

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006738	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2021
NAME OF PROVIDER OR SUPPLIER OAK CREST		STREET ADDRESS, CITY, STATE, ZIP CODE 2944 GREENWOOD ACRES DRIVE DEKALB, IL 60115		
(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 #20110017/IL129777	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.3240b) 300.3240d) Section 300.610 Resident Care Policies 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. Section 300.3240 Abuse and Neglect b)d) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. These requirements were not met as evidenced by:	S9999		

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>Based on observation, interview, and record review the facility failed to immediately investigate an injury of unknown origin and failed to report an injury of unknown origin to the state agency for one of three residents (R1) reviewed for abuse.</p> <p>The findings include:</p> <p>R1's current Care Plan reviewed on 12/31/2020 shows multiple diagnosis including Dementia, Cognitive Social or Emotional Deficit following non-traumatic subarachnoid hemorrhage, weakness, traumatic subdural hemorrhage with loss of consciousness of unspecified duration.</p> <p>On 12/31/2020 at 2:11PM R1 was sitting in a reclining chair in her room. R1 had a black-brown-purple-edematous bruising to her left forehead and purple- black bruising over her left and right cheek bones. R1 opened her eyes to verbal stimulation then closed them. R1 could not describe how the injury to her face and head were obtained.</p> <p>On 12/31/2020 at 12:45PM V8 RN-Registered Nurse said my shift starts at 6:30AM. I noticed R1 during medication pass at 7:30AM, on December 15, 2020. When I approached the resident I noticed a bump to the side of the forehead and a skin tear. It had started bruising. I asked the resident what happened. She said, I fell. I reviewed her chart. It showed there had been no injury with her previous fall. I asked my CNAs-Certified Nursing Assistants, they did not know anything about it. By the time I noticed the bump to her forehead and the skin tear the night shift CNA and nurse had left. I was not sure what caused the injury. The resident said she had fallen from her chair. She pointed to the corner of</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>her room and said someone had picked her up. When a resident falls we leave them in the spot they are in. We do a head to toe assessment. We monitor their vital signs. If they have no injury we set them up. We make an incident report, chart the resident's vital signs. Observe for injury. Contact their physician, family, and update their plan of care with any injury that has been observed.</p> <p>I did not know how the injury happened at that time. I documented in my chart that it was an injury of unknown etiology.</p> <p>Incidents that fall into the category of abuse are reported right away to my supervisor. I am not sure who the abuse coordinator is in the facility at the moment.</p> <p>On 12/31/2020 at 12:15PM, V7 ADON-Assistant Director of Nursing said, sometime around 11:00AM, on December 15, 2020 after I arrived at work, V8 RN reported R1 had some bruising and did not know how it happened. I let V8 RN know we would investigate when V6 Restorative Nurse got in. I do not know if V6 documented the investigation.</p> <p>On 12/31/2020 at 11:00AM, V1 Administrator said, V2 DON-Director of Nursing is responsible for doing an abuse investigation. Reporting should be done immediately through the chain of command.</p> <p>On 12/31/2020 at 9:02AM, V2 DON-Director of Nursing said, nothing was sent to the state agency regarding R1's incident.</p> <p>The facility's Accident and Incident Log dated December 2020 shows, on December 12, 2020 R1 fell in another resident's room, the activity was transferring with no injury. December 15, 2020</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>shows, R1 was in her room, the activity was unknown, and she was positive for an injury.</p> <p>R1's Progress Notes dated 12/14/2020 from 3:44AM to 10:13PM, shows, no record of a fall or injury, physician notification, or notification of family.</p> <p>R1's Progress Notes dated 12/15/2020 at 5:57AM, shows, Resident up per usual with no complaints. No new injuries noted.</p> <p>R1's Progress Notes dated 12/15/2020 at 7:42AM, shows, skin tear measuring 2 cm-centimeters long and a bump with swelling to the left side of the forehead today. Skin tear and swelling with unknown etiology, no injuries noted in residents chart from previous fall on 12/12/2020.</p> <p>R1 Progress Notes dated 12/15/2020 at 11:44AM shows, New injuries found to resident left wrist and pinky, two skin tares noted 0.5 cm to pinky, and 2 cm to wrist, mechanically closed with strips of tape. Swelling to top of hand and palm of hand. Resident stated there is pain when rotating forearm to a palm up position.</p> <p>R1's Progress Notes dated 12/15/2020 at 10:16PM, shows, injuries to face and left wrist. Unknown cause of the injuries. Large knot on her left side of forehead, swelling to middle of forehead, and down bridge of nose. Large amount of bruising under left eye. Left wrist has bruising and a two inch laceration.</p> <p>R1's Progress Notes dated 12/16/2020 at 11:20AM shows, Reviewed fall on 12/15/2020. Resident states that she experienced fall within her room in the AM. Also states that someone</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>picked her up from the floor but unable to describe who picked her up. Resident has skin tear to forehead and bruising to bridge of nose. Spoke with staff on the night shift prior to days and all staff deny seeing these injuries and deny resident experiencing fall on that shift. Day shift staff deny picking resident up from the floor. Per previous history resident is unable to get self-up from floor. Will perform environmental check to see what could have caused injuries and will question additional staff who may have witnessed incident.</p> <p>The facilities Abuse Policy and Follow up Procedure revised 2/2020 shows, Injuries of Unknown Origin: An injury should be classified as an injury of unknown source when both of the following conditions are met: The source of the injury was not observed by any person. The injury was suspicious because of the extent of the injury or incidence of injuries over time.</p> <p>Reporting of Investigation Results: Within five days of the incident, the Executive Director or designee will report results to: the state agency. Written report will include: Resident name, age, diagnosis, condition. Summary of incident. Disposition and conclusion, if possible. Corrective action taken. Submit chart face sheet with name, room number, age, diagnosis, etc. and assessment of condition.</p> <p style="text-align: center;">(B)</p>	S9999		
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