

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(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 Annual Licensure and Certificaton Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 1) 300.1210b) 300.1210d)3) 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

11/22/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(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>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 are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess a resident's left leg deformity and increased pain following a fall on July 25, 2017. This failure contributed to R1 experiencing untreated pain and a delay in treatment for 2 days for a fractured left femur.</p> <p>This applies to 1 of 24 residents (R14) reviewed for necessary care and services in the sample of 24.</p> <p>The findings include:</p> <p>R14's Physician Order Sheets dated through October 2017, shows R14 has a diagnosis including Dementia, Anxiety, Dysphagia, Parkinson's, Cognitive Communication Deficit, and history of falls.</p> <p>R14's Minimum Data Set assessment dated October 11, 2017 shows R14's cognition is severely impaired. R14 is always incontinent of bowel and bladder and she is dependent on staff for hygiene.</p> <p>On October 31, 2017 at 9:07 AM E28 (RN) Registered Nurse/wound care, E10 (CNA) Certified Nursing Assistant and E12 CNA were rolling R14 from side to side in the bed to apply an incontinence brief. R14 was screaming loudly. A fresh incision was noted on R14's left hip. There was no dressing covering the incision.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(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>The Resident/Accident Report dated July 25, 2017 at 7:55 PM shows R14 fell from her wheelchair on her left side in the solarium. The report shows R14 can move all her extremities and has no apparent injury. R14 is unable to verbalize what happened. R14 was lifted using a mechanical lift back in her wheelchair. R14's follow up care includes neuro-checks.</p> <p>On November 1, 2017 at 11:45 AM, E4 (Memory Care Director) said on July 27, 2017 E26 (Certified Nursing Assistant) reported to her R14 was having pain and something was not right. E4 said R14's left leg looked "crooked" and R14 was verbalizing pain and grimacing. E4 said nursing did not report to her R14's condition. E4 said she then notified Z1 (physician) of R14's pain. Z1 was on the unit at this time. Z1 ordered an x-ray and showed R14 had a left hip fracture.</p> <p>On November 6, 2017 at 11:30 AM, E11 (CNA) said she cared for R14 on July 27, 2017 during the day shift. E11 said the night shift staff had transferred R14 into her wheelchair. E11 said sometime after breakfast she tried to provide care to R14. Anytime R14 was repositioned she started "screaming." E11 said she reported this to E25 (Registered Nurse). E11 said she did not know why R14 was screaming; she said someone told her she fell a couple days ago. E11 said she tried to transfer R14 back into bed using a mechanical stand lift but "it did not work." E11 said "she was scared. E14 was screaming."</p> <p>On November 6, 2017 at 11:52 AM, E25 (RN) said she cared for R14 on July 27, 2017 during the day shift. E25 said a CNA told her R14 was having a lot of pain before lunch time. E25 said R14 was in the wheelchair at this time and when she moved R14's left leg she would "scream."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(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>E25 said she did not know R14 had a fall two days prior. E25 said if a resident falls, routine vitals and neurocheck assessments are done for 72 hours. E25 said she did not assess R14's left leg or perform a skin assessment to her left side. E25 said if she was aware of the fall she would have performed an assessment to the injured area.</p> <p>On November 1, 2017 at 10:40 AM, E2 (Director of Nursing) said staff should monitor a resident's neurochecks following a fall. No additional assessments are needed for a resident with no injury.</p> <p>On November 1, 2017 at 1:15 PM, E27 (RN) said following a fall, nursing should perform a head-to-toe assessment of a resident for 72 hours to monitor for injury.</p> <p>On November 6, 2017 at 11:45 AM E26 (CNA) said she could not recall the incident with R14.</p> <p>On November 6, 2017 at 10:38 AM E24 (RN) said he cared for R14 on July 26, 2017 during the night shift. E24 said if a resident falls nursing should perform neuro check assessments for 72 hours. E24 said if the CNA does not report any changes to him, he would not do a head to toe assessment on a resident. E24 said he did not remember any changes with R14 during his shift.</p> <p>Z1's Physician Progress note dated July 27, 2017 shows R14 fell on July 25, 2017. Reported that no injury by staff. R14 today is sleepy and seems in pain. R14 is moaning when the left hip is moved. R14 is very tense and anxious. Will check X-ray, pain meds and discussed with E4.</p> <p>R14's Physician Order Sheets for July 2017,</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WINCHESTER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048
---	--

(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>shows nursing staff documented R14 is having no pain on July 27, 2017. The P.O.S. shows R14 did not receive pain medication on July 25-27th 2017. E4, E11, E25 and Z2 reported R14 was screaming and moaning of pain on July 27, 2017.</p> <p>The Nurse's notes on July 26, 2017 at 5:00 AM shows R14 denied any pain or discomfort. R14 was on neuro check assessments.</p> <p>The Nurse's notes on July 26, 2017 at 1:30 PM, shows Z1 was informed of R14's fall with no injury.</p> <p>The Nurse's notes On July 27, 2017 at 5:00 PM, shows R14 slept well through the shift. R14 denies any pain or discomfort. The nurse's notes from July 26, to July 27, 2017 show no documentation of assessment or monitoring of R14's left extremity. Radiology Report dated July 27, 2017 at 7:47 PM, shows R14 has a left femoral fracture with modest angulation and displacement</p> <p>(A)</p>	S9999		
-------	---	-------	--	--