STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145409	A. BUILDING _____ B. WING _____	C 11/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT HLTH CR CTR-BATAVIA	**831 NORTH BATAVIA AVENUE BATAVIA, IL 60510**

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F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210b) 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. 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 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	F9999		

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care needs of the resident.

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.

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)

These requirements are not met as evidenced by:

Based on observation, record review, and interview the facility failed to ensure nursing staff followed the policy and procedure for safely transferring residents with standing mechanical lifts and failed to ensure a resident's safety while the resident was being escorted in a wheel chair by staff.

As a result of this failure R1 fell from the standing mechanical lift sling and sustained a fracture to her left leg. As a result of this failure R3 fell from her wheel chair and sustained a laceration to the right brow and a fracture to the left 5th finger.

This is for 5 of 5 residents investigated for

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falls/safety/standing mechanical lift transfers. (R1, R2, R3, R4, and R5).

Findings include:

1. Review of the facility's incident reports showed on 11/10/13 at 8:30 a.m. E5 (CNA - Certified Nurses Aide) was transferring R1 into R1's wheel chair using a mechanical sit to stand lift. The incident report showed E5 was the only CNA transferring R1. The report showed E5 unbuckled the mechanical lift sling before ensuring R1 was placed back far enough in her wheel chair. When E5 unbuckled the mechanical lift sling; R1 fell to the floor complaining of left leg pain when she hit the floor.

A facility x-ray dated 11/10/13 was done which showed results of "Acute undisplaced fracture of distal left fibula."

Observation of R1 on 11/20/13 at 12:00 noon showed R1 to have a below the knee cast to her left leg. R1 was verbal, alert, and oriented to person, time, and place.

R1 stated at this time, "This was an unnecessary fall. I shouldn't have this fracture. The CNA (R5) didn't have me back far enough in my wheel chair before she lowered me from the sit to stand lift. I fell and landed on my left ankle. I either fractured my tibia or fibula. I will be in this cast for 3 months. They always just use one person to transfer me. I don't want this to happen to anyone else."

Review of the facility's policy and procedure for the standing lift included, "Two staff members are needed for use with transfer via standing lift."

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Review of R1's transfer assessment dated 1/16/13 and the ADL (activities of daily living) plan of care dated 10/27/13 showed R1 should be transferred with the standing lift with 2 person assist.

2. On 11/20/13 at 1:00 p.m. E6 (CNA) and E7 (Restorative CNA) were observed performing a mechanical standing lift transfer on R4 from wheel chair to bed. R4 was wearing rubber sole gym shoes. R4's room was carpeted. Before the transfer E7 was observed swiftly moving R4 around in the room several times in an attempt to position R4 in front of the mechanical lift for transfer. R4's wheel chair did not have leg rests and E7 did not ask R4 to lift his feet. R4 was observed to move his feet sporadically and plant his feet abruptly while E7 was moving him around the room.

3. On 11/20/13 at 1:10 p.m. E8 and E10 (CNA's) were observed performing a mechanical standing lift transfer on R5. When operated the lift to raise R5 to a standing position, R5's right leg was not placed in the shin form, thereby not ensuring R5's safety when standing. E8 and E10 had to be told by the surveyor that R5's legs were not properly positioned in the mechanical lift's shin forms.

Review of the facility's operating instructions for the standing mechanical lift included "Have patient place feet on platform and position their shins into the shin forms."

4. On 11/20/13 at 1:20 p.m. E8 and E9 (CNA's) were observed performing a standing mechanical lift transfer on R2. When E9 operated the lift to raise R2 to a standing position, R2's right foot

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was not on the foot platform of the lift. R2's right heel was hanging over the back of the foot platform thereby not ensuring R2's standing balance and/or safety. E8 and E9 had to be told by the surveyor that R2's right foot was not on the foot platform.

Review of the facility's policy and operating instructions for the mechanical standing lift included "Have patient place feet (help patient if needed) on platform...."

5. Review of R3's admission face sheet showed R3 was admitted to the facility on 6/23/13 with diagnoses including Dementia and Muscle Weakness. R3's quarterly MDS (minimum data set) dated 9/4/13 showed R3 had short and long term memory problems.

Review of facility incidents showed R3 had 3 falls from 10/6/13 to 11/1/13 (10/6, 10/20, and 11/1/13). The incident dated 11/1/13 at 9:30 a.m. showed "Resident was being hand held down the hallway by CNA while propelling her wheel chair with her feet when resident abruptly planted her feet firmly to the ground and slipped out of her wheel chair face first to the ground." The incident report showed R3 sustained a laceration to the right brow and a fracture to the left 5th finger.

R3 was sent to a nearby hospital. Hospital x-ray dated 11/1/13 of R3's left hand showed findings of "There is a fracture through the base of the fifth proximal phalanx, with suspected extension into the metacarpophalangeal joint."

Upon return from the hospital nursing note documentation dated 11/1/13 10:19 p.m. showed, "Left hand 5th digit splinted. Purple bruising noted

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F9999	Continued From page 12 to left forearm and hand. Right eye, right side of forehead and face swollen with redness and abrasion on forehead. Complain of left hand 5th digit pain." On 11/20/13 at 11:15 a.m. E1 (Administrator) stated the CNA did an improper mechanical lift transfer with R1 which resulted in R1 falling and fracturing her left leg/ankle. This was also verified during interview with E2 (Director of Nurses) on 11/21/13 at 1:00 p.m. This information was also documented on the conclusion on R1's incident report regarding R1's fall. On 11/20 and 11/21/13 during interviews with E1 and E2 and interview with E3 (RN - Restorative Nurse) on 11/21/13 at 11:30 a.m. all stated the CNA's are to follow the policy and procedure when transferring residents with mechanical lift transfers and ensure the correct placement of the residents' feet, legs, arms, etc...before transferring the resident. (B)	F9999		