

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2019
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NAME OF PROVIDER OR SUPPLIER FAIRMONT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5061 NORTH PULASKI ROAD CHICAGO, IL 60630
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S 000	<p>Initial Comments</p> <p>Statement of Licensure Violations</p> <p>Complaint Investigation 1982367/IL110938</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/07/19
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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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. The plan shall be reviewed at least every three months.</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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop a plan of care with fall prevention interventions to reduce or prevent risk of falls for 1 of 3 residents R1 reviewed for fall prevention. This failure resulted in R1 having a subsequent fall hitting his head and being evaluated at the local hospital and diagnosed with interhemispheric and peritentorial SDH (subdural hematoma).</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 4-16-19 at 10:51 AM, R1 stated the fall on 3-20-19 caused him to hit his head and caused him to have a brain bleed. On 4-16-19 at 11:15 AM, V2 (Director of Nursing) stated R1's active fall care plan (re: Fall Incident dated 11-8-18) does not show updated intervention to prevent further falls. On 4-16-19 at 11:16 AM, V3 (Restorative Nurse) stated R1's fall care plan (re: Fall Incident dated 11-8-18) does not document any new intervention to prevent further falls.</p> <p>R1's Fall Care Plan dated 11-8-18 documents Intervention post fall: Monitor for any increase in pain on the affected area and notify AP (Attending Physician) for any new orders. No updated interventions to prevent future falls noted. Fall Occurrence Prevention Policy (revision date 6-8-2011) documents the resident's care plan will be updated with each incident occurrence with or without injury sustained. New interventions are added under approaches.</p> <p>R1's Hospital Record dated 3-22-19 documents R1 presents after unwitnessed fall with concern for small amount of interhemispheric and peritentorial SDH (subdural hematoma) for which neurosurgery was consulted. Hospital Record dated 3-22-19 also documents CT Head: Impression: suggestion of trace amount of interhemispheric and bilateral peritentorial subdural hemorrhage. Head CT here suggests density along the tentorium and, to a lesser extent, interhemispherically, concerning for subdural hemorrhage.</p> <p>Care Plans, Comprehensive Person- Centered Policy (revision date 12-2016) documents assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p>	S9999		
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The Interdisciplinary Team must review and update the care plan: when there has been a significant change in the resident's condition. R1's (re-admission) Progress Note dated 3-22-19 documents R1 was found to have trace subdural hematoma.

(B)

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