STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000137	A. BUILDING: _____ B. WING _____	C 06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOSTER HEALTH & REHAB CENTER	2840 WEST FOSTER AVENUE CHICAGO, IL 60625

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S 000	Initial Comments Complaint Investigation 2184180/IL134983 Facility Reported Incident of May 15, 2021 IL134181	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 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 300.1210 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	S9999		

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resident to meet the total nursing and personal care needs of the resident.
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 nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

These regulations were not met as evidenced by:

Based on interviews and record reviews, the facility failed to supervise a resident (R1) while on the toilet for 1 of 4 residents reviewed for falls. This failure resulted in R1 falling and sustaining a head injury requiring emergency room care and two staples to R1's posterior head.

Findings include:

R1's face sheet has diagnoses include, but are not limited to: difficulty in walking, abnormalities of gait and mobility, history of falling, dementia and muscle weakness. All listed diagnoses have an onset date of 2018, and were present on admission.

R1's Quarterly MDS (Minimum Data Set) Assessment, dated 4/15/2021, reads R1's cognitive skills for daily decision making are severely impaired. It also reads R1 requires extensive assistance with one person physical assist for toilet use and personal hygiene.

R1's comprehensive care plan reads R1 is cognitively challenged, initiated 1/04/2021. R1

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exhibits forgetfulness and confusion. R1 requires guidance and cues. R1 has impaired decision making, short and long term memory deficits. Cognitive skills for daily decision making is impaired. R1's comprehensive care plan also reads R1 is at risk for falls due to cognitive impairment, unsteady standing balance, unsteady balance during transitions and generalized weakness. Problem was initiated on 7/23/2020. It also reads R1 has impaired ability to ambulate due to generalized weakness, unsteady standing balance and cognitive impairment. Date initiated 7/23/2020. Interventions include "Give hands on assist," "Give verbal cues" and "Provide appropriate level of assistance to promote safety of the resident." All interventions were initiated 7/23/2020.

Surveyor reviewed facility's 'Fall During Staff' report, dated 5/15/2021 11:37 AM, prepared by V10 (Nurse). Report reads: "Called to shower room per CNA [Certified Nursing Assistant]. Resident observed with bleeding to back of head left side. Pressure applied bleeding stopped. Resident noted with small laceration to back of head. ..."

Surveyor reviewed facility's Incident Report Notification addressed to the Illinois Department of Public Health, dated 5/20/2021. Surveyor also reviewed V13's (Nurse) progress note dated 05/15/2021 at 3:52 PM. "Resident returned from emergency room with two staples to R1's left middle posterior head. Staples in place for 7 days."

On 6/16/2021 at 10:17 AM, surveyor interviewed V5 regarding the incident involving R1 on 5/15/2021. V5 stated V5 assisted R1 to the toilet in the shower room. V5 stated R1 was on a

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toileting program, and V5 wanted to toilet R1 prior to giving R1 a shower. At 10:18 AM, V5 asked surveyor to accompany V5 to the shower room to show surveyor the shower room setup, and demonstrate the events of the incident. Shower room is across the hall from R1's room. Shower room has a half separation wall parallel to the doorway to the hall. Immediately behind the half separation wall is the toilet. In front of the toilet is the shower. V5 stated V5 put R1 on the toilet and left V5 sitting on the toilet in the shower room. V5 then went around the separation wall to grab linens from the linen cart. V5 stated the linen cart was in the hallway but right at the doorway of the shower room. V5 stated when V5 returned to R1, R1 was sitting on the floor in between the toilet and the shower. V5 stated if it wasn't for the half separation wall, V5 would be able to see R1 from the linen cart. V5 stated V5 could not see R1 because the wall was dividing the doorway and the toilet. V5 stated V5 and V11 (Certified Nursing Assistant) assisted R1 up to the shower chair. V5 stated they both noted bleeding to the back of R1's head.

On 6/17/2021 at 10:43 AM, surveyor interviewed V12 (Restorative Nurse). V12 stated R1 is confused and needs frequent redirection. V12 stated R1 should be supervised at all times, including during toileting. V12 stated staff should not put R1 on the toilet and leave R1 unsupervised. V12 stated that is unacceptable. V12 stated R1 can fall because R1 is a high risk for falls. V12 stated R1 has unsteady balance and is unaware of R1's safety needs.

Reviewed V5's position contract and duties, signed 10/01/2019. It reads: "The Certified Nursing Assistant (CNA) is responsible for providing resident care and support in all activities

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S9999	Continued From page 4 of daily living and ensures the health, welfare and safety of all residents." Facility policy titled 'Assessing Falls and Their Causes' reads: "Preparation 1. Review the resident's care plan to assess for any special needs of the resident. ... 3. Assemble the equipment and supplies as needed." It continues to read: "5. Residents must be assessed in a timely manner for potential causes of falls. 6. Relevant environmental issues should be addressed promptly." (B)	S9999		