

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008163</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/14/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROLLING HILLS MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3615 16TH STREET ZION, IL 60099</b>
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S 000	Initial Comments  Facility Reported Incident (FRI) of July 30, 2018/IL 104806 F684 and F689 cited.	S 000		
S9999	Final Observations  STATEMENT OF LICENSURE VIOLATIONS:  300.1210b) 300.1220b)2) 300.3240a)  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. 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:  Section 300.1220 Supervision of Nursing	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>08/31/18</b>
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S9999	<p>Continued From page 1</p> <p>Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including: 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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 REQUIREMENTS WERE NOT MET EVIDENCED BY:</p> <p>Based on observation, interview, and record review the facility failed to ensure safety during personal cares.</p> <p>This failure resulted in R1 sustaining a left humerus fracture and left hip fracture.</p> <p>This applies to 1 of 3 residents (R1) reviewed for safety.</p> <p>The findings include:</p> <p>The Final Incident Report Dated August 3, 2018 showed on July 30, 2018, R1 became combative</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>during her shower. After lunch staff noticed R1's left arm looked different. After dinner staff noticed R1 was not standing well during transfers. Staff noticed R1's left arm had a bruise and was swollen. R1 had an x-ray showing a left humerus fracture and a left hip fracture. The report documents R1 did not have a fall.</p> <p>On August 13, 2018 R1 was sitting in her reclining wheelchair. R1's left arm was in a sling. R1's left upper arm (inner and outer side) had a dark purplish bruise from her under arm pit down to her elbow. R1's left outer breast had a dark purplish bruise. R1's left top shoulder had a light yellowish bruising.</p> <p>On August 13, 2018 at 9:00 AM, V5 (Certified Nursing Assistant-CNA) said on July 30, 2018, he transferred R1 with V7 (CNA) from her bed. During the transfer V5 said R1's left leg did not follow and got caught on the draw sheet. V5 said R1 said "ouch." V5 said he repositioned her leg and continued to transfer R1 using a mechanical stand lift. V5 said he gave R1 a shower, during the shower R1 became combative. R1 was trying to grab the shower hose with her right arm. V5 said he did not see R1 hit her left arm on the shower arm chair. He said he did see R1 leaning to the left side of the shower chair but did not reposition her. V5 said he had to hold R1's right arm during the shower because she was combative. V5 said he did continued with the shower as R1 continued to be combative. V5 said when a resident gets combative staff should stop and reapproach and report behaviors to nursing. V5 said he did not report R1's behaviors to the nurse, they know R1 has behaviors.</p> <p>On August 13, 2018 at 9:42 AM, V7 (CNA) said she assisted V5 transferring R1 on July 30, 2018,</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>in the morning before R1's shower. V7 said she does not remember R1 saying "ouch" during the transfer. She does not recall the events of the transfer. V7 said after lunch she and V6 (CNA) transferred R1 back to bed. V7 said R1's left arm is usually positioned towards her body. V7 said V6 noticed R1's left arm looked different. V7 said R1 gets combative during showers. V7 said when R1 gets combative we give her time to calm down, stop cares and notify the nurse. On August 13, 2018 at 10:50 AM, V6 (CNA) said R1 does not like showers she gets combative. Staff should notify the nurse when residents get combative.</p> <p>On August 13, 2018 at 8:45 AM, V12 (Registered Nurse) said she was R1's day shift nurse on July 30, 2018. V12 stated, "no one reported anything to me" regarding R1. Staff should report any condition change and resident behaviors. If a resident gets combative staff should stop and re-approach. V12 said R1 is usually "quiet."</p> <p>On August 14, 2018 at 12:36 PM, V13 (Orthopedic Surgeon) said it was reported R1 sustained a fall. These types of fractures (humerus and femoral) are most likely from a fall based on the x-ray images.</p> <p>The Radiology report dated July 30, 2018 showed R1 had a left humerus fracture.</p> <p>The Radiology report dated July 31, 2018 showed R1's reason for exam was due to pain after a fall. The report showed R1 had a fracture of the left femoral neck (hip).</p> <p>The Investigation Report statement by V5 (CNA) dated July 31, 2018 states, "During the shower R1 was aggressive" V5 held on of her arms to</p>	S9999		
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prevent (R1) from swinging at him. R1 complained of leg pain after the shower.

The Physician Order Sheets dated through July 2018 shows R1 has a diagnoses including Dementia, Osteoporosis, and Cerebral Vascular Dementia with left sided hemiplegia.

The Minimum Data set assessment dated May 22, 2018 shows R1's cognition is severely impaired. R1 requires extensive assist with transfers and bathing and impairments of range of motion affecting her upper and lower extremity.

R1's care plan dated through August 2018 shows she can be violent, and resistive to cares. Interventions include if (R1) is combative or resistive with cares staff should come back for cares after a while, maintain resident's safety, and report to the nurse if resistive to cares.

The facility's Investigation of Occurrence Report dated April 2012 states, "Regardless of how minor an accident or injury or incident may seem, including an unknown source they are reported to the primary nurse ..."

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