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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_\_\_ B. WING 03/04/2015 IL6007843 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 13259 SOUTH CENTRAL AVENUE PROVIDENCE PALOS HEIGHTS PALOS HEIGHTS, IL 60463 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Final Observations S9999 Statement of licensure violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)6) 300.3240a) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health. safety or welfare of a resident, including, 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 Attachment A of care for the care or treatment of such accident. injury or change in condition at the time of Statement of Licensure Violations notification. Section 300.1210 General Requirements for

Illinois Department of Public Health

Nursing and Personal Care

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

TITLE

(X6) DATE 03/23/15

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Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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	b) The facility shall	provide the necessary care				
		ain or maintain the highest				
		l, mental, and psychological				
		sident, in accordance with				
	each resident's con	nprehensive resident care				
	plan. Adequate and properly supervised nursing					
		care shall be provided to each				
		e total nursing and personal				
	care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing					
		at a minimum, the following				
	and shall be practiced on a 24-hour,					
	seven-day-a-week					
		ecautions shall be taken to dents' environment remains				de la constanta de la constant
		hazards as possible. All				
	nursing personnel shall evaluate residents to see					
	that each resident receives adequate supervision					
	and assistance to prevent accidents					
	Section 300.3240 A					
	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a					
	resident. (Section 2	-107 of the Act)				
	There					
	These requirements were not met as evidenced					
	by:					
	Rased on interview	and record review the facility				
		and record review the facility y assess the reason for a new				
		pain and monitor the				
		n medication for one of four				
		wed for pain in the sample of				
an optional topic	nine.	wed for pain in the Sample of				
1000	rinite.					
	This failure resulted	in R2 remaining in severe left				
		due to a left hip fracture.				

Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS CITY :	STATE, ZIP CODE		
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	Findings include:	3				
	rindings include.					
	herself and was not 2/26/15 at 1:25pm, Aide) told him R2 tr to the bathroom. By room, E9 had helpe laying half way acrodidn't like to use the could do things with	to go to the bathroom by ted half way off the bed. On E7(Nurse) stated E9(Nurse ies to get up by herself to go the time E7 went into the ed R2 back into bed, R2 was ss the bed. E7 stated R2 e call light and thought she tout help.				
	2/16/15 documents pain medication. Fe documented betwee received Norco (stro 10-325 milligram (m scheduled for pain.	(MDS) assessment dated R2 was not on scheduled bruary 2015 Medications en 2/09 and 2/17/2015, R2 ong pain relief medication) ag) ordered every 6 hours There is no documentation of re or after the administration				
	interventions of: doc pain assessment ar effectiveness and ne abnormal findings, r	otify physician of any nonitor medications for otify physician of significant				
	complained of new scale of 1-10 (10 be being one pain), exe bilateral hip pain, R2	ote 2/13/15 documented: R2 left hip pain being 9 on a ing the worst pain and 1 ercises were completed with 2 required assisted active 1 left leg exercises, which was his date.				

On 2/26/15 at 1pm, Z2(Physical Therapist) stated Illinois Department of Public Health

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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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S9999	Continued From page 3		S9999					
	hip pain 9 on a scal assistance to do ex she did not need he stated she did not to new left hip pain. R 2/16/15, rated 10 of 2/16/15. At 1:35pm R2 told her on 2/17 ago" injuring her left her get back into be floor that day and at Reportable Incident 2/18/15 documents left hip on 2/16/15 in	ne Orders 2/16/15 9:40pm						
	Physician Note 2/17 order for left hip x-r to Z4 (family) that s On 2/26/2015 at 1:3 stated, When there fall, new or worseni responsible party at	7/15 6:44pm documents an ray was written and R2 stated she fell but did not tell anyone.  30pm, E2(Director of Nursing) e is a change in condition, a ing pain, the physician and ire notified as soon as ssion, residents are assessed						
	interventions are putalls. After a fall, the new intervention, a pain and an incident fall, the resident is a being moved. This assessed on admist pain or new complation of pain, the physicial	ut into place to help prevent e care plan is updated with a post fall assessment including nt report are completed. After a assessed by a nurse before assesses for an injury. Pain is ssion and with any change in aint of pain. If it is a new area an is notified and orders in medications are ordered,						

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nurses can choose characteristics to monitor with

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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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S9999	pain was not assess specify how to morpain medication, ar of R2's fall, behaviouse call light, a fall plan, and physician notification of the periodical Notes Reported R2 was seen by Z1 pain, an x-ray was results of a fracture fracture), R2 was been the fracture; 7:45pr On 2/26/15 at 2pm, 2/16/15 R2 told him the fall a few day eafell or had new left to evaluate her soo inquired if she fell of done an x-ray but not did not know about If a nurse assessed R2 fell, Z1 would have had stated if R2 was four the floor, it is obvious A hospital emergen documents R2 sust result of the fall.	E2 stated R2's new left hip is sed, the order does not nitor the effectiveness of the not there is no documentation ors to remove alarms or not care plan, a behavior care or power of attorney (POA) ain, fall or behaviors.  Ort 2/17/15 7:47pm documents (Physician) at 6pm for left hip completed at 7pm with the ed left femoral neck (left hip being sent to the hospital form R2 left the facility.  A Z1(Physician) stated on a about the left hip pain and arlier. Z1 stated if he knew R2 hip pain, he would have come or hurt herself. Z1 would have nothing extensive. Z1 stated he the left hip pain until 2/16/15. It R2's pain and found out that ave ordered an x-ray sooner defined the left hip had and nearly on	S9999			
	accident or injury, o resident, family or F Health Care, the att	Power of Attorney (POA) for tending physician is notified. In nticipated transfer or				

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