

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2023
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NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
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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 Annual Licensure and Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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>Section 300.1210 General Requirements for Nursing and Personal Care</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 regulations were not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to follow policy and procedures for Fall Prevention by not completing a fall risk assessment to determine fall risk factors and target approaches to reduce risks, on a quarterly basis, for 1 (R37) of 1 resident reviewed for falls out of a total sample of 26 residents. As a result of this failure, R37 fell on the ground on 12/7/22 while wheeling herself independently on a wheelchair and sustained a left clavicle fracture.</p> <p>Findings Include:</p> <p>On 4/4/23 at 1:09 PM, R37 was eating lunch in R37's room. R37 complained of left shoulder pain radiating to R37's left arm and hand. R37 stated that R37 broke R37's clavicle sometime last year due to a fall. R37 stated, "I was wheeling myself in the wheelchair from my smoking break. My wheelchair got stuck in a dirt. It tipped over and I landed on my left side on the ground."</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R37's progress notes dated 12/8/22 at 2:00 PM documented by V22 (Registered Nurse) documents that R37 came to V22 and stated that R37 fell on 12/7/22 outside during smoke break while wheeling herself (R37) back into the building. R37's wheelchair got stuck in the dirt and fell out of the wheelchair. R37 complained of left arm pain and an X-ray was ordered. R37's X-ray of the left shoulder dated 12/8/22 findings show "Acute distal clavicle fracture".</p> <p>R37's clinical records show R37 has diagnoses not limited to Multiple Sclerosis, Trigeminal Neuralgia, and Left Clavicle Fracture. R37's Minimum Data Set (MDS) dated 1/10/23 shows R37 is cognitively intact. R37's comprehensive care plan shows R37 has impaired visual function, impaired decision making, and requires supervision and monitoring during smoking break. There was no Fall Risk Assessment found in R37's electronic health record from the last annual MDS assessment dated 4/11/22 until R37's fall on 12/7/22.</p> <p>On 4/6/23 at 9:14 AM, V17 (Restorative Nurse) stated that a resident's Fall Risk Assessment should be completed at the time of admission and should have a re-assessment done quarterly, annually, and with significant changes. V17 stated that the Fall Risk Assessment can only be found under the assessment tab in the resident's electronic health record. V17 stated that the purpose of the Fall Risk Assessment is to determine the potential risks of falling for the residents and has the components that will determine the risk score of the resident. V17 stated that staff implement fall preventative interventions based on the fall risk score of the resident. V17 stated that if the Fall Risk</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Assessment is not completed for the resident, the resident can potentially fall because staff would not know what type of interventions and assistance to provide the resident to prevent them from falling. At around 9:20 AM, surveyor checked R37's electronic health record with V17, and there were no Fall Risk Assessments completed within the one-year lookback period prior to R37's fall on 12/7/22.</p> <p>The facility's policy titled; "Fall Prevention Policy" with no date reads in part: Every resident will be evaluated for falls upon admission and subsequently thereafter when the resident's condition changes or at least quarterly. The care plan will state the goals, interventions and approaches for every resident who is identified as being at risk for falls. Staff will be trained to be alert to risk and hazards for falls in the environment. Procedure: Within three days of admission, the resident will be assessed for risk of falls. Either nursing staff or therapy staff may complete the falls assessments. Based on the results of the falls assessment, the interdisciplinary team will determine the best approach to implement for fall prevention, adjust the care plan, inform the family and resident and implement comprehensive fall prevention management approach.</p> <p>(B)</p>	S9999		