

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments Facility Reputed Incident of 7/26/23/IL163404	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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. 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.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2023
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 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. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by:	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/28/2023
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 Based on interview and record review, the facility failed to (a) ensure resident safety by allowing a resident (R6) with a history of alcohol dependence out on a community pass without a medical provider authorization/order and (b) failed to complete a community survival skills assessment for the same resident (R6) prior to allowing resident out on pass into the community. These failures affected one (R6) resident out of three residents reviewed. These failures resulted in R6 leaving the facility on an independent community pass and returning to the facility intoxicated. While intoxicated, R6 fell while inside the facility and sustained a right mandibular fracture and chin laceration. Findings Include: Face sheet dated 09/22/2023, documents R6 is a 60-year-old male with diagnoses not limited to: Malignant neoplasm of larynx, epilepsy, bipolar disorder, acquired absence of larynx, speech disturbances, major depressive disorder, dysphagia, and fracture of condylar process of right mandible. R6's MDS (Minimum Data Set) dated 05/11/2023, documents R6 has a BIMS (Brief Interview for Mental Status) of 15/15 indicating R6 is alert and oriented x3 and cognitively intact. R6's Activities of Daily Living (ADL) Assistance documents R6 requires supervision and set-up with ADL care. R6 is continent of bowel and bladder. R6's physician order sheet (POS) provided to surveyor on 09/22/2023 does not document a physician order for R6's community pass. R6's care plan dated 09/11/2023 provided to	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER-CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/29/2023
NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>surveyor on 09/22/2023 does not document R6 is care planned for a community pass.</p> <p>R6's care plan dated 09/11/2023 documents R6 is care planned for: risk for falls, tracheostomy care, potential nutritional problems, risk for abuse, seizure disorder, psychotropic medication use, and antidepressant medication use.</p> <p>Review of R6's electronic medical record does not show a Community Survival Skills Assessment prior to 09/22/2023.</p> <p>Nursing Progress note dated 07/26/2023 at 4:35PM, written by V4 (Licensed Practical Nurse/LPN) documents, "Writer sitting at nurses' station when heard a loud thump, found R6 in front of doorway near bathroom door lying on left side in fetal position with head faces hallway. Bright red blood coming from left side of R6 chin. R6 moved to comfortable position, laceration cleansed with normal saline, three steri strips applied. R6 now lying in bed resting, MD made aware, new order to send to hospital, ambulance called and notified all appropriate departments, will continue to monitor."</p> <p>R6's hospitalization records documents R6 was hospitalized from 07/26/2023-07/30/2023 with diagnoses and injuries includes: closed fracture of right condylar process of mandible, left chin laceration, missing teeth, and staples to neck.</p> <p>Nursing Progress note dated 07/30/2023 at 5:27PM, written by V8 (LPN/ 4th Floor Unit Manager) documents, "R6 back from hospital transported by ambulance via stretcher. R6 is alert x 4 ambulatory and able to make needs known. R6 PERRLA, lungs sound clear, Abdomen soft to touch, upper extremities strong</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>with grasp, lower extremities strong. R6 noted with sutures under the left side of the chin, and noted with swelling to right side of jaw. R6 returned back with a DX of closed Fracture of left condylar process of mandible with a diet of no chew diet for 4 weeks. all orders in and carried out."</p> <p>Facility Reported Incident dated 08/03/2023 documents R6 fell while in the facility on 07/26/2023 and sustained a mandibular fracture.</p> <p>On 09/21/2023 at 10:28AM, R6 stated he was drunk when he fell on 07/26/2023. R6 states he goes out on pass into the community and would sometimes stop and purchase alcohol at a local liquor store. R6 stated he has never brought alcohol into the facility but would get drunk before returning to the facility from his community pass. R6 said when he returned to the facility from being out on an independent community pass, R6 was intoxicated when he tried to ambulate to his bathroom. he fell on the floor.</p> <p>On 09/26/2023 at 9:37AM, V3 (Social Services Director) stated R6 goes out independently on pass into the community. V3 stated R6 is assigned to his caseload, and he is responsible for completing and documenting the community survival skills assessment in the resident's electronic health record. V3 stated he did not complete R6s' community survival skills assessment until 09/22/2023, after surveyor's request. V3 stated even if a resident does not have a physician order, the nurses are responsible for deciding rather or not a resident can go out on pass into the community. V3 states he is not familiar with the facility's community pass policy/procedures and does not know the purpose of the community survival skills</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>assessment. V3 stated he was not trained on the procedures for allowing residents out on pass into the community. V3 stated he implements protocols he learned from his previous job and applies them to this facility.</p> <p>On 09/26/2023 at 12:22PM, V12 (Receptionist) stated the facility does not keep a list of residents who are allowed out independently on community pass. Instead, the facility keeps copies of the residents' community pass and it is provided to the resident by the nurse. The residents are required to present pass to the receptionist before they leave the facility.</p> <p>Record review of facility community pass log titled "Destination Notification" documents R6 leaves the facility and goes out on pass independently into the community.</p> <p>On 09/26/2023 at 1:10PM, V5 (Physician) stated he does not make the initial determination of which residents are allowed out on community pass. V5 stated he usually refers the residents to Social Services and let them make an assessment. Based on Social Services assessment and recommendations, V5 will authorize a physician order for the resident to go out on pass into the community. V5 stated he was informed by the facility R6 went out into the community, consumed alcohol, and was intoxicated and R6 fell and was sent to the hospital.</p> <p>On 09/26/2023 at 3:16PM, V13 (LPN/ 1st Floor Unit Manager) stated community passes are guided by physician orders. The doctor determines who can go out on pass into the community by authorizing a physician order. If a doctor approves a resident to go out on pass,</p>	S9999		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTH SHORE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 EAST 71ST STREET CHICAGO, IL 60649
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>then either the nurse or the doctor will put the order in the physician order sheet (POS) and the nurse is to verify the resident can go out on pass via the physician orders in the electronic record. If there is no order, then the nurse is to call the doctor to obtain the order. The nurse should inform the resident without a doctors' order the resident cannot go out on community pass until the doctor gives the order. Before a resident goes out on pass, the protocol is for the resident to obtain the pass from the nurse, then take the pass down to the receptionist to show them, then resident can leave the facility. V5 stated it is not the nurses' decision to allow the residents out on pass into the community.</p> <p>Facility policy titled "Independent Community Pass Privileges" dated 04/2004 documents in part, "1. Residents will be assessed for pass privileges by completion of the Community Skills Determination Assessment to determine if resident can independently go out on pass. 2. A pass order is obtained from the physician." (B)</p>	S9999		
-------	---	-------	--	--