Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		IL6001085	B. WING		04/10/2019	
	PROVIDER OR SUPPLIER	650 NORT	ORESS, CITY, S'	TATE, ZIP CODE		
GKEENI		BRADLEY	, IL 60915			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		D BE COMPLETE			
S 000	Initial Comments		S 000			
	Complaint 197221	4/IL110765				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210b) 300.1210c)1)2)					
	300.1210d)6) 300.3220f)				1	
	300.3240a)					
	Section 300.610 Re	sident Care Policies				
	procedures, govern the facility which sha	I have written policies and ing all services provided by all be formulated by a				
	least the administra the medical advisor					
	the facility. These p	ursing and other services in policies shall be in compliance rules promulgated thereunder.				
	These written policie	es shall be followed in and shall be reviewed at				
	least annually by thi	s committee, as evidenced by dated minutes of such a				
	Section 300.1210 General Requirements for Nursing and Personal Care			Attachmen		
				Statement of Licensur	e Aloistions	
5	care and services to	shall provide the necessary attain or maintain the highest mental, and psychological				
llinois Denari	ment of Public Health					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 04/25/19

J0I411

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001085 04/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE **GREENTREE OF BRADLEY REHAB** BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 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: 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. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new

physician orders shall be reviewed by the facility's

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING;			(X3) DATE SURVEY COMPLETED	
		IL6001085	B. WING		I	C //10/2019	
	PROVIDER OR SUPPLIER	EHAR 650 NORT		TATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S9999	within 24 hours after issued to assure far orders. (Section 2-1 Section 300.3240 Ara) An owner, licensiagent of a facility shresident. (Section 2 These Regulations by: Based on interview failed to monitor the medication. This applies to 1 resulted treated for a suprative anti-coagulant medication. This failure resulted treated for a suprative asymptotic and the suprative and the supra	or charge nurse designee or such orders have been cility compliance with such 104(b) of the Act) Abuse and Neglect ee, administrator, employee or hall not abuse or neglect a -107 of the Act) were not met as evidenced and record review the facility ause of anti-coagulant sident (R1) reviewed for facilion monitoring. In R1 being hospitalized and cherapeutic International NR). ive Care Consultation report ents R1 with diagnoses llation and left lower leg Deep ing treated with Warfarin. arge Instructions dated 2/7/19 new medication, Warfarin 5	\$9999				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
					COM			
		IL6001085	B. WING			C 10/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AF	DDECC CITY O	TATE ZID CODE	1 041	10/2013		
		SEO NOR	dress, city, s Th Kinzie	TATE, ZIP CODE				
GREEN	TREE OF BRADLEY R	EHAB	Y, IL 60915					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S DI ANI OF CO	ODDECTION			
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	IOULD BE COMPLETE		
S9999	Continued From page 3		S9999					
	2.0-3.0 seconds for treatment of of Venous Thrombosis and Atrial Fibrillation.							
	3, 2019 documents 5 milligrams every of laboratory orders or	Summary Report dated April R1 with an order for Warfarin day. There is no physician relaboratory reports of INR n 2/7/19-3/5/19 in R1's clinical						
	as having a large ar	s dated 3/5/19 document R1 mount of blood on bed linen R1 sent to the hospital for						
	Report dated 3/5/19 elevated INR greater receiving treatment (blood product) and documents R1 being due to a "high risk for	gency Department Physician of documents R1 with an er than 11 seconds and including fresh frozen plasma vitamin K. This report g admitted to intensive care or decompensation" due to seding and elevated INR.						
	confirmed there sho INR due to receipt of none completed. V2 complete a baseline	PM, V2 (Director of Nursing) buld be orders to monitor R1's of Warfarin and there were 2 stated facility protocol is to EINR the next weekday iday) and then contact the monitoring orders.						
	has standing orders include monitoring II Warfarin on Monday V8 with those results instructions/orders. stable, the INR is to	M, V8 (Physician) stated V8 the facility is to follow which NR for newly initiated and Thursdays and to call s for further V8 stated once the INR is be monitored every week, and then monthly but these						

PRINTED: 06/04/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6001085 04/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE **GREENTREE OF BRADLEY REHAB** BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 orders are initiated by V8 and individualized for each resident based on their INR results. V8 stated the facility should have been monitoring R1's INR levels or called if they needed further orders. V8 stated R1's INR level should have been maintained between 2.5-3.0 seconds. V8 stated R1's elevated INR and lack of monitoring contributed to R1's hospitalization. (A)

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