

Jonathan Rosenfeld's Nursing Homes Abuse Blog

Nursing Home Spotlight: Manorcare of Rolling Meadows

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[Manorcare of Rolling Meadows](#) is a large, 155-bed, two-star (below average) [Medicare rated](#) nursing home facility. On December 31, 2009, the [Illinois Department of Public Health](#) (IDPH) fined Manorcare of Rolling Meadows \$10,000 for fourth quarter [Nursing Home Care Act](#) violations relating to the area of nursing. (see other stories on "[HCR Manorcare](#)")

During a complaint investigation on October 29, 2009, IDPH investigators investigated two residents' physical abuse by a staff member. (see "[Nursing Home Abuse](#)" and "[Elder Abuse](#)") The nursing home's failures put residents in immediate jeopardy until the accused staff member was finally terminated.

All residents have the right to be free from abuse (verbal, sexual, physical, and mental), corporal punishment, and involuntary seclusion. However, not all nurses and staff members employed by nursing homes abide by this rule. Unfortunately, there are too many stories and cases of abuse by staff, including the abuse by one certified nurse aid (CNA) at Manorcare of Rolling Meadows.

On [September 9, 2009](#), Manorcare initiated an investigation into the alleged abuse involving a 64 year-old female resident suffering from a right craniotomy (removal of a piece of person's skull) because of a tumor, history of agitation, irritability, and combativeness.

During the September 9th nursing home survey, a nurse noticed that the resident's finger was swollen and bruised; the finger was x-rayed but no fracture was found. The resident told the nurse that two female CNAs had harassed her

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by holding her down, twisting and wiggling her finger, and telling her they were stronger than she was.

The nursing home's investigation revealed that one of the nurses had witnessed another nurse get upset with the resident because she had gotten scratched when the resident was resisting. The nurse then wrapped the resident's hand with a washcloth and told her not to fight her.

The resident's care plan acknowledged that the resident was often resistive to care from staff and the care plan addressed this problem (approach resident in gentle manner, explain what you are going to do, re-approach later and/or differently if resistant). Clearly, that is not how the resident was treated by the nurse in question. On September 11, the nurse was fired because of the allegations of abuse. The nurse, who witnessed the abuse but failed to report it to administration, was also fired.

There was another incident of abuse involving the same CNA who was fired that was not reported until the day the investigation was initiated to look into the allegations of abuse discussed above. In this case, another CNA witnessed the same CNA, who had held down the resident in the incident discussed above, hold down a different female resident's hands and then slapped the resident's hand because the resident pinched the CNA's hand.

This resident also had a specific care plan to address the resident's resistance to treatment and care (resident can be verbally and physically aggressive to caregivers by biting and scratching). The care plan indicated that nurses should approach calmly, maintain distance until resident is calm, and if resident is resistive to return at a later time. Again, the CNA in question clearly did not follow the care plan. Instead, the CNA resorted to retaliatory behavior. To make matters even worse, the resident who was slapped is unable to communicate and, therefore, couldn't even offer a statement to investigators.

The nursing home administration did not investigate this allegation of abuse until four days after the incident. Administrative staff said that the allegations could not be substantiated because there was no redness or change in resident's mood, even though the abuse was reported by another staff member.

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However, the CNA who allegedly abused this resident was fired for allegations of abuse that were substantiated regarding another resident. However, it seems alarming that a delayed investigation that returned no physical indicators of abuse could clear the CNA of wrongdoing, especially in a situation where the resident is noncommunicative.

An earlier [complaint investigation](#) on August 12, 2009 looked into the fall and injury of a resident. The resident in question was a 100 year-old female resident, who was admitted to the facility with syncope (temporary loss of consciousness) with fall, brain tumor, anemia, hypertension, CRF (chronic renal failure), osteoporosis, and osteoarthritis of knees. She was admitted to the nursing home facility after suffering injuries after a fall at home that required hospitalization.

Upon being admitted to Manorcare, the resident was assessed as a risk for fall due to history of falls, weakness, impaired balance and mobility, brain tumor, and forgetfulness. Physical therapy evaluation revealed that she required two people (maximum assistance) to help during toilet and transfer needs, and that she had an unsteady gait and was considered a falling risk.

A nurse left this resident alone, sitting on the toilet, despite being aware that the resident needed assistance during toilet needs. Not unexpectedly, the resident fell and hit her head, resulting in a head contusion and cut, requiring her to be transferred to the ER. This resident never should have been left alone because she was a high risk for fall because of compromised medical condition and forgetfulness that she required assistance during transfers.

The 100 year-old female resident died only four days after her fall. In the days between the fall and her death, she was noted to be lethargic and less responsive. The cause of death was ruled to be from the brain tumor which could have also affected her responsiveness. Regardless of the cause of death, in the days before her death, this resident suffered from a preventable fall and head injuries due to the nursing home's lack of supervision for a resident who was a known fall risk.

The nursing home must ensure that the resident environment remains free of accident hazards and also ensure that each resident receives adequate

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supervision and assistance to prevent accidents. In the case of the female resident discussed above, the nursing home failed to meet this standard of care.

The nursing home's failures resulted in the injury and abuse of several of its residents. It is only natural that family members of other residents at Manorcare would be worried about the well-being of their loved ones and the quality of treatment they are receiving. If you or a family member suffered from an injury while a resident at [Manorcare of Rolling Meadows](#), you may be entitled to compensation.

Thank you to Heather Keil, J.D. for her assistance with this Nursing Homes Abuse Blog Entry

Sources:

[IDPH: Manorcare of Rolling Meadows](#)

[IDPH: Manorcare of Rolling Meadows – Fourth Quarter Violations](#)

[Medicare Nursing Home Compare: Manorcare of Rolling Meadows](#)

[HCR ManorCare: ManorCare Health Services – Rolling Meadows](#)

[Nursing Home Abuse Blog: HCR Manorcare](#)

[Nursing Home Abuse Blog: Nursing Home Abuse](#)

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