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: A. BUILDING: ____ COMPLETED IL6010086 B. WING 07/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 1994580/IL113342 - F697G \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Attachment A Section 300.1010 Medical Care Policies Statement of Licensure Violations The facility shall notify the resident's

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

physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including.

Electronically Signed

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TITLE

(X6) DATE 07/19/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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	but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. Restorative measures shall include, at a minimum, the following procedures:			<i>38</i>	
	c) Each direct and be knowledgea respective resident	care-giving staff shall review ble about his or her residents' care plan.			
	resident's condition, emotional changes, determining care re further medical eval	oservations of changes in a , including mental and as a means for analyzing and quired and the need for luation and treatment shall be aff and recorded in the ecord.			
	Section 300.3240 A	buse and Neglect			
	a) An owner, license agent of a facility sh	ee, administrator, employee or all not abuse or neglect a			

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PRINTED: 08/20/2019 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: _ IL6010086 **B. WING** 07/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interview and record review the facility failed to ensure the pain medication given was effective in relieving R2's pain and providing additional as needed medication to ensure relief of R2's pain. This failure affected one resident (R2) reviewed for pain management. This failure resulted in R2 being transferred to the emergency room due to pain. Findings include On 7/3/19, R2 said she reported pain to V10 on the evening of 6/21/19. R2 said she did not receive relief from her pain medication and her sister called 911 for her to go to the hospital. because V10, Licensed Practical Nurse (LPN), would not give her medicine for her pain. On 7/5/19, R2 is alert to name, place, and situations. R2 said she went to the hospital because she was in pain. R2 said she had severe pain, in her lower back, and both her legs. R2 said it felt "like needles poking constantly into my muscles." R2 said because V10 would not help her she felt "neglected." R2 said when she is in pain her face will show it and she will call out for help. R2 said severe pain for her is 9-10, on a 1-10 pain scale.

According to the hospital records on 6/21/19 at 11:37PM the ambulance was dispatched to R2 for a complaint of leg pain. The ambulance record denotes "the crew's impression was acute pain."

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On 7/5/19 at 9:41AM V12, Minimum Data Set Nurse, said a diagnosis of Multiple Sclerosis would be a trigger to care plan pain. V12 said if on reassessment of an intervention a resident still

administer an as needed medication or call the

On 7/5/19 at 12:45PM V14, Nurse Practitioner (NP), said R2 mostly reports pain in her legs and

has pain she would expect the nurse to

doctor for unrelieved pain.

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"leg pain." The course of treatment while in the Illinois Department of Public Health

comfort.

This will be accomplished through an effective pain management program, providing our residents the means to receive necessary

According to the hospital records R2 was in the emergency room on 6/21/19 into 6/22/19. The chief complaint listed on the hospital record is

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