

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6013120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/29/2023
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NAME OF PROVIDER OR SUPPLIER  MEADOWBROOK MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST REMINGTON BOULEVARD BOLINGBROOK, IL 60440
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S 000	Initial Comments  Complaint Investigation: 23707703/IL155731	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)3)5) 300.1210c) 300.1210d)6)  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.  Section 300.1210 General Requirements for Nursing and Personal Care  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	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>and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</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>	S9999		

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S9999	<p>Continued From page 2</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>Failures of this level required more than one deficient practice statement.</p> <p>Based on observation, interview and record review, the facility failed to ensure that a safety measure was implemented by not providing adequate assistance for a resident requiring total assistance with two-person assist during transfer using mechanical transfer lift device.</p> <p>Based on observation, interview and record review the facility failed to follow R1's physician orders and treatment plan. That requires R1 to be transferred using the mechanical lift and two-person transfer. This failure resulted in R1 sustaining an acute displaced comminuted fracture of the left tibia.</p> <p>This applies to 1 of 3 residents (R1) reviewed for transfers with use of mechanical transfer lift device.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows that R1, an 82-year-old, was admitted to the facility on 3/31/2016. The POS (Physician Order Sheet) for the month of January 2023 shows R1's diagnoses includes but not limited to anxiety disorder, major depressive disorder, cerebral infarction, paraplegia, TIA (transient ischemic attack), atrial fibrillation, seizure, lymphedema, venous insufficiency, peripheral vascular disease, encephalitis, history of bilateral knee replacement (20 years ago.) The POS also shows "Special instructions for ***** TRANSFER CODE: Mechanical Full body lift with TOTAL 2-Person Assist)."</p> <p>The most recent MDS (Minimum Data Set) dated 12/29/2022 shows R1's BIMS (Brief Interview Mental Status) score was 14/15, cognitively intact in cognition. R1 was also assessed for 0 hallucination, 0 for behavior, though some rejection of care that occurs occasionally. R1's assessment for "Functional Status" shows a score of 3/3 for bed mobility (extensive assistance/2-person physical assist); 4/3 for transfer (total assistance with 2 plus person physical assist); 3/3 for dressing (extensive with two-person assist). The "Functional Limitation in Range of Motion" shows R1 has impairment on one side of the body for the upper extremity (shoulder, elbow, wrist and hand) and impairment to both sides to the lower extremities (hip, knee, ankle and foot).</p> <p>The current care plan with a date initiated on 12/29/2022 shows that R1 has a functional and self-care deficit in performing ADLs (Activities of Daily Living) due to impaired mobility, physical</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>limitations, decreased in strength, endurance, balance, tolerance and coordination related to seizure, paraplegia, and anxiety disorder. The care plan shows that R1 requires two-person assistance in bathing, including transfer in and out of shower room. R1 also requires extensive assist with two-persons assistance for mobility and repositioning in bed. R1 was also assessed needing extensive assist of two-person in dressing, toilet use. The care plan also shows that R1 requires total assist of two-person in transfer using the full body lift device.</p> <p>The progress notes dated 1/9/2023 shows that R1 was on antibiotic treatment for UTI (urinary tract infection). R1 also was tested positive for Covid infection on 12/30/2022. The progress notes dated 1/12/2023 shows that R1 was seen by a nurse practitioner. The notes shows that R1's general appearance was appropriate, grooming and hygiene is fair, speech was of impaired rate, impaired rhythm, low volume, and normal prosody with mild latency of response, the mood was described as constricted mood and congruent affect, thought processes showed normal associations/impaired processes/abstractions, thought content shows R1 did not endorse suicidal ideation, homicidal ideation, violent ideation, auditory/visual hallucinations, or delusions, insight/judgment are fair, was alert and oriented times/x 2-3, mild deficits in short and long-term memory, mildly impaired attention, mildly impaired concentration.