

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA REHAB &amp; SENIOR CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2833 NORTH NORDICA AVENUE CHICAGO, IL 60634</b>
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S 000	Initial Comments  Complaint Investigation:  2182922/IL133379	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1010h) 300.1210b) 300.1220b)3) 300.3240a)  Section 300.1010 Medical Care Policies  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.  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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	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>care needs of the resident.</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 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>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. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and records reviewed the facility failed to prevent serious injury for one resident (R3) reviewed for unknown injury in a sample of 3 residents. This failure affected R3 who was found with swelling and bluish discoloration of the right lower leg. This failure resulted in R3 being sent to the hospital and suffering pain. R3's hospital X-ray showed</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>transverse fracture of the tibia and fracture of the fibular neck.</p> <p>Findings include:</p> <p>R3 is 83-year-old with diagnosis including Spinal Stenosis, Peripheral Vascular Disease, Type 2 Diabetes without complications, Blindness Right Eye, Absolute Glaucoma Right Eye, Vascular Dementia without Behavioral Disturbances, Essential Hypertension, Hyperlipidemia, and repeated falls. Diagnosis obtained from R3's face sheet provided by facility on 5/19/21. R3's transfer status prior to 4/24/21 according to her undated care plan states requires 1 staff assistance with transferring. Risk Management forms completed note R3 sustained falls on 2/5/21; 2/25/21; 3/5/21; 3/19/21; and 5/12/21.</p> <p>R3 observed by surveyor on 5/18/21 in her bed with eyes closed covered with blankets. On 5/19/21 R3 observed in her bed with right leg wrapped in soft splint with ace bandage from base of toes to knee. No bruising visible on toes. R3 resting with eyes closed. According to V11(CNA), R3 can talk but is nonsensical.</p> <p>During an interview on 5/18/21 at 12:00PM, V5 (Fall/Restorative Nurse) said before R3's fracture she could stand.</p> <p>During an interview on 5/18/21 at 1:43PM, V4 (Orthopedic Physician) said R3 was seen in his office and has a proximal tibiae fracture and fibulae fracture. V4 stated, "This fracture would be caused by force in a person (R3's) age and condition. She would have had to bump her leg hard enough to fracture. In my medical opinion, this would not have occurred unnoticed. In her record, I did not see she has a diagnosis that</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>makes her bones prone to breaking. The diagnosis of Diabetes and Peripheral Vascular Disease do not make her prone to suffer from fractures. When I initially saw her (4/30/21) this fracture had been present for 2 to 5 weeks. The facility told me it happened 5 or 6 days ago, that is why she was sent to me. She is now non-weight bearing to that leg. I am concerned that the facility delayed in identifying and treating the fracture. She is having significant pain with this fracture. The resident and her daughter were unable to tell me what happened to cause the fracture."</p> <p>During an interview on 5/19/21, V13 (CNA) said on 4/25/21 at around 4:45AM while doing rounds she heard R3 moaning. V13 said this was the first time on the shift she saw R3's leg. She said she saw R3's bruise on her leg was yellow/greenish in color. V13 said she reported to the nurse immediately. V13 said she was the only CNA assigned to R3 that shift. V13 said she did not see R3 hit her leg. V13 said before the fracture R3 was able to stand with assistance and turn, now she is a mechanical lift for transfers.</p> <p>During an interview on 5/19/21 at 9:45AM, V10 (Registered Nurse) said when she worked with R3 on 4/24/21 she was fine without a bruise. V10 said when she returned to work on 4/25/21 the night nurse told her she found a bruise on R3. V10 said R3 used to wheel herself around in her wheelchair. V10 said she spoke with V11 (CNA), who worked 12 hours on 4/24/21 and asked her what happened to R3. V10 said that V11 told her R3 did not fall while she was working. V10 also said "(R3) did not fall while I was working." V10 said she notified the doctor and orders for an X-ray were obtained and completed. V10 said she did not see R3 bump into anything.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>During an interview on 5/19/21 at 10:30AM, V9 (Assistant Director of Nursing) said on 4/25/21 she was working and assessed R3's leg. She said it was blue and swollen below the knee. V9 said "I had seen (R3) on 4/24/21 and she was her normal self, wheeling herself around in her wheelchair." V9 said she spoke with V11 and was told V11 gave R3 a shower on 4/24/21 and she had no bruising on her leg at that time. V9 said in the evening of 4/25/21 x-ray results were received showing a fracture. V9 said she was not able to find a cause of the fracture. V9 said R3 had increased pain on 4/27/21 so she was sent to the hospital for further evaluation.</p> <p>During an interview on 5/19/21 at 11:11AM, V2 (Director of Nursing) said R3 was documented to have been restless and wheeling herself in her wheelchair the day before the bruise was reported (on 4/24/21).</p> <p>During an interview on 5/19/21, V11 (CNA) said "I was assigned to (R3) on 4/24/21 and 4/25/21. On 4/24/21 I worked from 7:00AM to 7:00PM." V11 said "I gave her bath and she had no bruising on 4/24/21 or I would have reported and documented it. On 4/24/21 we kept her in her wheelchair for dinner to supervise her and then I assisted her into bed between 6:00PM and 6:30PM, there was nothing on her leg at that time. I did not see her bump her leg on anything. When I came in the morning of 4/25/21, the night shift CNA (V13) said R3's leg is swollen." V11 said she looked at R3's leg and it did not look like that when she left her on 4/24/21. V11 said, "On 4/25/21 R3 moved a lot and said it hurt when she moved it."