Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6012967 05/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigations: 2293086/IL146003 2292899/IL145758 S9999 **Final Observations** S9999 Statement of Licensure Violation: 300.610a) 300.1010h) 300.1210d)2)6) Section 300.610 Resident Care Policies 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 300.1010 Medical Care Policies 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 Attachment A of five percent or more within a period of 30 days. Statement of Licensure Violations The facility shall obtain and record the physician's plan of care for the care or treatment of such

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	accident, injury or close of notification.	hange in condition at the time				
9	Section 300.1210 (Nursing and Person	General Requirements for al Care				
14	nursing care shall in	subsection (a), general clude, at a minimum, the practiced on a 24-hour, pasis:				
	All treatment administered as ord	ts and procedures shall be ered by the physician.				
	to assure that the re as free of accident h nursing personnel sl	y precautions shall be taken sidents' environment remains azards as possible. All hall evaluate residents to see eceives adequate supervision event accidents.				
	These Regulations a	are not met as evidenced by:				,
	facility failed to follow an urgent X-ray within The facility also failed practice of conducting	and record reviews the v physician orders and obtain in 4 hours post fall incident. d to follow their Neurological ag Neurological checks post				
	nursing care and ass This failure resulted in diagnosed with a ferr	(R2) residents reviewed for sessment post fall incident. in a delay of R2 being nur fracture for over 8 hours, R2 was sent to the local reatment.				
	Findings include:	,				
	nursing) stated that u	am, V2 DON (director of urgent X-rays should be ours; sometimes the outside		•		

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assessment and should be obtained each time

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respectively.

check were completed at 8:00pm and 12:00am.

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intervention.

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