

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016497	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/22/2018
NAME OF PROVIDER OR SUPPLIER SOUTH SUBURBAN REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 19000 SOUTH HALSTED HOMEWOOD, IL 60430		
(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 Complaint Investigation 1891488/IL100834 1892779/IL102242	S 000			
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 300.3240a) 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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:	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

07/13/18

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S9999	Continued From page 1 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. 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) These requirements were not met as evidenced by: Based on interview and record review, the facility failed to prevent one resident (R4) from sustaining a fall out of a sample of three residents reviewed for falls, from a total of 22 sampled residents. This failure resulted in R4 sustaining	S9999			

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S9999	Continued From page 2 an injury to the head requiring sutures. Findings include: Facility data sheet documents R4 was admitted to the facility on 8/16/17 with the following diagnoses: Persistent Vegetative State, Tracheostomy, Gastrostomy, Respiratory Failure and Anoxic Brain Damage. On 6/19/18 at 10:29 AM V10 (family member) stated, "I received a call from the facility on 4/28/18 at 5:00 AM informing me R4 had a fall and had to be transferred to the emergency room for evaluation." V10 said, "I arrived at the facility and asked the nurse on duty what happened and was told the CNA (Certified Nurse Assistant) was providing care to R4 without assistance and R4 sustained a fall. I asked for the CNA's (Certified Nursing Assistant) last name and was told by the nurse that she could not provide that information until she spoke to her supervisor." V10 said, "The nurse on duty called the DON (Director of Nursing) who refused to speak to me until Monday. On Monday I received a call from the DON who stated she was not told by the nurse who called that I wanted to speak to her right away." V10 stated the DON did meet with her on Monday. On 6/20/18 at 11:15 AM V3 DON stated, "On the date in question I received a call from the nurse informing me R4 had a fall while staff was providing care. R4 was sent to the hospital and returned the same day with a laceration to the right forehead. I called the emergency contact and let her know we would be doing an investigation and could we meet on Monday as the incident occurred on the weekend. The family member agreed to allow us to finish the	S9999			

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S9999	Continued From page 3 investigation. I called the family to inform them of the results of the investigation." V3 said, "There is no reason why the nurse on duty could not give the last name of the CNA caring for R4, because our staff is required to wear their name badges. I provided the emergency contact with the full name of the CNA caring for R4." On 6/20/18 V9 CNA stated R4 was in bed and he was providing care. V9 said R4 has bed bolsters on both sides of the bed which he removed in order to provide care. V9 said, "I had one hand on R4 when she began making jerky movement and rolled over. I was not able to hold her and she rolled out of bed." V9 said he immediately called for the nurse on duty. Review of facility incident report form dated 4/28/18 documents V9 stated as he was repositioning R4 in bed he had one hand on R4 and reached back for an item. V9 stated R4 began to cough and then shifted away from him quickly and he was unable to prevent her from falling from the bed. An initial report was faxed to IDPH (Illinois Department of Public Health) on 4/28/18 at 7:51 AM and the final report was faxed to IDPH on 5/3/2018. Review of facility MDS (Minimum Data Set) dated 8/23/17 Section G Functional Status documents R4 Self-Performance for Personal hygiene indicates extensive assistance, ADL Support provided indicates 2 plus person physical assistance with hygiene. Review of facility care plan dated 8/27/17 documents R4 as high risk for falls.	S9999			

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