

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2022
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NAME OF PROVIDER OR SUPPLIER BETHANY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4950 NORTH ASHLAND CHICAGO, IL 60640
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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 Complaint Investigation: FRI of 3/20/22 -IL145177	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.710 a) 330.780 b) 330.780 c) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.780 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. 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 330.785, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a	S9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BETHANY HOME

**4950 NORTH ASHLAND
CHICAGO, IL 60640**

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S9999	<p>Continued From page 1</p> <p>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>These regulations were not met as evidenced by:</p> <p>Based upon record review and interview the facility failed to ensure that serious incident resulting in injury was reported to IDPH (Illinois Department of Public Health) within 24 hours for one of three residents (R2) reviewed for falls. On 3/19/22, R2 fell and sustained an abrasion, laceration and blunt head trauma.</p> <p>Findings include:</p> <p>R2's IDPH incident notification form - Initial Report includes unwitnessed fall. Date of Incident: 3/19/22. Time: 4:04pm. Resident found on prone position. Noted left knee laceration and abrasion left cheek. Sent to ER (Emergence Room) Date: 3/19/22. Time: 4:20pm. Report Completed Date: 3/21/22 [2 days after the incident occurred]. R2's (3/21/22) final IDPH report states back from ER with discharged diagnosis blunt head trauma.</p> <p>On 3/21/22 at 4:00pm, IDPH was notified of R2's (3/19/22) incident/injuries via email [2 days after the incident occurred].</p> <p>On 3/29/22 at 11:55am, V6 (Assistant Administrator) affirmed that she's responsible for reporting incidents/accidents to IDPH. Surveyor</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>inquired about the regulatory requirement for reporting incidents/accidents V6 stated, "It's my understanding that if there's an injury it has to go to IDPH within 24 hours." Surveyor inquired about R2's (3/19/22) fall V6 responded, "Honestly, that I don't know. I just get handed this (referring to the IDPH Incident Notification Form) from the Nurse and send it out, I don't look at what days. I was told to just send it in." Surveyor inquired if V6 works weekends V6 responded, "No, I'm Monday through Friday from 7am-4pm" [R2's 3/19/22 incident occurred on Saturday]. Surveyor inquired if there's a Designee who reports serious incidents/accidents to IDPH when R6 is off duty V6 replied, "Not that I know of."</p> <p>On 3/29/22 at approximately 2:30pm, surveyor inquired if there's a designee (besides V6) who reports serious incidents/accidents to IDPH. V1 (Administrator) affirmed there is not.</p> <p>On 3/30/22 at 1:05pm, surveyor inquired about potential harm to a resident that sustains an unwitnessed fall V8 (Medical Director) stated. "Potential harm is too vast, from simple laceration to even bleeding in the brain and they can die."</p> <p>The fall prevention policy (revised 10/22) states IDPH will be notified of any "serious" incidents or accidents that cause physical harm or injury to a resident. The facility shall fax or telephone the Regional Office within 24 hours after each reportable incident or accident.</p> <p>(C)</p>	S9999		