, Diabetes and being bed bound. They recommended conservative management. R2 was bed bound, has osteoporosis and osteopenia. A spiral fracture can be from trauma or fast turning. If R2 was transferred using the gait belt and pivoting to transfer to the wheelchair it is possible that the spiral fracture could have happen from a twist. If a twist happens there is sheer stress force from one side to the other that can lead to fractures."</p> <p>On 08/18/22 at 11:40 AM V2 (Director of Nursing) stated "the 2 persons transfer with the mechanical lift was in R2 medical record prior to R2 injury. Based on the 2 persons transfer with a mechanical lift, staff transferred R2 incorrectly by doing the stand and pivot transfer."</p> <p>On 08/18/22 at 11:53 AM Per telephone interview, V33 (Nurse Practitioner) stated "she (V33) was informed of R2 fracture to the Left Lower Extremity." Surveyor asked V33 in her professional opinion what could have caused the fracture. V33 responded "in my thinking it could be related to a trauma or a possible fall. R2 was a</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>2 person assist with the mechanical lift prior to R2 injury." Surveyor informed V33 that on 07/27/22 R2 was transferred using a gait belt, stand and pivot. V33 responded "oh my goodness, there is a possibility that a spiral fracture could be caused with a pivot. I was looking for a Dexa scan and have not seen any bone scan. I referred R2 to Ortho. Diffused soft tissue swelling can be due to the fracture or third spacing from a stagnant extremity."</p> <p>On 08/18/22 12:16 PM pre telephone interview V36 (Agency Licensed Practical Nurse) stated "during the period I worked there R2 was fine when I did my rounds. R2 had no complaints of pain to the lower extremity. I did not see R2 leg, but the CNA did not report anything to me."</p> <p>On 08/18/22 at 12:23 PM V2 (Director of Nursing) stated "the former restorative nurse never updated R2 care plan, and it does not reflect the sling lift, full lift. The care plan should have been updated 07/19/21."</p> <p>Progress note dated 07/23/22 at 10:35 document in part: Nurses Note: resident noted up in chair.</p> <p>Progress note dated 07/27/22 at 18:59 document in part: Nurses Note: resident noted up in chair.</p> <p>Progress note dated 07/28/22 at 13:18 document in part: Nurses Note: resident noted up in chair.</p> <p>Progress note dated 07/29/22 at 08:00 document in part: Nurses Note: CNA notified writer that resident was not at normal baseline & seems lethargic. Writer assessed resident & observed resident slow to response & lethargic. LLE (Left</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Lower Extremity) warm swollen & pain to touch.</p> <p>Progress note dated 07/29/22 at 16:13 document in part: Health Status Note: Resident admitted to hospital with Dx (Diagnosis) of UTI (Urinary Tract Infection) and Fx (Fracture) of Lt (Left) Tibia.</p> <p>Progress note dated 08/2/22 at 08:40 document in part communication - with Family/POA (Power of Attorney) Note Text: The POA for the resident came to the facility to discuss the incident from the weekend. She stated she was with R2 for 4 hours and she received a couple different versions of what possibly occurred. She said what R2 finally told her was R2 didn't fall but a couple family members had come by last week and she isn't sure who and took R2 out of bed without staff assistance. The doctor at the hospital stated with R2 diagnosis of osteoarthritis and having brittle bones it was very possible just putting any weight on that leg could have caused the fracture.</p> <p>Progress note dated 08/10/22 at 12:07 document in part: Health Status Note: # acute trimalleolar fracture: acute displaced multipart fractures of the mid-distal tibia and fibular diaphysis orthopedics were consulted, R2 to be managed non-operatively as recommended.