| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6009930 | A. BUILDING: _____ B. WING _____ | C 03/02/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BRIA OF WESTMONT | 6501 SOUTH CASS WESTMONT, IL 60559 |

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| S 000 | Initial Comments<br><br>Complaint Investigation 1871143/IL100457 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610a)<br>300.1210b)<br>300.1210d)6)<br>300.3240a)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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 | S9999 | Attachment A<br>Statement of Licensure Violations | |

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| S9999 | Continued From page 1<br>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:<br><br>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:<br><br>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.<br><br>Section 300.3240 Abuse and Neglect<br><br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)<br><br>These Regulations were not met as evidenced by:<br><br>Based on observation, interview and record review the facility failed to follow their Fall Prevenion Policy and failed to provide and implement Post Fall identified interventions for residents identified as High Risk for falls.<br><br>This failure affects 2 residents (R4, R5) reviewed for falls.<br>This failure resulted in R4 sustaining a scalp laceration requiring surgical glue repair. | S9999 | | |

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| S9999 | Continued From page 2<br>Findings include:<br><br>R4 was admitted to the facility 12/1/17 with diagnoses that include respiratory failure/tracheostomy dependant, Traumatic Brain Injury and Seizure Disorder.<br>Incident Reports dated 2/3/18, 2/25/18 and 2/27/18 indicate R4 fell out of bed on each of those dates.<br><br>Fall Incident Report dated 2/3/18 at 5:00pm indicates R4 was found on the floor next to his bed "on the side opposite the bed's one siderail."<br>Report indicates R4 was "repositioned away from the non-reinforced side."<br>Report does not indicate "Root Cause" of fall only that R4 has limited range of motion to bilateral upper and lower extremities.<br>Post Fall Intervention was identified as "(R4) benefiting from bed bolsters and floor mat for safety."<br><br>Fall Incident Report dated 2/25/18 at 12:25pm indicates R4 was found lying on his back towards right side, between bed and window with covers and wedge also on the floor.<br>Report indicates R4 with an air mattress on bed.<br>Witness Statement indicates R4 was last provided care at 11:00am, was positioned to the left facing window and that wedges were placed left and right side of R4.<br>Report indicates R4 sustained a laceration on scalp and was transferred to the hospital.<br>Report "Root Cause" indicates R4 has "behavior of pulling at (indwelling urinary catheter) and that (R4) has unstable bed mobility when behavior occurs."<br>Post Fall Intervention was identified as "(R4) would benefit from winged mattress to aid in safety when behavior occurs." | S9999 | | |

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Nurse Progress Note dated 2/25/18 at 6:33pm indicates R4 returned from the hospital. Hospital Discharge records dated 2/25/18 indicate R4 received treatment for head injury. Wound Note dated 3/1/18 at 2:00pm indicates R4 received a laceration (fall 2/25/18) top right side of head/scalp. Note indicates wound measures 0.9cm (centimeter) with surgical glue in place. R4 was seen in bed at that time and noted with purplish/red small left eyebrow bruise from fall 2/27/18.

Fall Incident report dated 2/27/18 at 11:30am indicates that R4 was noted on the floor next to the bed and closet and that the blankets and wedge were also on the floor. Report indicates that R4 sustained redness and slight bruising to left eyebrow. Report indicates R4 sent to the hospital for evaluation.

On 2/27/18 at 1:30pm, the bed in R4's room noted to be a "flat" air mattress, not "winged." R4 was not in the bed at that time as he had been transferred to the hospital due to fall earlier that day

On 2/28/18 at 9:40am, R4 was observed in a bariatric bed with a "flat" type air mattress. On 2/28/18 at 9:45am, V2, DON (Director of Nursing) stated that the mattress on R4's bed was not a "winged" type mattress. On 2/28/18 at 2:10pm V10, Restorative Nurse stated that she did not check to see that the "winged" mattress was in place on R4's bed before she put it on the care plan. V10 stated "That's totally on me."

On 2/28/18 at 2:15pm, V10, Restorative Nurse stated R4 was always pulling at his (urinary)

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catheter but it recently became more of a problem behavior. V10 stated that she ordered the "winged" mattress (on 2/25/18) but didn't check to see if it had been placed on the bed before she put it on the care plan. V10 stated R4 should have had the "winged" mattress from 2/25/18 to 2/27/18 and that the bariatric mattress would have been replaced by the "winged" mattress on 2/27/18 when R4 returned from the hospital.

Behavior identified post fall 2/25/18 was not identified on the care plan and no interventions were initiated to attempt to prevent the behavior causing unstable bed mobility. Winged mattress was identified to aid in safety when behavior already occurring, however winged mattress was never implemented and R4 fell out of bed again two days later on 2/27/18 sustaining a scalp laceration requiring hospital treatment.

2) MDS/BIMS (Minimum Data Set/Brief Interview for Mental Status) dated 12/18/17 indicates R5 scored 12/15.
On 2/27/18 at 1:40pm, R5 stated that the siderails were removed from her bed. R5 stated "I need my siderails. They said I don't need them anymore." At that time R5 stated that she spends most of her time in bed and used the siderails to help move from side to side and keep her from falling out of the bed. It was noted at that time that R5's bed was against the wall on right side, that R5 had an air mattress and that R5's bed had no siderails.
On 2/28/18 at 9:30am, R5 stated that she wasn't trying to sit up or get out of the bed when she fell and stated "I just rolled out toward the wall." R5 stated that her bed was not against the wall at

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| S9999 | Continued From page 5<br>that time and they didn't put the bed against the wall until she fell out of bed.<br><br>(Most recent) Side Rail Assessment dated 6/9/17 at 11:15am indicates R5 has difficulty with poor balance or trunk control; that R5 currently uses siderail for positioning, mobility or support; R5 expressed a desire to have siderails raised while in bed and that "Half side rails are indicated and currently used as an enabler to provide assitance with bed mobility."<br><br>Incident Report dated 2/25/18 at 1:45pm indicates that staff heard R5 calling for help from her room and upon entering the room found R5 on the floor on the right side of the bed. Report indicates R5 stated that she "slid out of bed." Report indicates air mattress at medium pressure and that R5 sustained a bruise and redness in right occipital area. Report indicates R5 was oriented to person, place, time and situation. Report Post Fall Inervention indicates R5 will be given a "winged" mattress to aid in bed mobility and that therapy will assist resident with new mattress.<br><br>Observation on 2/27/18 found R5 on a "non-winged" air mattress.<br>On 2/28/18 at 9:45am V2, DON (Director of Nursing) confirmed that R5 did not have a "winged" mattress on her bed.<br><br>Facility Policy/Fall Prevention dated 9/2017 indicates:<br>Care Plan to be updated with new intervention based on root cause analysis after each fall occurrence.<br><br>(B) | S9999 | | |