

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/26/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING AH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>715 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005</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
S 000	Initial Comments	S 000		
S9999	<p>Complaint: 2115069/IL136133</p> <p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.1010h) 300.1210b)d)2)3) 300.1220b)2) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER  <b>ROMEDICA SKILLED NURSING AH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>715 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005</b>
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S9999	<p>Continued From page 2</p> <p>by:</p> <p>Based on interview and record review, the facility failed to ensure a resident was transferred to an acute care hospital after a fall with injury for one of three residents (R1) reviewed for falls in the sample of six.</p> <p>This failure resulted in R1 remaining at the facility for approximately 39 hours, after a fall, with distal tibia and fibula fractures.</p> <p>The findings include:</p> <p>R1's Minimum Data Set (MDS) dated 6/22/21 shows she has moderate cognitive impairment and requires extensive assistance with bed mobility and transfers by two staff persons. R1's Fall Assessment dated 7/18/21 at 4:33 PM shows R1 was found in her room, on the floor after hearing her calling for help at 4:30 PM. R1 complained of pain to her right leg and her skin was opened on the right leg. The facility's Incident Description and Investigation dated 7/18/21 shows V5, Registered Nurse (RN) notified V4, R1's physician, about R1's fall at 4:45 PM on 7/18/21. R1's Physician Order Sheet (POS) shows V4 ordered a Right lower leg/ankle x-ray due to pain, STAT on 7/18/21 at 6:16 PM.</p> <p>R1's Progress Notes show R1 received extra strength pain medication at 5:20 PM on 7/18/21. On 7/19/21 at 10:13 AM, V6, RN, documented R1 complained of pain to her right leg and ankle when moved and touched. V6 noted swelling and discolorations to R1's right leg, applied an ice pack for swelling and gave extra strength pain medication.</p> <p>V7, R1's Nurse Practitioner's (NP) documentation</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>dated 7/19/21 at 5:22 PM, shows R1 complained of right leg pain at a level 5 out of 10. V7 noted right lower leg swelling and bruising and ordered bed rest, apply ice pack, and again ordered an x-ray of the right leg.</p> <p>R1's Radiology Results Report shows her Right lower extremity bones (Tibia and Fibula) X-ray was done at 5:20 PM on 7/19/21 and reported at 7:33 PM on 7/19/21. Conclusion: Acute distal tibia and fibula fractures.</p> <p>R1's Progress Notes dated 7/19/21 at 10:57 PM show the nurse paged V4 and was waiting for his return call. No further attempts to reach V4 were documented throughout the night. On 7/20/21 at 6:29 AM, V6 documented receiving a call from V4 with orders to send R1 to the hospital for evaluation. V6 documented ambulance pick up and transport of R1 at 7:50 AM on 7/20/21.</p> <p>On 7/26/21 at 1:07 PM, V3, Director of Nursing (DON) said they were waiting for x-ray to come and they finally came and did R1's X-ray on Monday (7/19/21) around 5 PM. V3 said she does not know why the nurse waited over 7 hours for the doctor to return her call before sending R1 to the hospital after x-rays showed R1 had two broken bones. V3 said the nurse is able to send the patient to the hospital without a doctor's order.</p> <p>On 7/26/21 at 2:30 PM, V4, R1's physician, said he sent R1 to the hospital Tuesday morning (7/20/21) as soon as he found out about the fractures.</p> <p>On 7/26/21 at 9:39 AM, V8, Licensed Practical Nurse (LPN) said STAT x-rays are done the same day they are ordered, and results are back the same day. V8 said she would send a resident to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the hospital any time of the day or night if there were color changes of their skin. V8 said she could send the resident to the hospital without a doctor's order.</p> <p>On 7/26/21 at 9:48 AM, V9, RN, said STAT X-rays are done and resulted the same day they are ordered. V9 said it is never too late to send a resident to the hospital; she can send a resident to the hospital anytime it is necessary and does not require a physician's order.</p> <p>(B)</p>	S9999		