</p> <p>Care Plan document in part: R2 is at risk for decrease or loss in functional abilities and requires AROM (Active Range of Motion). Date Initiated: 10/21/19 Revision on: 02/09/21. nursing rehab/restorative: active ROM Program - R2 will perform 3 sets of 10 reps of flexion, extension, adduction, and abduction exercises to all upper/lower extremities for at least 15 minutes daily. Date Initiated: 10/21/19 Revision on: 11/01/20 - R/L (Right/Left) Hip flexion/extension - R/L Hip abduction/adduction - R/L Knee</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>flexion/extension - R/L Ankle flexion/extension. R2 requires limited assist with bed mobility as evidenced by generalized muscle weakness, immobility, and lack of coordination. Date Initiated: 11/06/19. Assist in turning and repositioning every 2 hours as appropriate, use draw sheet if necessary. Date Initiated: 11/06/19. R2 is at risk for falls. Date Initiated: 02/08/22. R2 has an ADL self-care performance deficit r/t (Related/to) muscle weakness. Date Initiated: 11/01/20 Revision on: 04/26/21. Bed Mobility: Extensive assistance Two+ persons physical assist Transfer: total assistance Two+ persons' physical assist. R2 has impaired cognitive function/dementia or impaired thought processes r/t Impaired decision making, impaired memory. Date Initiated: 02/09/21. R2 is at risk for falls r/t Incontinence, DM type 2, osteoarthritis, and medication regimen. Date Initiated: 07/23/19 Revision on: 11/06/19. R2 has had an actual fall with no injury 10/30/21 Date Initiated: 11/01/21.</p> <p>Mobility & Lift Status review dated 07/19/21 document in part: C. Mobility and Balance: Mobility and Balance: Ability to roll from side to side: Poor. Ability to sit up unassisted: Poor. Ability to maintain sitting balance: Moderate. Ability to stand: Poor. Ability to maintain standing balance: Poor. D. Transition Movements: Surface-to-Surface transfer: Not steady, only able to stabilize with staff assistance. E. Weight Bear: 1. Can the resident bear weight: No. Type of Transfer: 15c. Sling lift (full lifter).</p> <p>Electronic Medical Record Form dated 07/28/22 document in part: ADL: Transferring. Instructions: Hoyer 2-person.</p> <p>Hospital Record dated 07/29/22 document in part: patient here with AMS (Altered Mental Status),</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>noted to be more somnolent, slow to respond. LLE (Left Lower Extremity) swelling, redness and edema noted. Reason for Consultation: Left tibia shaft and left ankle fracture. Physical Exam: LLE has some swelling about mid tibia, tenderness to palpitation, compartments soft. Diagnosis: Trimalleolar fracture, Closed trimalleolar fracture of ankle with high fibular fracture. Fracture of tibial shaft left, closed. Imaging reviewed: Left tibial shaft fracture, left trimalleolar ankle fracture, unknown mechanism of injury. Patient has been non ambulatory for the past 2 years. Xray ankle 2 views left: Impression: 1. Acute trimalleolar fracture. 2. Acute displaced multipart fractures of the mid-distal tibia and fibular diaphysis. 3. Diffuse soft tissue swelling. Xray Tibia/Fibular Left: Impression: 1. Acute trimalleolar fracture. 2. Acute displaced multipart fractures of the mid-distal tibia and fibular diaphysis. Findings: There are acute displaced multipart fractures involving the mid to distal tibial and fibular diaphysis. The tibial fracture appears to be a spiral fracture. Additional displaced fractures of the distal tibia and fibular diaphysis with likely extension of the malleoli There is a posterior malleolus fracture. Diffuse soft tissue swelling. Left leg with long leg mold immobilizer placed in ED (Emergency Department) and wrapped with TED hose.</p> <p>After review of thirty pages of R3 hospital records dated 07/29/22, there was no mention of osteoporosis, osteopenia, or brittle bones as a contributing factor for R2 fractures and there was no DEXA scan (Bone Densitometry Screening) performed.</p> <p>There was no care plan of how to properly transfer R2 and the method of transferring R2 was conflicting during staff interviews.</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2022
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NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
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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
S9999	<p>Continued From page 12</p> <p>Policy:</p> <p>Titled "Abuse, Neglect & Misappropriation" revised 05/21 document in part: Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. 7. "Neglect" means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress. 6. Identification of Abuse, Neglect, and Exploitation - The facility will consider factors indicating possible abuse, neglect, and/or exploitation of residents, including but not limited to the following possible indicators: c. Physical injury of a resident, of unknown source.</p> <p>Titled "Lift, Total Mechanical Lift (Hoyer)" revised 09/16/22 document in part: To enable two employees to lift and move a resident safely. Equipment: 1. Total Mechanical Lift.</p> <p>(B)</p>	S9999		