

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2021
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NAME OF PROVIDER OR SUPPLIER HOLY FAMILY VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 60464
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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 Facility Reported Incident of May 20, 2021 IL 134391	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</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> <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>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.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide direct supervision for a resident during toileting as outlined in the resident's comprehensive care plan. This failure affected one of four residents (R3) reviewed for falls. As a result, R3 had injuries from the fall and was transferred to a local hospital via emergency services (911) and diagnosed with right patellar fracture and frontal scalp hematoma.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R3 is a 79 year old female, originally admitted on 6-1-2021, with medical diagnosis that include, and are not limited to: Alzheimer's disease, anxiety disorder, major depressive disorder and cognitive communication deficit.</p> <p>Fall Risk Assessment, dated 6/1/2021 during admission, completed with score of 11.0, high risk for falls. (any results higher than 10 indicates the patient is a high risk for falls).</p> <p>Care Plan, initiated 6/01/2021, reads Staff is to remain with R3 while she is being toileted.</p> <p>Minimum Data Set (Assessment), dated 6/4/2021, documents R3 requires extensive assistance for transfers and toileting of two person's physical assistance. R3 has a Brief Interview for Mental Status (BIMS) score of 9 (moderately impair cognition).</p> <p>R3's progress notes, dated 6/26/2021 at 1:00PM, by V12 (Charge Nurse) documented R3 was assisted by V13 (Certified Nursing Assistant) to the bathroom. V13 said, "I put the wheelchair outside (R3's) room to discourage (R3) from getting up without assistance." R3 was observed on the bathroom floor. Observed bruise with big bumps and a cut with blood on left side above the eyebrow.</p> <p>6/26/2021 X-Ray of right knee completed at a local hospital with diagnosis of patellar fracture and CT of the head diagnosed with large frontal scalp hematoma measuring 7 X 6cm.</p> <p>On 7/01/2021 at 10:15am, V12 (Charge Nurse) said, "(V13) (Certified Nursing Assistant, CNA)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>left R3 on the toilet unattended. (R3) is a high risk for falls. I know (R3) needs help from staff to walk and transfer. (R3) is wheelchair bound and with intermittent confusion. I would not have expected (V13) to leave (R3) in the bathroom alone, unsupervised."</p> <p>On 7/01/2021 at 10:32am, V13 (CNA) said, "After I helped (R3) on the toilet, I gave her the call light, and told (R3) don't forget to call me, and I went out of the room. When I came back to see how (R3) was doing, (R3) was face down on the floor. There was blood from a cut (R3) had on the forehead. I should have stayed in the bathroom with (R3) for (R3's) safety."</p> <p>On 7/1/2021 at 12:35PM, V4 (Assistant Director Of Nursing) stated, "(V12) told me that (R3) had a fall in the bathroom and that (V13) put R3 on the toilet and gave her the call light, leaving (R3) alone. My expectation is that (R3) should not have been left alone in the bathroom due to her limited cognition. (R3) is only alert and oriented times 1-2 with intermittent confusion."</p> <p>Facility's Policy "Fall Prevention and Management", dated 11/2018, reads to ensure that it provides an environment that is free from hazards over which the facility has control and the resident receives appropriate supervision to prevent avoidable accidents.</p> <p>(B)</p>	S9999		