

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/27/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
---	---

(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 Complaint Investigation #1998382/IL117507	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 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: 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. These regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to monitor a cognitively impaired resident. This applies to 1 of 3 residents reviewed for falls. As a result, R2 wandered out of the dining room without staff	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

Electronically Signed

TITLE

(X6) DATE

12/20/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/27/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018
---	---

(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 1</p> <p>being aware, and fell in the shower room, resulting in R2 sustaining a hip fracture.</p> <p>Findings include:</p> <p>Review of facility fall log indicates R2 had five falls within a six-month period (5/28/19, 7/2/19, 9/7/19, 9/21/19, and 10/23/19), with injury on the last two falls (9/21/19 and 10/23/19).</p> <p>Review of R2's MDS section C "Cognitive Patterns" (effective 10/01/19) indicates R2 is cognitively impaired.</p> <p>Review of R2's progress note, dated 9/21/19, documents housekeeping found resident on the floor. Upon assessment R2 was observed with quarter size bump and bruise to left side top of head. Family and the physician were notified, but family refused to send R2 to local hospital for CT (computerized tomography) of head.</p> <p>Record review on reportable indicates on 10/23/19 during breakfast, R2 wheeled her wheelchair from dining room to the shower room without supervision, and experienced a fall which resulted in a left hip fracture.</p> <p>Review of hospital record (physician documentation dated on 10/23/19) indicates X-ray of left hip and pelvis noted with intertrochanteric comminuted fracture of left hip.</p> <p>On 11/22/19 at 3:00 PM, V5 (CNA) stated, "I was in the dining room on 10/23/19 at around 9:30 AM assisting residents with breakfast. I saw R2 eating her breakfast in dining room (DR), but I didn't see her going out from the dining room. She left before breakfast was over. She had an alarm on her wheelchair, but it wasn't going off</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/27/2019	
NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018		
(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 2</p> <p>when R2 had fallen. My friend V7 (CNA) called me and said R2 had fallen. I went with V7 to the shower room and saw R2 on her back. No alarm was going off at that time. I don't know what happened. We had two CNAs in DR assisting residents. Two CNAs were passing trays to resident rooms."</p> <p>On 11/22/19 at 3:15 PM, V8 (CNA) stated, "On 10/23/19 at around 9:30 AM I was assisting with feeding in a resident's room. The other CNA (V7) asked me what happened. R2 had fallen in the shower close to where I was feeding a resident. I didn't hear any sound. I didn't hear any alarm. She used to have chair alarm, but I don't know why it wasn't going off."</p> <p>On 11/26/19 at 11:10 AM, V2 (Director of Nursing) and V6 (Fall Care Plan Coordinator) stated, "We are updating care plan with new interventions. On 10/23/19 when R2 had fall, the chair alarm wasn't alarming. Everyone is responsible to monitor dementia patient while they move around. She exited the dining room but nobody noticed."</p> <p>Record review on R2's fall care plan document: "Bed, chair, and clipper alarms provided and to be used daily."</p> <p>On 11/26/19 at 1:11 PM, V10 (R2's nurse on 10/23/19) stated, "R2's fall on 10/23/19 happened around 9:30 AM. I was passing medication and I heard from V7 that R2 had fallen on the high side shower room. I went there and saw her flat on her back. I saw one leg was short. R2 was holding her left hip and complaining of pain. We called 911 and Paramedics got her up."</p> <p>On 11/26/19 at 1:45 PM, V9 (attending physician)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006837	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/27/2019
NAME OF PROVIDER OR SUPPLIER GENERATIONS OAKTON PAVILLION		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 OAKTON PLACE DES PLAINES, IL 60018		
(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>stated, "R2 has dementia and is on fall precautions. All fall precaution patients should be monitored while in dining room. I will tell nurses to monitor R2 to prevent fall."</p> <p>On 11/26/19 at 2:30 PM, V7 stated, "I was the assigned CNA for R2 on 10/23/19 when she fell. I was passing breakfast trays to those residents who eat in their room. Three CNAs in dining room were supposed to monitor R2. Nobody saw her going out to bathroom."</p> <p>Record review on wandering residents care policy, revised on 05/17, documents: "Approaches with a wandering resident need to be direct and non-threatening. All efforts are to be made to keep a resident safe in his/her environment."</p> <p>Record review on (undated) fall reduction program document: "Assigned nursing personnel are responsible for ensuring that ongoing precautions are put in place and consistently maintained per the individual's plan of care. Alarm may be useful ... the use of alarm does not substitute for supervision. The use of alarm requires on-going monitoring to determine functionality."</p> <p>(B)</p>	S9999		