Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6001697 | A. BUILDING: _____ B. WING _____ | C 04/18/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHICAGO RIDGE NURSING CENTER | 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415 |

| (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<br><br>Complaint# 1892034\IL101428<br><br>Statement of Licensure Violations | S 000 | | |
| S9999 | Final Observations<br><br>300.690a)b)c)<br><br>Section 300.690 Incidents and Accidents<br><br>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.<br><br>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.<br><br>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 | S9999 | Attachment A<br>Statement of Licensure Violations | |

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| S9999 | Continued From page 1 | S9999 | | |

summary of each reportable accident or incident to the Department within seven days after the occurrence.

Findings include;

Based upon interview and record review the facility failed to notify IDPH (Illinois Department of Public Health) of a reportable incident/injury sustained by one of three residents (R4) reviewed for falls.

R4's (2/21/18) occurrence report states; resident observed lying on floor. Left forearm and wrist swelling. Were x-rays ordered? Pending at hospital.

R4's (2/21/18) progress notes state patient was admitted to hospital and diagnosed with acute kidney injury however x-ray results are not inclusive.

On 4/9/18 at 1:56pm, surveyor inquired if IDPH was notified of any reportable incidents/injuries concerning R4 V1 (Administrator) replied "No." Surveyor inquired if R4 sustained any fractures post (2/21/18) fall V1 responded "No."

R4's (2/22/18) left wrist x ray states; comminuted fracture the distal left radius.

R4's (3/4/18) discharge summary states patient was admitted to the hospital for orthopedic repair of left radius fracture.

The (undated) facility policy regarding unusual occurrence includes but not limited to; if a resident fall results in a serious injury, as defined by IDPH licensure regulations, the facility shall contact by phone or fax, the State Department of

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| S9999 | Continued From page 2<br>Public Health within 24 hours to notify officials of the incident and any related outcomes. A full written investigative report is required by the Department of Public Health within seven (7) days of the incident.<br><br>(C) | S9999 | | |