STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000335	A. BUILDING: _____ B. WING _____	C 10/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMONT MANOR HLTH & RHB	512 EAST OGDEN AVENUE WESTMONT, IL 60559

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S 000	Initial Comments Complaint investigation 2278181/IL152221.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 300.1210d)6) 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 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 These requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to provide safety measures during transfer, bed mobility and incontinence care to a resident that is at high risk for fracture. This failure resulted in R1 sustaining a displaced, spiral fracture of the left lower leg. This applies to 1 of 3 residents (R1) reviewed for ADL (Activities of Daily Living) care. The findings include: The EMR (Electronic Medical Record) shows that R1, an 80-year-old, was admitted to the facility on 1/29/2022. The POS (Physician Order Sheet) for the month of October 2022 shows R1's diagnoses that includes but not limited to hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness on one side of the body that affect arms, legs, and facial muscles) affecting R1's left side after R1 had suffered cerebral infarction (stroke). R1's other diagnoses were specified disorders of bone density and structure, history of Covid 19 infection, protein-calorie malnutrition, sequela of non-traumatic subarachnoid hemorrhage, dementia, psychotic disturbance, mood disturbance, and anxiety. R1 also has a gastrostomy due to dysphagia. The most recent MDS (Minimum Data Set) dated 8/26/2022 was R1's annual assessment. R1's BIMS (Brief Interview Mental Status) score was 9, moderately impaired in cognition. R1 was also assessed for "Functional Status" and scored 3/2 for bed mobility (extensive assistance/1 person physical assist); 3/3 for transfer (extensive assistance with 2 plus person physical assist).	S9999		

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S9999	Continued From page 2 The "Balance During Transitions " shows that R1 was not steady, and only able to stabilize with staff assistance during moving from seated to standing position and surface to surface transfer between bed and chair or wheelchair. The "Functional Limitation in Range of Motion" shows R1 has impairment on one side of the body for both upper (shoulder, elbow, wrist and hand) and lower extremities (hip, knee, ankle and foot). The "Functional Abilities and Goals for Self-Care and Mobility " shows that R1's admission performance was 3 (moderate assistance and helper lifts or holds trunk or limbs) for toileting hygiene, mobility in bed and from chair to bed and vice versa. The facility's "Serious Injury Incident Report" dated 10/18/2022 shows that on 10/10/2022 at 5:00 P.M., R1 informed V3 (Guest Relation Staff) that she has pain on her left leg. V3 informed V4 (Nurse) and V4 immediately assessed R1. V4's assessment showed that R1 had an acute pain of the left leg, and the physician was notified. An order for an X-ray was obtained. The result of the X-ray was a distal tibial fracture of the left leg and osteopenia. R1 was sent to the hospital 10/10/2022 and returned to the facility on 10/14/2022. Further review of the report shows that R1 is alert, oriented to self with periods of confusion, had history of falls, requires staff assistance with ADLs and transfers. The report also shows that R1 has poor safety awareness due to cognition and is incontinent of bladder and bowel function. The report showed that V2 (Director of Nursing) investigated R1's injury. V2 reported that per interview with R1 when she returned to the facility, R1 had alleged that staff were rough to her and felt acute pain when R1 was being changed for incontinence brief, and this was after she was transferred to bed from a wheelchair on 10/10/2022.	S9999		

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S9999	Continued From page 3 On 10/19/2022 at 11:00 A.M., R1 was observed lying in bed. R1's was semi- turned to her left side with her right hand holding unto the upper bed rail. R1's lower trunk, hips, buttocks were supine, lying flat in bed. V8 (CNA) was providing incontinence care at this time of observation. V8, with her left hand was wiping R1's buttocks while V8's right hand was pushing R1's buttocks to turn to the left side to expose for cleaning. R1's lower extremities were straight and were not turned to the left side. R1 was in an awkward position with upper body semi-turned to the left side and lower body in a flat/supine position. R1's body alignment was twisted. R1 was observed to be very particular with care and was refusing and resisting to be positioned towards her left side while V8 was pushing R1's buttocks. On 10/19/2022 at 12:30 P.M., V3 (Guest Relation staff) said that on 10/10/2022 around 5:00 P.M., R1, was lying in bed, and had complained of left leg pain. V3 said he immediately informed V4 (Nurse). On 10/20/2022 at 2:00 P.M., V4 said that she came in to work for her evening shift around 3:00 P.M. V4 said that she checked R1 around that time. V4 said that during that round, R1 was sitting in her wheelchair in her room. V4 said that R1 is alert and oriented with bouts of confusion but knows enough if someone mistreats and that R1 will report. V4 also added that during the first round, R1 did not complain of pain and was comfortable. V4 added that around 5:00 P.M., V3 informed her that R1 was complaining of left leg pain. V4 said that she immediately went to R1's room and found R1 lying in bed. V4 said that R1's left leg was not even in compared to the right leg, shortening of the left leg extremity was externally	S9999		

