

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001697	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/24/2015
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NAME OF PROVIDER OR SUPPLIER CHICAGO RIDGE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
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(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 1590810/ IL75004 Statement of Licensure Violations	S 000		
S9999	Final Observations Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This requirement is not met as evidence by: Based upon record review and interview the facility failed to ensure that a serious injury was reported to IDPH (Illinois Department of Public Health) in accordance with State law	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>requirements for one resident (R2) in the sample of four. R2 fell and sustained a left hip fracture.</p> <p>R2 is a 76 year old with diagnoses which include but not limited to; dementia, alzheimers, disc degeneration and osteoporosis. R2 was admitted to the facility on 4/16/10.</p> <p>On 1/19/15 at 7:30pm, R2 fell and was subsequently transferred to the emergency room, a left hip fracture was incurred. IDPH was notified on 1/20/15 at 11:17pm (after 24 hours), and on 1/27/15 at 7:22pm (8 days after the incident).</p> <p>On 2/23/15 at 10:38am, inquired about the required timeframe to report incidents/accidents with injury to IDPH, E1 (Administrator) stated "For serious injury we fax within 24 hours. The follow-up is within seven days." Inquired about R2's follow-up facsimile which was transmitted late, E1 responded, I initially sent it on the 20th and then on the 27th, I must have counted the days wrong.</p> <p>The facility's accident/incident report procedure (dated 10/97), includes but not limited to; Administrator and/or Nursing Management will review incident reports for appropriateness and need for further follow-up and agency notifications: Department of Public Health. The results of all investigations will be reported to the Administrator or designee and to other officials in accordance with state law within seven (7) working days of the incident.</p> <p>(B)</p>	S9999		

COMPLAINT DETERMINATION FORM

FAC. NAME: CHICAGO RIDGE NURSING CENTER

COMPLAINT #: 0075004

LIC. ID #: 0045815

DATE COMPLAINT RECEIVED: 02/17/15 11:55:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	I
118	RESIDENT RIGHTS	I

 X The facility has committed violations as indicated in the attached*
 No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.