

Illinois Department of Public Health		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
		IL6003610				C 08/28/2019
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
GLENVIEW TERRACE NURSING CTR		1511 GREENWOOD ROAD GLENVIEW, IL 60025				
(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 Statement of Licensure Violations Complaint Investigation: #1995645/IL114712	S 000				
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 300.3240 a)  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	S9999				
<b>Attachment A</b> <b>Statement of Licensure Violations</b>						

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S9999	Continued From page 1  These regulations are not met as evidenced by:  Based on interview and record review, the facility failed to apply R2's wheelchair footrests, which resulted in R2's feet touching the ground and falling forward. This failure resulted in R2 being sent to local hospital due to a forehead laceration which required stitches. This affected 1 resident (R2) of 3 residents reviewed for falls in a total sample of 6.  Findings include:  On 8-27-19 at 12:56 PM, V1 (Administrator) stated ex-employee was counseled (post incident) on applying footrests when resident is in wheelchair.  On 8-27-19 at 11:04 AM, V2 (Director of Nursing/DON) stated footrests keep legs elevated and prevent feet from touching the ground. V2 would apply footrests to wheelchair when pushing a resident for safety reasons and comfort.  On 8-28-19 at 8:53 AM, V6 (Restorative Director) stated footrests maintain proper position in wheelchair and prevents the feet from touching the ground. Restorative nurse would have applied footrests to the wheelchair to maintain safety and prevent accidents. The facility instructs new staff that if the resident is unable to propel or unable to lift their feet from the floor, foot rests should be applied. If the resident is unable to maintain their posture in the wheelchair, foot rests should be applied.  R2's Final Narrative Summary of Incident (Final Reportable), dated 8-7-19, documents CNA explained that while he was pushing resident, she	S9999				

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S9999	Continued From page 2 suddenly put down her foot which caused her to fall forward. R2 was sent to local hospital and returned to facility with 5 sutures intact.  R2's Nursing Progress Note, dated 8-6-19 at 10:40 PM, documents R2's laceration was fixed with 5 sutures which have to come out in 5 days.  Wheelchair User Manual, dated 2016, documents proper positioning is essential; for your safety. When reaching, leaning, or bending forward, it is important to use the front casters as a tool to maintain stability and balance.	S9999					
(B)							