

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/10/2021
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NAME OF PROVIDER OR SUPPLIER CLARIDGE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 JENKISSON LAKE BLUFF, IL 60044
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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		
	Facility Reported Investigation (FRI) of 03/06/2021 / IL00131558			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)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		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>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 requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a cognitively impaired resident was supervised while seated in a shower chair for one of three residents reviewed for falls in the sample of three. This failure resulted in R2 falling from the shower chair sustaining sutures to her forehead.</p> <p>The findings include:</p> <p>R2's computerized face sheet showed diagnoses including dementia, Parkinson's disease, muscle weakness, and diabetes. R2's facility assessment dated 12/13/20 showed R2 is severely cognitively impaired and requires total staff assistance with bed mobility, transfers, dressing, eating, and personal hygiene. The assessment also showed R2 has both upper and lower body impairments.</p> <p>On 3/10/21 at 11:00 AM, R2 was lying in bed and</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>lightly sleeping. R2 had yellowish-purplish bruising around both of her eyes and they were swollen shut. The left eye bruising was the size of a golf ball. R2's right eye bruising was completely covering the eye and extending up into her forehead, covering an area the size of a soda can. R2 had multiple stitches over the right eye in the shape of a letter L, which was the size of a large egg. The stitches had dark, black scabbing over them. R2 moaned softly when spoken to but was unable to speak clearly, or understand questions. V1 (Director of Nurses) was present in the room and lifted R2's bedding to expose her legs and abdomen. R2 began suddenly shaking and trembling in her arms and legs. V1 stated, "Yes that is normal for her. She routinely has tremors due to her Parkinson's disease." R2's tremors continued throughout the entire observation.</p> <p>On 3/10/21 at 10:00 AM, V3 (Licensed Practical Nurse) stated R2 is bed bound, non-verbal, and not alert to her surroundings. V3 said R2 has tremors that come on sudden and quick. V3 said R2 should be continually supervised if she is not lying down in bed or reclined in a high back wheelchair. V3 said R2 has no upper body trunk control and is non-weight bearing.</p> <p>On 3/10/21 at 11:20 AM, V4 (Certified Nurse Aide) stated she was working the 11 PM to 7AM shift the morning of 3/6/21. V4 said R2 was transferred into a shower chair next to her bed at around 6:45 AM. V4 said she left the resident room to pick up clean linens. V4 said when she returned R2 was lying face down on the floor and bleeding from her head. V4 said R2 shakes a lot and it has been increasing lately. V4 said the shaking especially increases during cares and when medications are given. V4 said R2 needs</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>full care and a lot of supervision.</p> <p>R2's local hospital emergency room medical record stated, "(R2) brought in by EMS from nursing home for unwitnessed fall. Per EMS, patient was found on the floor. Patient hit the corner of the dresser and sustained forehead laceration." The emergency room record stated, "first assessed on 3/6/21, present on hospital admission, right forehead anterior, full thickness laceration."</p> <p>R2's facility re-admitting assessment dated 3/8/21 showed, "3/6/21 s/p (status post) right forehead laceration #8 sutures (eight)."</p> <p>The facility's undated Falls Prevention Policy states, "It is our goal to promote resident safety, and independence and to prevent the life threatening dangers of falls."</p> <p style="text-align: center;">" B "</p>	S9999		