</p> <p>During a phone interview on 5/19/21 at 1:40PM,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>V17 (R3's daughter) said she is the Power of Attorney for health care for R3. V17 said she was told R3 has a bruise on 4/25/21 and an x-ray was being ordered. She said, "The nurse in the Emergency Room told me my mother has a fracture in her leg." V17 said the facility has not told her what caused the fracture in her mother's leg. She said "I took my mother to her orthopedic appointment on 4/30/21 and saw her right leg it was red, black, blue, and yellow with several shades of bruising. She was in severe pain." V17 said before the fracture her mother was not able to stand or walk without assistance and cannot recall events. V17 said "I am concerned with the number of falls my mother has had at the facility."</p> <p>During an interview on 5/19/21 at 2:54PM, V20 (RN) she said it was usual behavior for R3 to attempt to self-transfer. V20 said she has been assigned to R3 in the past and R3 is familiar with her. V20 said that on 4/24/20 "I entered the room on 2 occasions and saw R3 with her legs hanging off the end of the bed. I physically placed her legs back in the bed." V20 said during this shift R3 required much redirection and V11 was supervising and redirecting her. V20 said, "I did not see R3 bump her legs on anything. On 4/25/21 when I came to work the off going nurse reported that R3 had bruising on her right leg. I went in to see her right leg it was swollen and bruised dark blue several inches below her knee." V20 said she saw V14 (CNA) go into R3's room the evening of 4/24/21 and then V20 said she went into the next room to assist another resident. V20 said she heard V14 telling R3 to get up and then she heard R3 cry out, "like an ahhh.". V20 said she asked V14 what happened to cause R3 to cry out and V14 responded she asked R3 to get up, but she didn't want to. V20 said she did not know how R3 fractured her leg.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>During an interview on 5/20/21 at 9:44AM, V14 (CNA) said she was assigned to R3 on 4/24/21. V14 said around 5:45PM or 6:00PM she went to check R3 and she would not stand. V14 said "(R3) did not have the energy to lift herself. She wasn't talking but when she talked, she was confused and she seemed out of it." V14 said it was unusual that R3 was acting this way. V14 said she does not recall that R3 cried out when she was in the room with her on 4/24/21.</p> <p>During an interview on 5/20/21 at 10:31AM, V15 (RN) said V13 (CNA) reported to her around 5:00AM on 4/25/21 that R3's leg was red and swollen. V15 said R3 had slept well and had no attempts to get out of bed. V15 said when she looked at R3's leg the bruise "was about the size of my hand". V15 said V13 said she was not aware of what happened to cause the bruise.</p> <p>During an interview on 5/20/21 at 11:59PM, V18 (Assistant Administrator) said the unit [where R3 resides] has 2 cameras facing the hallway. V18 said we have access to review the camera footage. V18 said, "I or (V1) would have been notified if we need to review the camera footage. The nurses do not have access to review the camera footage." V18 said he was not asked to review the footage from 4/24/21 into 4/25/21 morning hours. V1 (Administrator) said she did not review the footage from 4/24/21 into 4/25/21 morning hours to investigate the cause of R3's fracture.</p> <p>During an interview on 5/20/21 at 12:45PM, V2 (Director of Nursing) said before her fracture R3 was a 1 person assist for transfers and currently R3 is a mechanical lift for transfers.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>Review of Skin Event dated 4/25/21 completed by V15, notes leg below the knee is swollen with slight bluish discoloration about 10x6 cm, painful to touch. It is unknown how it happened.</p> <p>Review of Progress Note dated 4/25/21, notes R3 seen with bruise with swelling on the right lower leg. Unknown cause. Resident unable to state what happened due to confusion and forgetfulness. Norco given with minimal relief.</p> <p>Review of Progress Notes on 4/27/21 states R3 transferred to hospital at 1:31PM. Returned to facility at 7:27PM.</p> <p>Review of Progress Notes on 4/28/21 notes R3 screams with pain with slight movement.</p> <p>Review of Progress Notes on 4/30/21 note. R3 was seen by V4 with orders for non-weight bearing and a long leg splint to be worn at all times.</p> <p>Review of R3's X-ray of the right tibia and fibula report dated 4/27/21 states:</p> <p>Findings: Subacute appearing transverse fracture of the tibial diaphysis with disassociation of the metaphysis from the diaphysis with minimal displacement. Nondisplaced fracture of the fibular neck. Chronic healed fractures of the distal tibial and fibular diaphysis.</p> <p>Impression: 1. Subacute fracture of the proximal tibial diaphysis 2. Nondisplaced fracture of the fibular neck.</p> <p>On 5/19/21 at 11:11AM and 2:00PM surveyor requested the written witness statements used in the investigation for review. The facility did not</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>provide the statements. At 2:45PM the facility provided a typed document "Investigation Summary." There is no cause of the fracture listed on this document.</p> <p>Review of the facility's undated Final Report provided to IDPH on 4/30/21 notes "upon investigation [R3] propels wheelchair herself around and bumps her legs into different objects which probably may cause this issue." No document reviewed for 4/24/21 indicated R3 had bumped her leg. No staff reported R3 seeing R3 bump her leg on 4/24/21. V11 said R3 did not have a bruise on her leg when she put her to bed on 4/24/21.</p> <p>Review of the facility Abuse and Neglect Policy last update: 10/24/19 notes Injuries of unknown origin: an injury of should be classified as an injury of unknown source when both of the following conditions are met: 1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident. 2. The injury is suspicious because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries over time.</p> <p>The facility policy for Accident and Incident - Investigating and Reporting revised 2/2016 states Investigation information is documented for follow up care, any required reporting, corrective action and/or education needs.</p> <p style="text-align: center;">(B)</p>	S9999		