FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED 6016265 B. WING 07/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 315 NORTH LA GRANGE ROAD PLYMOUTH PLACE LA GRANGE PARK, IL 60526 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD) BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Investigation of Facility Reported Incident of July 5, 2022/IL148884 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 300.2210 b)1) 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 care needs of the resident. 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 300.2210 Maintenance b) Each facility shall: 1) Maintain the building in good repair, safe Attachment A and free of the following: cracks in floors, walls, Statement of Licensure Violations or ceilings; peeling wallpaper or paint; warped or

llinois Department of Public Health

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

TITLE

(X8) DATE

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) AU II TIDI	E COMOTO LOTION			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY	
			A. BUILDING:			COMPLETED	
		004000				i	С
-2	<u></u>	6016265	B. WING			07	/19/2022
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	-		
PLYMOL	JTH PLACE		TH LA GRAN				
			IGE PARK, II				
(X4)D	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PLAN OF CORRECTION		
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	I (EACH CORRECT	LIVE ACTION SHOUL	DRE	(X5) COMPLETE
		O IDENTIFICATION)	TAG		ED TO THE APPRO	PRIATE	DATE
S9999	Continued From					10	
3500	Continued From page	-	S9999				
	loose boards; warpe	ed, broken, loose, or cracked	!				
	floor covering, such	as tile or linoleum; loose	1				
100000	handrails or railings	loose or broken window]				
1.08	panes; and any other	er similar hazards.	1				
	This RECUIDEMEN	IT is not met as suids dit	[1
	THIS I'LL GOTYCINE!	IT is not met as evidenced by:			•		
	Based on observation	on, interview, and record	[]	VA.			1 1
i	review, the facility fa	illed to ensure a resident's					
J	shower area was fre	e from accident hazards.					1 1
	This failure resulted	in R1 falling from a shower	!				
ľ	chair and sustaining	three rib fractures. This			a ti		
55	applies to 2 of 3 resi	dents (R1, R2) reviewed for					1
ĺ	accidents and injury	in the sample of 3.	l	27			1.9
1	The findings include	. =					1
	The findings include	£	1				! !
ĺ	On July 14, 2022 at:	2:25 PM, V2 (Director of					11:
	Nursing/DON) said of	on July 5, 2022, R1 and R2	1				1
	sustained falls in the	same shower room at the	l				
}	facility. V2 identified	the resident shower area	ì				1 1
	where R1 and R2 su	stained falls and identified	J				1 1
	the shower chair use	ed during R1 and R2's					
	snower. The shower	area and shower chairs]	3.			i 1
181	narts were noted on	V2. No defects or damaged the shower chairs. The			*		:
88	affected shower area	the shower chairs. The has two floor drains with a	1				ľ
}	tiled floor. While mo	ving the shower chair across					
	the tiled floor, with V	2 present, an uneven floor	ł				
	area, and a slope tov	vards the floor drain caused				10	1
	one front leg of the s	hower chair to not have	}			100	
1,	contact with the floor	, creating an approximate					1
	one-inch gap betwee	n the leg of the shower chair				583	ļ
ſ	and the floor. The or	ne-inch gap between the				-	52
	snower chair and the	floor resulted in the shower		4)-			
	chair becoming unste	eady and wobbly, and the					
= '	cuan basiny munty and	tipping in a forward motion.					
	1. The EMR (Electro	nic Medical Record) shows	İ	. 50			
	R1 was admitted to the	ne facility on June 17 2022		• 127			ſ

