

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007322</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/25/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLA AT EVERGREEN PARK, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805</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>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>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</p> <p>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.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All</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
		03/11/15

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S9999	<p>Continued From page 1</p> <p>nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to follow the care plan and facility policy and procedure for safe transfer for one resident (R1) of three residents (R3, R4) reviewed for resident's injury. This failure caused R1 to sustain a fracture.</p> <p>Findings Include:</p> <p>R1 ' s medical record indicated an 82 year old readmitted to facility on 8/28/2012 with diagnoses including osteoarthritis and anemia. R1's " Care Card " kept behind R1 ' s bathroom door dated 2/16/2015 noted " two person assist with sit to stand equipment " . The Minimum Data Set (MDS) for R1 dated 1/28/2015 documented; two person extensive assistance for transfer. R1's care plan dated 1/28/2015 noted intervention for two person assistance for transfer with sit to stand machine.</p> <p>On 2/24/2015 at 10:30AM, R1 was cheerful and sat in a wheelchair in room with right leg in a cast and elevated on leg rest. R1 was alert and answered all questions appropriately. R1 said, E8, (Certified Nursing Assistant, CNA) picked her up under her arms and turned her around to sit her in wheelchair and her right foot was caught between the wheels and twisted.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Facility's incident report of 2/16/2015 documented E8 (Certified Nursing Assistant, CNA) transferred R1 from bed to wheelchair by himself when R1's right foot twisted. The right foot became swollen and R1 complained of pain. The facility's staff medicated R1 for pain and notified the Physician. An x-ray was ordered and done in the facility on 2/16/2015. The results revealed acute fracture of the distal tibia of the right leg. R3 was sent to the community hospital on 2/16/2015.</p> <p>On 2/24/2015 at 11:55AM, E6 (Restorative Nurse) stated on 2/16/2015, E8 transferred R1 alone when it should have been a two person transfer using the sit to stand machine. E6 further said E8 and all other CNAs are in-serviced on how to use the sit to stand machine for residents. E8 was not available for interview and E2 (Assistant Administrator) indicated E8 had been terminated.</p> <p>E3 (Director of Nursing, DON) interviewed E8, (Certified Nursing Assistant, CNA) on 2/17/15. E3 documented E8 transferred R1 by himself by holding R1 under the arms and placing R1 in the wheel chair. E8 then noticed R1 's " right foot was between the front wheel " .</p> <p>Facility's policy " Safe Handling Protocols " documented, "The caregiver at any time can increase the level of transfer from what is stated in the care plan based on the patient's ability to assist or comprehend the transfer (i.e. sit to stand transfer could be increased to a total lift transfer) however, the caregiver can never reduce the level of device used. "</p> <p style="text-align: center;">(B)</p>	S9999		
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