

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDMILL NURSING PAVILION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>16000 SOUTH WABASH SOUTH HOLLAND, IL 60473</b>
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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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.690a) 300.690b) 300.690c)</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>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.</p> <p>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</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>03/26/15</b>
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S9999	<p>Continued From page 1</p> <p>hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview the facility failed to notify the state agency (Illinois Department of Public Health) within 24 hours of an incident resulting in injury for one of six residents (R3) reviewed for incidents/accidents, in a sample of six.</p> <p>Findings include:</p> <p>R3 is a 87 year old resident with several medical diagnoses including Intracranial bleed, CHF (congestive heart failure), hydronephrosis and obesity.</p> <p>The unusual occurrence report dated 2/1/14 (7pm) indicates the location of the occurrence was in R3's bathroom. R3 sustained a large laceration to the right leg that was draining and bleeding. The skin tear/bruise/abrasion/scrape of unknown origin investigation form indicates in summary, R3 was being transfered from the wheelchair to the bed, the right leg hit the front of the mechanical lift during transfer.</p> <p>R3 was transfered to a nearby hospital emergency room for treatment.</p> <p>There was no fax confirmation sheet attached to this report to indicate it was faxed to the state agency.</p> <p>On 3/9/15 at 11:15am E2 (DON/director of nursing) stated, "I believe we sent that report to IDPH (Illinois Department of Public Health). Let</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>me check the book." At 11:25am E2 stated, "no, I don't see it (fax confirmation). It should have been attached to the incident report. I don't see it in the book."</p> <p>The facility's Unusual Occurrence Reporting policy statement indicates:</p> <ol style="list-style-type: none"> <li>1. Our facility will report the following events to appropriate agencies:               <ol style="list-style-type: none"> <li>g. Other occurrences that interfere with facility operations and affect the welfare, safety or health of residents, employees or visitors.</li> </ol> </li> <li>2. Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and /or regulations as soon as possible but within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations.</li> <li>3. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency (and other appropriate agencies as required by law) within forty-eight (24) hours of reporting the event or as required by federal and state regulations.</li> </ol> <p style="text-align: center;">(B)</p>	S9999		