Illimois Department of Public Health

OOV011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUI IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				Toron	
		IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED		
			12 20 22 110		_			
	•	6016265	B. WING_				С	
NAME OF	DROVIDER OR SURRUES					07/	19/2022	_
INVINEOL	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
PLYMOL	JTH PLACE		TH LA GRAN					
			GE PARK, I	L 60526				
(X4)ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLA	N OF CORRECTIO	N	(X5)	-
TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	E ACTION SHOUL	D BE	COMPLETE	
			,	DEFI	CIENCY)	TWATE	DATE	
S9999	Continued From page	ge 2	S9999			w Erost		-
	1	-	00000				1 .	
	P1 had multiple die	er home on July 10, 2022.		}				
	netennorneie with a	gnoses including, age-related urrent pathological fracture of	·					
	the vertebrae weda	e compression fracture of the					l .	
85),	fifth lumbar vertebra	, fracture of the rib, low back						i
	pain, atrial fibrillation	n, abnormal gait and mobility,						ı
J	difficulty walking, ch	ronic kidney disease, PVD						l
	(Peripheral Vascular	Disease), heart failure, and						ı
	spinal stenosis.							ı
	54. 1450 44.	-					ĺ	l
	RTS MDS (Minimum	Data Set) dated June 21,						ı
	Limited assistance w	cognitively intact, required			· ·			ĺ
	assistance hy one fo	ith eating, and extensive icility staff member with all	i					ı
	other ADI s (Activitie	s of Daily Living) including						
	bathing, R1 was alw	ays continent of bowel and	ł					ı
ì	bladder.	aya ayirimidik di bayyaj di ja						ı
	•					P		l
	On July 5, 2022 at 1	1:53 AM, V4 (Registered						ĺ
	Nurse/RN) documen	ted, "At 0930 (9:30 AM),				1		l
	while doing the round	ds, nurse heard a loud failen	- 1					l
- 1	Cortified Nursing As	to look for it and a CNA					. [
	contined Nuising As	sistant) called the nurse to all. The incident happened at	1			1	- 1	
ĺ	the common shower	room. As nurse entered the	J			1		
ļ	room, saw [R1] undri	essed on the floor and in a	i	¥			İ	
	lot of pain. Nurse dec	cided not to move the				ĺ	- 1	
	resident at all. Head-	to-toe assessment done no						
	noted skin issue, resi	ident denied hitting the head			93		1	
	on the floor. Took the	vitals pain located by					ŀ	
1	the resident at the ba	ck at 10/10 (0 to 10 pain	- 1					
	scale). Asked the CN	A to support the resident						
	and not to move her.	Called the supervisor and	ĺ			8		
	let the secretary to ca	the ED et fleet beginning						
	OI DII BUILLA III BUILLA III BOLLO	the ED at [local hospital].	Í			- 1		
	ma per olva, ule re: shower and sitting on	sident was done doing the a shower chair, then she						
l i	heard a loud fallen of	pject sound and saw the					,	
	resident sitting on the	floor. Resident said that						
	she slipped off the sh	ower chair."					I	

linols Department of Public Health
TATE FORM

Illinois Department of Public Health

OOV011

STATEMENT OF DEFICIEN AND PLAN OF CORRECTION	CIES ON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
6016265		B. WING			C 07/19/2022	
NAME OF PROVIDER OR S	UPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		TOIZUZZ
PLYMOUTH PLACE	_	315 NOR	TH LA GRANG IGE PARK, IL	GE ROAD		
PREFIX (EACH DE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETE DATE
S9999 Continued F	rom pa	ge 3	S9999			
document R	1 was a	i:19 PM, V4 (RN) continued to dmitted to the local hospital ribs on her right side.				
afternoon. F	l, "[R1] s ^p atient s	:57 PM, V7 (Physician) seen and examined this tates that she is doing well d comfortably. She has			,	
some mild p	ain in he sly was s	er right lower rib area where seen on July 5, 2022 after a yed rib fractures 7-9 on the				
have worked Since [R1] w been her CN time giving h chair. When turned off the chair forward turned around	at the fas admited A. The era shower showerd to grain ad faller	11:31 AM, V8 (CNA) said, "I acility about three months. tted to the facility, I have day she fell was my second wer. We used the shower e finished showering, I r and moved the shower is the front drain area. I be her blouse and I heard a n from the chair. She slid				
and landed o	n her bu	***				
was doing me heard a loud rushed to the residents in the	edication sound, I dining a ne dining	1:56 AM, V4 (RN) said, "I pass around 9:15 AM. I thought someone fell, and I area. There were no g area. A CNA came to get the shower room, I saw [R1]				
sitting on the was in a lot of shower chairs	floor and pain. I was loci	d [V8] (CNA) with her. [R1] remember asking [V8] if the ked, and she showed me it at 911 and she went to the				
On July 14, 20	022 at 1	:23 PM, R1 said, "I was in			* :	

	Department of Public	Health	1.51	0.000.00	FORM	MAPPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRO IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY
	· · · · · · · · · · · · · · · · · · ·	6016265	B. WING			C
NAMEOF	PROVIDER OR SUPPLIER	STREET AC	DRESS CITY	STATE, ZIP CODE	1 0//	19/2022
DIVIO	ITUDI ACE		TH LA GRAN			
PLIMO	UTH PLACE		IGE PARK, II			•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II I'D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	was naked. The girl the front of me, but still wet. The girl was away, and had turned was holding the han whole chair tilted for and fell. The seat of slippery because I wover me. The chair was on top of me. I drain. It was very fri					
gs.	On July 18, 2022 at "I saw the resident for fractures were cause	2:45 PM, V7 (Physician) said, ollowing her fall. Her rib ed by the fall."				
	up in the chair in her shower at the facility was sitting in the short room. I had to have to the back surgery I This was supposed to showers. I was sitting day. I was finished we clean and waiting to a You know only two of shower chair. The C chair with me sitting I wheels were locked, move the chair with me pulling on the chair army feet. The chair wheel hit the shower out of the shower chair is very slick wheels were lock wheels were shower chair is very slick wheels were shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were stated to the shower chair is very slick wheels were shower chair in the shower chair is very slick wheels were stated to the shower chair in the	at 1:43 PM, R2 was sitting room. R2 said she fell in the on July 5, 2022. R2 said, "I ower chair in the shower three showers in a row due was supposed to be having. The shower chair that with my shower and was all get dried off and dressed. The four wheels lock on that NA was trying to move the in the chair, but the back and it was hard for him to me in it. He was kind of and I was trying to help with as wobbly. The front right drain area and I went flying air. The seat on the shower en you are wet. The seat is				
153	not abrasive in any w plastic seat quite eas	ay, and you slide on that ily. The whole shower chair ie in it and the back of the				