</p> <p>The facility's incident report with initial date report of 1/18/2023 and final report of 1/25/2023 shows that R1 complained of pain to LLE (left lower extremity), some swelling and bluish discoloration on 1/16/2023. Medical Doctor/MD was notified, an x-ray was done, and result obtained on</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>1/17/2023 with result of questionable hairline fracture of the tibia (shin). It was recommended that R1 be sent to the hospital for further evaluation. On 1/17/2023, R1 was sent to the hospital. R1's hospital x-ray of the lower extremities shows an acute displaced comminuted intraarticular fracture of the proximal left tibia. Review further of the facility's investigation shows the following: "Date of incident: 1/14/2023"</p> <p>Interview of (R1) dated 1/16/2023 by V2 (Director of Nursing) shows: "CNA (Certified Nurse Assistant) fell on top of me when assisting me to bed. You know I tripped when I was walking, then I slid out of chair, he carried me and placed me in the bed, then fell on top of me. During this interview by V2, R1 denied pain, have non-pitting edema to bilateral lower extremities, left shin area discoloration."</p> <p>Interview of V7 (CNA from staffing agency) by V2 on 1/16/2023: "I was assigned to (R1) on 1/14/2023 from 6:00 A.M. through 10:00 P.M. (double shifts). When I assisted (R1) to bed, she complained of lower extremity pain. I used a full Hoyer lift (mechanical transfer lift device) to transfer her. The female CNA from staffing agency had assisted me during (R1's) transfer."</p> <p>Interview of V9 (LPN/License Practical Nurse) by V2 on 1/16/2023: I was assigned to (R1) on 1/14/2023 from 6:00 A.M. through 10:00 P.M. (double shifts). (V7) came to inform me that (R1) complained of lower extremity pain. I immediately went into see (R1) who seemed to be confused and stated that she was assisted to sit on toilet, then he carried me in to bed and fell on top of me. I performed an assessment to (R1), noted bilateral lower extremity edema."</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 1/27/2023 at 11:19 A.M., V2 stated that on 1/14/2022 after dinner, R1 had complained of left leg pain after being transferred by V7. V2 added that R1 is bedbound and seldom gets out of bed. V2 also stated that due to current UTI, R1 is with bout of confusion. V2 stated that V7 informed her V8 (the only female CNA from staffing agency on 1/14/2023 evening shift) had helped during transfer of R1 to bed using the transfer lift device. V2 stated that upon interview with V8 on 1/16/2023, V8 stated that she never assisted V7 or other CNA using the total lift transfer device. V2 stated that V7 transferred R1 to bed on 1/14/2023 after dinner by himself, then after transfer, R1 complained of left leg pain. V2 added that R1 was assisted only by one staff which was V7 for transfer using the transfer device and that R1 required two-person assist. V2 also added that V7 stated that there was no fall incident. V2 concluded that she cannot substantiate if R1 fell but can assure that only one person versus two had transferred R1 to bed using the total lift device. V2 stated that R1 was transferred to the hospital and was admitted on 1/17/2023. V2 added that R1 had returned to the facility on 1/24/2023. V2 added that while R1 was at the hospital, R1 had suffered a hypotensive episode, increased confusion related to encephalopathy. V2 stated that R1's POA (Power of Attorney) had decided no aggressive treatment and R1 was placed on hospice care.</p> <p>On 1/27-28/2023 at different times, the following staff that took care of R1 from 1/14/2023-1/17/2023 were interviewed:</p> <p>1/27/2023 at 2:04 P.M., V7(CNA-Certified Nurse Aide) stated that after dinner at 8:00 P.M. on 1/14/2023, he transferred R1 to bed via the total</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>lift transfer device. V7 stated that a female CNA from agency working on the same floor where he was assigned, second floor) had helped him during R1's transfer. V7 stated that there was no fall incident, but R1 had complained of left leg pain and that she immediately informed V9 (R1's nurse).