

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/16/2021
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NAME OF PROVIDER OR SUPPLIER LANDMARK OF DES PLAINES REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016
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S 000	Initial Comments Complaint Investigation 2190871/IL130839	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.690c) 300.1210c) 300.1210d)6) 300.1220b)3) 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 300.690 Incidents and Accidents 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,	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>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 summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>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>3) Developing an up-to-date resident care</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow its fall prevention and management policy to complete fall assessments after each fall, failed to revise and implement additional individualized care plan interventions to prevent future falls, and failed to notify the State Agency within 24 hours after a fall with injury. This deficiency affects two (R5, R6) of three residents reviewed for fall prevention program.</p> <p>This failure resulted in R5 being sent out to the hospital a second time after a fall and receiving stitches to her right eyebrow.</p> <p>Findings include:</p> <p>1. On 2/9/21 at 9:49am R5 observed in bed sleeping. She has floor mat and bed is not on lowest position. Bed height is above the knee. Observed gold star marked on her name by the door. (indicated on fall prevention program).</p> <p>On 2/9/21 at 9:59am called V25 Licensed</p>	S9999		

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LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

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S9999	<p>Continued From page 3</p> <p>Practical Nurse (LPN) to R5's room. Observed R5's bed raised above knee level. R5 has on low bed with floor mat on side of the bed. Housekeeping aide inside the room cleaning. V12 Certified Nurse Assistant (CNA) explained that housekeeping raises the bed when she is cleaning the room so she could clean underneath the bed.</p> <p>R5 had multiple unwitnessed fall incidents dated: 1/28/21, 1/29/21 and 2/5/21. Active care plan for risk of fall given by V2 DON indicated: Intervention updated on 1/28/21- Encourage R5 to ask for assistance when wanting to sit on the edge of the bed and floor mats by the bed. On 1/29/21- R5 was sent to ER for CT scan and lab work. She returned from hospital on the same day, care plan was not revised and no implementation of additional individualized intervention to prevent other falls based on root cause analysis review. Care plan was not updated after she fell on 2/5/21.</p> <p>Review of R5's fall assessment after each fall incident with V2 DON and V29 Restorative Nurse showed no fall assessment was done for R5 for post fall incident on 1/29/21.</p> <p>R5 had unwitnessed fall with injury on 2/5/21, she was found on floor next to her bed. She sustained laceration on right upper eyebrow with bleeding. She was sent out to hospital for evaluation and treatment. She returned to the facility on the same day. She received stitches to her right eyebrow. V1 Administrator completed reportable fall incident with injury dated 2/7/21 and transmitted to IDPH (Illinois Department of Public Health [State Agency]) via fax on 2/8/21 at 1:37pm. Facility failed to notify IDPH within 24 hours after a fall with injury, per policy. V1</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>completed the final report on 2/11/21 and transmitted to IDPH after surveyor asked for the investigation follow up after the fall. R5 was placed on 1:1 supervision for safety after the completion of final report on 2/11/21. No new interventions were implemented from 2/5/21 to 2/11/21.</p> <p>2. On 2/9/21 at 10:22am observed R6 sleeping in bed. She is not on low bed. No floor mat on floor. Gold star marked on her name by the door (indicated fall prevention program). V28 Registered Nurse (RN) stated that she is the assigned nurse for R6. She does not know if R6 is on fall precaution or on fall prevention program.</p> <p>On 2/10/21 at 10:38am V29 Restorative Nurse stated that she is making round to check that residents on the list for the falling prevention program (falling star) have the gold star marked on their name by the door. She just updated the list. The units do not have list of residents on fall prevention program. V29 stated that resident on fall prevention program and on fall precaution should reflected on care plan.</p> <p>On 2/11/21 at 10:02am V32 Agency CNA stated that she does not know if R6 is on fall precaution or fall prevention program. V33 RN stated that R6 was on low bed and floor mat when she was in 3 West unit. R6 is currently on standard bed, no floor mat on each side of the bed. V32 CNA and V33 RN searched the room and cannot find floor mat. V32 raised R6's bed while getting ready to provide care, she left the room to get face shield on 1st floor. Called V33 and showed R6 bed in higher position (waist level) when V32 left the room. V33 stated I will lower the bed. She donned PPE and lower the bed.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R6 had unwitnessed falls dated 12/11/20 and 1/31/21. Active care plan for fall risk given by V2 DON indicated intervention: Falling star program. Bed in low position. Care plan intervention updated on 1/31/21 post fall- Encourage R6 to call for help when wanting to get out of bed. Per MDS assessment, R6 has short term and long term impairment and has severe cognitive impairment. Care plan does not reflect resident needs. No care plan implemented after 12/11/20 fall incident.</p> <p>Facility's fall prevention and management policy indicated: Fall prevention protocol: Risk assessment I. Fall risk assessment is completed: D. Post fall III Fall prevention: B. Implement individualized approaches/interventions based upon resident risk 2. Approaches/interventions should focus on risk factors identified. IV. Falling indicator program A. Resident who are assessed at high risk for falls, have has multiple falls or have had a significant fall within the last six months may be included in the fall indicator program C. Care plan may be updated to reflect that the resident status D. Staff should visually check residents to ensure safety, assist with care needs and prevent unsafe transfers whenever possible V. Care plan A. 1. Intervention to prevent falls B. 2. Evaluation of the intervention is completed 2. Post fall 3. Interventions are modified as indicated based upon evaluated efficacy of the intervention. Post fall management protocol VI Implement additional interventions to reduce risk A. Fall prevention strategies/interventions may be used as a guide to develop appropriate interventions V Notification of the state when indicated A. If the fall results in a serious injury, the IDPH is notified</p>	S9999		

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S9999	Continued From page 6 within 24 hours or as soon as possible VI Documentation B. Fall risk and care plan are reviewed and updated. 1. Completed fall risk assessment 3. Review intervention to prevent falls 4. Revise or implement additional individualized interventions as appropriate (B)	S9999			