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S9999	Continued From page 4	S9999		

rotated. V4 said that R1 did not complain of staff being rough, though R1 was focused mainly on the pain. V4 also said that she sent R1 to the hospital after a portable left leg X-ray report obtained at the facility shows positive for left leg fracture. V4 said that she also informed V7 (Nursing Supervisor).

On 10/20/2022 at 2:11 P.M., V7 said that after receiving report that R1 was injured after provision of care, she suspended both V5 and V6 (CNA's/Certified Nurse Assistant from staffing agency). V7 said that investigation was initiated by calling V2 for possible abuse/injury of unknown origin.

On 10/20/2022 at 12:15 P.M., V2 said that on 10/10/2022 around 5:00 P.M., V5 had transferred R1 by herself from wheelchair to bed. V2 also said that V6 was present but did not assist during transfer. V2 said that V6 provided incontinence care to R1 after being transferred to bed by V5. V2 also said that R1 complained of acute pain of the left leg a few minutes after V6 had provided incontinence care and brief change.

On 10/20/2022 at 2:15 P.M. V5 said that she had taken care of R1 prior to 10/10/2022. V5 said that she was aware of how to transfer R1 from chair to bed and vice versa. V5 also added that she had always transferred R1 by herself. V5 also said that R1 did not complain of pain when she transferred R1 to bed on 10/10/2022 at around 5:00 P.M. V5 also said that V6 was in the room during the transfer, but V5 did transfer R1 alone and then left the room when R1 was already sitting at the edge of her bed. V5 also said that R1 was transferred using a pivot transfer with V5 guiding the right leg to move, and left leg was deconditioned, flaccid, not able to bear weight

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S9999	Continued From page 5 was dependent with the direction of the right leg. V5 said that she left R1 with V6 after she transferred R1 to a sitting position at the edge of the bed. On 10/20/2022 at 1:36 P.M., V6 said that V5 had transferred R1 alone to bed since V5 knows R1 well. V6 said that she removed R1's left leg brace while R1 was sitting at the edge of the bed. V5 said that she then positioned R1 in bed, lying on back. V6 also said that since R1 has left sided weakness, R1 was turned to the left side, with R1 holding unto the upper bed rail with R1's right hand. V6 said that R1's lower extremities was halfway turned to the left side, so V6 had to lift R1's buttock, and pulled the brief out from R1's buttock. V6 said that 3-5 minutes later after V6 left R1's room, R1 had complained of acute pain to the left leg. On 10/20/2022 at 11:45 A.M., V10(CNA/Restorative Aide) said that R1 is transferred using a pivot transfer. V10 said that R1 was only able to bear weight on the right leg, but not the left leg. V10 added that R1's left leg was flaccid and dependent to the direction of the right leg during transfer. On 10/20/2022 at 4:00 P.M., V9 (CNA) was providing incontinence care to R1. R1's position was the same as observed on 10/19/2022 with awkward position, and twisted body alignment. V9, pushing R1's buttock with his other hand while other hand was wiping R1's buttocks. R1's brief was also pulled out underneath her buttocks while she was in the supine position. On 10/20/2022 at 3:30 P.M., V2 said that the facility had no policy for repositioning a resident while in bed. However, V2 said that it is expected	S9999		

