

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6006720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/03/2022
NAME OF PROVIDER OR SUPPLIER  OAK BROOK CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2013 MIDWEST ROAD OAK BROOK, IL 60521		
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S 000	Initial Comments  Facility Reported Investigation to Incident of 10/20/22/IL152891	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.  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	S9999		
			Attachment A Statement of Licensure Violations	

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 and personal care shall be provided to each resident to meet the total nursing and personal 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>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> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to safely transfer a resident, staff utilized a stand pivot transfer instead of using a mechanical lift as care planned.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This failure resulted in R1 sustaining a right femur fracture, and a laceration requiring skin staple closure following an improper transfer.</p> <p>This applies to 1 resident (R1) reviewed for resident injury.</p> <p>The findings include:</p> <p>On November 2, 2022, at 10:15 AM, R1 was lying in her bed. R1 was not able to be interviewed due to her cognitive status. A sign posted in R1's room showed R1 required a mechanical lift for all transfers between surfaces.</p> <p>The EMR (Electronic Medical Record) shows R1 was admitted to the facility on December 20, 2019, with multiple diagnoses including COPD (Chronic Obstructive Pulmonary Disease), acute respiratory failure with hypoxia, encephalopathy, heart failure, dementia without behaviors, psychotic disturbance, mood disturbance and anxiety, anemia, osteoarthritis, and scoliosis.</p> <p>R1's MDS (Minimum Data Set) dated September 26, 2022, shows R1 has moderate cognitive impairment, requires supervision with eating, is totally dependent on two facility staff members for transfers between surfaces, and requires extensive assistance with all other ADLs (Activities of Daily Living). R1 is always incontinent of bowel and bladder.</p> <p>R1's Restorative Functional Assessment, created November 15, 2021, shows R1 requires a mechanical lift for transfers between surfaces.</p> <p>R1's Mechanical Lift care plan, effective January 27, 2021, shows "Resident requires the use of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>[total body mechanical lift] for transfers related to weakness."</p> <p>The facility's Resident Medical Alerts report for R1 dated January 27, 2021 at 3:55 PM shows "Transfer Support - Mechanical Lift."</p> <p>The facility's incident report for R1, dated October 28, 2022 shows, on October 20, 2022, R1 sustained an injury following a transfer by two facility staff requiring medical treatment at the local hospital. The incident report shows: "Description of the occurrence: During bedtime care, CNA (Certified Nursing Assistant) notified nurse of open area to right lower leg. Nurse assessed area, treatment applied, and MD and family were notified. MD ordered for resident to be sent to ER (Emergency Room) for evaluation. Staff involved with the incident were interviewed. It was determined that staff grazed right lower leg against the footrest area of the wheelchair during two-person transfer. Area was noted later in the shift when CNA changed resident into a nighttime gown. MD notified and ordered to send to [local hospital] for evaluation. Resident received 3 staples to area and has returned to the facility. Wheelchair inspected by building manager and all parts in working order. CNA staff were reeducated on transfer techniques and to inspect skin after transfers. Wound care will be following area to promote proper healing. Interdisciplinary plan of care reviewed and updated as indicated." The facility's incident report does not show R1 sustained a fracture.</p> <p>Hospital documentation dated October 20, 2022, shows R1 was admitted to the local hospital with a distal right impacted femur fracture and a laceration to her right lower leg. R1 returned to the facility on October 24, 2022, with a right knee</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>immobilizer in place and staples to her right leg laceration.</p> <p>R1's skin assessment dated October 24, 2022, shows R1's leg laceration was 3 centimeters long and closed with 7 staples and 3 steri-strips and R1 had an immobilizer on her right lower extremity.</p> <p>On October 23, 2022, at 11:59 AM, V8 (Orthopedic Physician) documented, "Right anterior leg laceration, right distal femur osteoporotic fracture, non-displaced, but angulated ... D/C (Discharge) planning: To subacute rehab when medically stable. I discussed the potential benefits of surgical stabilization of right femur fracture. These would include improved pain management, ease of transfer, potentially less stress to cardiovascular system. She is not currently interested in surgery due to surgical risks."</p> <p>On November 2, 2022, at 12:07 PM, V3 (CNA) said, "On October 20, I started my shift at 3:00 PM. I was surprised to see [R1] sitting up in a chair in her room since she is never out of bed. She told me she did not feel good and asked to be put back to bed. She complained of feeling nauseous. I asked [V4] (CNA) to come help me. I had never transferred her before that day. The two of us got on each side of her, picked her up, did a stand and pivot transfer, and put her on the bed. Her feet touched the ground before we turned her and put her in the bed. We put her on the bed and [V4] grabbed her top half, and I grabbed her feet and we positioned her in the bed. She kept saying her right leg hurt. She did not eat her dinner. When I went in later that evening to get her ready for bed, I removed her pants and I saw a wound on her leg. I brought</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>the nurse back in and showed her the leg wound. The nurse went to wrap the wound up and [R1] was hollering in pain."</p> <p>On November 2, 2022, at 2:42 PM, V4 (CNA) said, "The CNA asked me to help her transfer [R1] back to bed. There was a sign on the wall that showed we should use the [mechanical lift] but we thought it would be easier to just lift her by her armpits and put her in the bed. We did not use the [mechanical lift]. The fabric sling for the [mechanical lift] was under the resident when she was sitting in the wheelchair, but we did not use it. We did not know she got injured during the transfer."</p> <p>On November 2, 2022, at 12:19 PM, V2 (DON-Director of Nursing) said, "Every resident room has a sign over the resident to indicate what type of transfer is needed for the resident. At the time of [R1's] injury, the sign was posted in the room. She was supposed to be transferred using a [mechanical lift]. The staff said they did not use the [mechanical lift] because they wanted to make it a quick transfer. The staff should have used a [mechanical lift] to transfer [R1]."</p> <p>On November 2, 2022, at 11:30 AM, V5 (NP-Nurse Practitioner) said, "I am in the building Monday through Friday. I am aware [R1] has a fracture and has a knee immobilizer in place. If a resident has osteoporosis, a turn or a twist can cause a fracture. You do not have to have a fall to cause a fracture. [R1] is usually bedbound. I never see her up in the chair. We can say the laceration was caused by the transfer. I would expect the facility staff to follow the recommendation by therapy to use a mechanical lift to transfer a resident, especially if the resident is not able to stand or bear weight."</p>	S9999		

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S9999	Continued From page 6  On November 2, 2022, at 3:09 PM, V11 (Physician) said, "I do not know how [R1] is supposed to be transferred day in and day out. This is the first I am hearing of her not being transferred correctly. I would expect the staff to follow the transfer recommendations determined by the therapy or the restorative department. If she should have been transferred with a mechanical lift, then that is what they should have used to prevent her from becoming injured due to an improper transfer."  The facility's Resident Transfer Policy revised "9/2015" shows: "Policy: In order to provide a safe environment all residents/patients will be assessed for their ability to transfer from bed to chair and back again by either nursing or physical therapy dependent upon their condition. Procedure: 1. Residents/patients will be assessed by nursing or physical therapy upon admission and at least quarterly and annually or if there is a change in condition. 2. Transfer status will be communicated via the care plan ... 3. Residents/Patients will be assigned either: a. one person transfer, b. two person transfer, c. Mechanical transfer [total body mechanical lift] required to complete transfer (2 people required), d. Sit to Stand lift required to complete transfer. 4. Safety belt usage is required for all transfers."  (A)	S9999		