</p> <p>1/27/2023 at 2:50 P.M., V8 (the only female CNA from agency working on the second floor on 1/14/2023) stated that V7 never asked her to help transfer R1. V8 stated that she was on the opposite side of the hallway and had not helped any CNA with transfer lift device the evening of 1/14/2023.</p> <p>1/28/2023 at 11:00 A.M., V9 (LPN-Nurse) stated that V7 (CNA) came to informed her on 1/14/2023 at around 8:00 P.M. that R1 complained of left leg pain after being R1 was transferred by V7. V9 added that she immediately assessed R1 and noted bilateral lower extremities edema which was an on and off issue with R1 due to lymphadenopathy. V9 also added that she provided R1 with Tylenol with good result. V9 also added that she also took care of R1 on 1/15/2023 (AM and PM/double shifts) and on 1/17/2023, morning shift, when R1 was sent to the hospital for further evaluation. V9 added that R1 had not complained of pain after that, some minimal swelling. However, on 1/17/2023, there was a marked bruise noted already on R1's left leg, just slightly below the knee.</p> <p>1/27/2023 at 2:35 P.M., V10 (LPN for R1 during the night shift 10:00 P.M. through 6:00 A.M. on 1/14/15 and 16,2023. V10 stated that R1 slept well at night and no complaints of pain. V10 also added that she did not receive a report from her CNA's if R1 had bruises so there was no need for</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>V10 to check R1's skin since she was asleep most of the nights.</p> <p>On 1/27/2023 at 2:30 P.M., V14 (RN/Registered Nurse) stated that she received a report from V12 that R1 has a bruise and some swelling to the left leg and an x-ray is pending. V14 stated that R1 was monitored and complaint of no pain.</p> <p>The above staff have all stated that R1 was usually in bed and had stayed in bed during the time they took care of her from 1/14/2023-1/17/2023.</p> <p>The hospital record documented by the orthopedic consultation report dated 1/18/2023 shows "an 82-year-old in hospital due to left knee pain. She is non-ambulatory, with history of herpetic encephalitis. She does not move her legs; she has been in this state for about 13 years. Per family, someone tried to lift her and fell on to her, at the (nursing facility) and after that she was found to have pain. She came to ER and found to have a proximal tibia fracture. She has history of left partial knee replacement estimated at about 20 years ago. She goes from bed to reclining chair via a Hoyer lift."</p> <p>The x-ray result done at the hospital dated 1/17/2023 shows acute displaced comminuted fracture of the left tibia (shin).</p> <p>On 1/27/2023 at 11:00 A.M., R1 was observed lying in bed. R1 stated " a male CNA fell on top of me assisting me to bed, the Hoyer lift tripped and fell on me also the CNA. It happened near that door (R1 was pointing at her entrance door to her room adjacent to the bathroom door)." With R1's permission, and together with V2, R1's lower extremities were checked. R1's left leg has a</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>faded bruise surrounding the left leg. There was also a darker bruise that surrounds the left leg proximal to the left knee.</p> <p>On 1/27/2023 at 3:00 P.M., V18 (Director of Therapy Department/Occupational Therapist) stated that "two-person physical assist is a must when transferring a resident using a mechanical transfer lift device."</p> <p>On 1/27/2023 at 2:45 P.M., V19 (R1's Attending Physician) stated that she followed R1's care at the hospital related to the fracture and encephalopathy. V19 stated that R1's comminuted fracture was acute, " meaning it occurred very recently, and that kind of fracture was caused from an impact and it just did not happen spontaneously."</p> <p>The facility's policy with last reviewed date of 11/2021 regarding Resident Transfer Protocol shows " this policy is to attempt to protect both its residents and employees from injury in the course of transferring residents .... 1. All residents will be assigned a transfer technique that identifies the kind of transfer that is appropriate for their individual needs according to following: -independent; one person transfer; Sit to stand Lift requires two-person assist; Total Mechanical Lift requires two-person assists..."</p> <p>(A)</p>	S9999		