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S9999	Continued From page 6 that standard of care when repositioning a resident while in bed was to move/turn the resident in one piece/log roll and with good body alignment. The hospital record dated 10/11/2022 at 4:48 A.M., the ED (Emergency Department) report shows that "(R1) with past medical history of CVA with left sided paralysis who presents to the emergency from nursing facility for evaluation of left distal tibia fracture. (R1) reportedly was being readjusted by staff at the facility and developed acute pain ...(R1) states one nurse is very mean to her and is very rough ...(R1) denies falls, or head trauma. (R1) complaining of pain from her left knee down. (R1) has hemiplegia of the left side and is non-ambulatory.... Musculoskeletal assessment: (R1) has external rotation of the left lower extremity from knee down. There is significant tenderness to palpation over the distal tibia on the left leg with visible swelling. (R1) has pain with any attempts at passive range of motion of the left ankle or knee. Neurological assessment: (R1) is alert, and keenly responsive. Left sided upper and lower extremity paralysis. Speech is dysarthric (slurred speech) but not aphasic (a language disorder that affects how a person communicate). (R1) answers questions appropriately." Review further of hospital report shows that R1 developed an acute pain after being moved during transfer and care at the facility on 10/10/2022. The report also showed that orthopedic consultation indicated the need of posterior mold and knee immobilizer. The hospital record also shows that the R1's final diagnoses were: -1) Acute displaced spiral fracture of the left distal tibia with associated proximal fibular fracture (The Taber's Medical dictionary shows "displaced spiral fracture is a fracture that pieces of bone were	S9999		

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S9999	Continued From page 7 moved so much that a gap was formed around the fracture. A spiral fracture is a bone fracture that occurs when a long bone is broken by twisting force. The tibia and fibula are the two bones of the lower leg. It is unusual to break both bones, even in contact sports. It takes quite a bit of trauma to break both of them at the same time. A fibular fracture is a break to the fibula caused by a forceful impact that results in injury.") 2) Acute Maisonneuve fracture of the left lower extremity (Maisonneuve fracture refers to a combination of a fracture of proximal fibula together with an unstable ankle injury). 3) History concerning for possible elder abuse On 10/20/2022 at 11:05 A.M., V11 (Physical Therapist) said that a spiral fracture is a fracture when a bone was twisted. V11 also said that good body alignment and turning a resident as a whole and one-piece using log roll is the expected standard of practice. V11 explained that pivot transfer meant that good leg was guided to the direction and while the decondition leg remained flaccid and dependent to the direction of the good leg. V11 also said that the decondition leg should be handled gently and supported to prevent injury. On 10/19/2022 at 12:45 P.M., V12 (R1's Attending Physician) said " the fracture that (R1) sustained was not spontaneous, it was acute, was detached and bone was twisted. This was caused from a forceful impact, and it just does not happen during routine gentle care. Like I said, the cause of the fracture was from a forceful impact, but since it was not witnessed, this cannot be determined if the force was accidental or intentional. We have different strength, so it is hard to say. The expectation of care for (R1) being a high risk for fracture due to osteopenia,	S9999		

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S9999	Continued From page 8 decondition left leg with hemiparesis and hemiplegia should include specific measures and "EDUCATION, EDUCATION, COMMON SENSE AND ALWAYS GENTLE CARE WHEN GIVING CARE." V12 also said that specific measures should be in place when handling R1 to prevent injury such as fracture. V12 added that if "(R1) shows resistance of care, then give (R1) some space, explain the procedure and ensure that the decondition leg should always be supported, and body is always in good alignment and turning (R1) in one piece like log rolling." The current care plan initiated dated 5/10/2022 with goal date of 12/01/2022 shows that R1 has ADL functional limitation for transfer due to hemiplegia, lack of coordination, muscle weakness, and decrease in endurance. The intervention included one staff assistance for pivot transfer. This was a conflicting intervention from the MDS assessment dated 8/26/2022 as R1 scored 3/3 for transfer (2 person plus assistance). The care plan also was not followed that R1 be in good body alignment when in bed. Review further of care plan did not have interventions for safety measures to ensure the decondition leg (left leg) was supported, good alignment during transfer, bed mobility and incontinence care. The care plan also did not address safety measures regarding R1's high risk of fracture due to osteopenia. (B)	S9999		