	NTOF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
6016265		B. WING		C 07/19/2022			
NAME OF 1	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE		18/2022	
PLYMOU	THPLACE	315 NOF	RTH LA GRAN	GE ROAD			
(Y4) ID	SI IMMADY STA	TEMENT OF DEFICIENCIES	NGE PARK, IL				
(X4)ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page	ge 5	S9999			-	
	blood everywhere, of ended up flat on my was next to the floor was in pain. While if floor, I was terrified to not want anything to surgery. Thankfully,	CNA in the face. There was coming from his nose. It back on the floor, my head drain, I hit my elbow, and I was lying on the shower the whole time because I did mess up my upcoming I was not hurt. The next two ouse that shower chair. The					
	second shower we of wheelchair, instead of shower. The third si bathroom in my room	lid with me sitting in my of that shower chair, in the hower we did right here in the n and I sat in the wheelchair d me with the special soan		•			
2	on June 7, 2022 with spinal stenosis, post- back pain, heart dise replacement, asthma	a, muscle weakness, obility, major depressive					
	cognitively intact, req bed mobility, transfer dressing, eating, and requires extensive as	personal hygiene, and sistance with locomotion on use, and bathing. R2 uses					
1 1	nedication pass then from the shower area he floor undressed. F and about to finish ba	:57 PM, V6 (Nurse) 0 (8:40 PM) nurse was doing heard a loud noise coming Nurse saw [R2] lying on Patient was with the CNA thing the patient when the he CNA stated that he was					

IIII OIS L	Department of Public	Health	3 34		1 0144	ALLKOVED
STATEME! AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3:		E SURVEY PLETED
6016265		B. WING			C 19/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		1812022
PLYMOU	JTH PLACE	315 NOR	TH LA GRAI	NGE ROAD		•
(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
	but the chair sudder lockedPain level hitting her head applied on her right left elbow was noted cleanser and applied. R2's Fall Detail Rep PM shows, V3's (Chaiting on the showe patient towards him wheelchair. The shother patient fell." On July 14, 2022 at were done with [R2's her because the who was no space to square chair to reach the will looking for a way to hit the wheel lock. The wheels are locked, a because the floor is locked, so you have behind the chair to unwhole chair tipped for off the chair and the back of the chair and the back of the chair hit was bleeding. I had because my nose was needed stitches or if returned to work after the manufacturer's unstructions for the minvolved in R1 and R	to sit on the shower chair, all sild even if it was all el was 10/10. She denied a vital signs taken. Ice pack elbow. Small scratch on her d. Cleansed with wound d a small dressing" ort dated July 5, 2022 at 8:30 NA) witness statement: "While or chair, CNA tried to move so he can transfer her to the ower chair suddenly slid, and sild swere locked and there here be behind the shower cheels to unlock them. I was move the chair side to side to the chair still moves if the and it does tip forward easily uneven. The chair was to pull on the chair to get anlock it. All of a sudden, the oward, the resident slipped chair tilted forward. The me in the face and my nose to go to the emergency room as bleeding and to see if I my nose was broken. I or the emergency room visit."	S9999			
	and chair as complet	ely as possible. Transport area. USE CAUTION:				

linois Department of Public Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		6016265	B. WING			C 19/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		18/2022
PLYMOU	JTH PLACE		TH LA GRA GE PARK,	NGE ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From pag	ge 7	S9999			
	│Exaggerated user⊪	PPERY" "Precautions: movement in any direction or of the seat may cause the				
	Business Partner) de tiled shower floor in morning. The tiled fin an approximate 12 drains, right side) that when a knee wall was	10:44 AM, V10 (Corporate ocumented, "I inspected the [affected shower] this loor was damaged and raised 2" x 18" area (between at was previously repaired as removed by an unknown at was chipped/missing"				
	"B"	at was cripped/missing				
EE.					·	
ž.						
						-
olo Deserte	nest of Public Health			,		

Illinois Department of Public Health