Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: ______ B. WING ______	R-C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS EAST	**7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463**

(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 A First Revisit Survey to Complaint: 2091797/IL120824 of 11/10/20 Also cited on 2098754/IL128401 - F689 G, & FRI of 7/7/20/IL126115 - F689 G, conducted on 1/21/2021	{S 000}		
{S9999}	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	{S9999}	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: ____ B. WING ____	R-C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS EAST	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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
{S9999}	Continued From page 1	{S9999}		

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:

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: ______ B. WING ______	R-C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS EAST	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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
{S9999}	Continued From page 2	{S9999}		

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.

These Regulations were not met as evidenced by:

Based on interview and record review, the facility failed follow their fall algorithm and develop a plan of care to include supervision and interventions to reduce or prevent the risk of falling and strategies to prevent future falls for 1 of 4 (R3) residents reviewed for fall and fall prevention protocol. This failure resulted in R3 having multiple falls subsequently resulting in a fall to the floor sustaining a left hip fracture.
Findings Include:

R3 was admitted with the diagnosis of Dementia with behavior disturbance, delusional disorders, generalized muscle weakness, Anemia, history of falling, difficulty walking, restlessness and agitation. R3's minimal data set dated 12/05/2019 documents: R3 had a brief interview for mental status score of ten which indicate moderated impairment. Section G (functional status) documents: R3 required limited assistance with one person physical assist with locomotion on the unit. R3's balance during transitions and walking was not steady without staff assistance. R3 had impairments bilaterally for the lower extremities. Walking in the room or corridor did not occur.

On 1/13/2021 at 1:07pm, V9 (nurse) said, R3's family told the facility, R3 was a fall risk. I did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: ____ B. WING ____	R-C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS EAST	**7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463**

(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
{S9999}	Continued From page 3 see the actual fall on 2/18/19 On 1/15/2021 at 2:58pm, V16 (unit manager) said, R3 was at high risk for falls on admission due a diagnosis of Dementia, Anxiety, muscle wasting, history of falls at home, medication usage and behavior problems. R3 could not have been expected to remember to call for help based on her cognition. R3 would not wait for assistant based on her anxiety. R3's interventions that were put in place for the falls on 2/12, 2/18, 3/6, 8/21 and 12/3 were not effective to prevent future falls. Interventions are put in place to prevent future falls. R3's fall incident on 2/12/2019 does not document R3 was reaching for anything. On 1/19/2021 at 2:16pm, V17 (nurse) said, R3 was at high risk for falls. R3 would try to get up from the wheelchair with an unsteady gait without locking the wheelchair. R3 did not use the call light. R3 would forget she had the call light on her side. R3 would only remember instruction for a second. I don't remember the incident on 3/6/19 use my charting as a factual documentation. On 1/20/2021 at 4:26pm, V18 (nurse) said, R3 required supervision. R3's short term memory was not intact. R3 had a fall on 8/21/2019 that resulted in fracture. R3's wheelchair was lodged between bed and the dresser. R3 got up and fell. I don't know what (FYI) means as a fall intervention. I don't know what happen with R3's fall on 12/3/2019. R3 was usually trying transfer self. Progress note dated 2/12/2019 documents: R3 was observed lying on floor next to the bed. R3 had a small hematoma to right side of the forehead. R3's fall incident dated 2/12/19 documents: R3 had cognitive impairment,	{S9999}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: ______ B. WING ______	R-C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS EAST	**7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463**

(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
{S9999}	Continued From page 4 difficulty maintaining sitting balance and standing position, decline in functional status, history hip fracture and low levels of physical activity. R3's care plan initiated on 2/12/2019 documents: R3 is at risk for falls due to decline cognition, history of falls, incontinence, muscle weakness, difficulty walking, impaired vision and use of psychotropic medications. Intervention initiated on 2/12/2019 was fall risk (FYI) and have commonly used articles within easy reach. Progress note dated 2/18/2019 documents: Staff noted another female resident assisting R3 with reposition in wheelchair when R3 fell forward. R3's fall incident dated 2/18/2019 documents: Another resident was attempting to help R3 move her wheelchair when R3 fell forward on the floor before staff could be warned to assist. R3 was unable to recall the event. Risk factor: R3 has poor sitting balance. R3 has poor safety awareness, loss of arm or leg movement, musculoskeletal problems and fatigue weakness. Summary of critical information: Both residents have cognitive impairment and were not aware of their limitation. R3's care plan intervention initiated 2/18/2019 documents: R3 will be seated within reachable distance. Progress note dated 3/6/2019 documents: R3 was yelling for help. R3 was noted on the bathroom floor in the toilet. Summary of critical information: R3's fall incident dated 3/6/2019 documents: R3's disease and conditions: syncope. Physical limitation documents one leg appears shorten then the other. R3 risk factors for potential falls: cognitive impairment, poor judgement for safety due to Dementia. Root cause: R3 went to the bathroom without help and fell. R3 did not realize her limitation due to cognition impairment. R3's care plan intervention	{S9999}		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010912	A. BUILDING: ______ B. WING ______	R-C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF PALOS HEIGHTS EAST	7850 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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
{S9999}	Continued From page 5	{S9999}		

initiated 3/6/2019 documents remind R3 to call for assistance.

Progress note dated 8/21/2019 documents: R3 was standing at the foot of her bed with wheelchair next to R3. R3 slipped to the floor before staff could reach R3 resulting in left hip fracture. R3's fall incident dated 8/21/2019 documents: R3 was standing by bed holding on to the foot of the bed and slid down before staff could reach R3 due to the wheelchair being between R3 and staff. R3's care plan intervention initiated 8/28/2019 documents monitor limbs for swelling, skin changes, signs and symptoms of hip fracture complications, infection and pain. Hospital paperwork dated 8/22/2019 documents: R3 presents with pain in the left hip. R3 fell out of the wheelchair. R3 has a closed displaced intertrochanteric fracture of the left femur (hip).

Progress note dated 12/3/2019 documents: Resident was observed lying on floor in her room. R3's care plan intervention initiated 12/4/2019 documents: Accompany to room for needs.

Fall algorithm dated 2011 documents: Develop/revise care plan and implement ongoing fall prevention strategies.

(B)