

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/22/2023
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NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AH	STREET ADDRESS, CITY, STATE, ZIP CODE 715 WEST CENTRAL ROAD ARLINGTON HTS, IL 60005
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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	S 000		
	Facility Reported Incident of 5/7/23/IL160095			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.1210b) 300.1210d)6) 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. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to safely provide			
			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>incontinence care to a resident by not having two staff members provide the care. This failure resulted in a resident falling from bed causing a change in condition that required a resident to be sent to the emergency room for two lacerations and a bloody nose that needed 6 sutures, tissue adhesive, and nasal packing to control the bleeding. This applies to 1 of 3 residents (R1) reviewed for safety supervision in the sample of 3.</p> <p>The findings include:</p> <p>R1's Face Sheet showed R1 was 82 years old.</p> <p>R1's Care Plan showed R1 had the diagnoses of hemiplegia and hemiparesis, Alzheimer's, muscle weakness, and muscle wasting with atrophy. R1's Care Plan showed R1 had a self care deficit related to physical and cognitive limitations. Under interventions listed to assist R1 with bathing/showering, lower body dressing, and toileting as needed with 2 person physical assist that was initiated on 12/20/22. The Care Plan also showed R1 was at risk for falls, had a history of inaccuracy of movements, coordination deficits, and involuntary body movements.</p> <p>A facility assessment done on 4/28/23 showed for toilet use and cleansing self after eliminations that R1 required extensive assistance of 2 staff members.</p> <p>On 5/22/23 at 8:36 AM, R1 was in bed. At the center of R1's forehead were 5 steri-strips that covered about a 5-6 centimeter (cm) area. R1 also had a small laceration to the bridge of his nose.</p> <p>On 5/22/23 at 8:36 AM, V4 (Certified Nursing</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Assistant- CNA) said the steri-strips to R1's forehead and laceration to his nose were the result of a fall.</p> <p>On 5/22/23 at 8:37 AM, V3 (CNA) said R1 required two staff to provide incontinence care.</p> <p>On 5/22/23 at 10:51 AM, V6 (CNA) said she was familiar with R1. V6 said before R1 had a fall on 5/7/23, R1 required 2 staff members to get a bed bath/incontinence care. According to V6, 2 staff members were required because R1 was unpredictable with movements and having 2 staff members helped prevent falls. V6 said when getting R1 cleaned up one staff member was to be on each side of the bed to ensure R1 did not fall out of bed.</p> <p>On 5/22/23 at 11:20 AM, V9 (Registered Nurse) said on 5/7/23 V10 came to him and said R1, "Slipped" out of her hands and fell. V9 said the fall created a change in R1's condition. V9 added the change in condition was the result of R1 hitting his head during the fall causing a laceration to his forehead, a laceration to his nose, and a bloody nose. V9 said R1 was sent emergently to the hospital because of the bleeding. V9 said R1 required several sutures and nasal packing to control the bleeding.</p> <p>On 5/22/23 at 12:01 PM, V10 (CNA) said on 5/7/23 R1 was incontinent of stool. V10 said she was standing on one side of the bed providing incontinence care/bed bath to R1 when R1 rolled off of the opposite side of the bed falling onto the floor. V10 said she was the only staff member that was providing care to R1 when he fell. V10 said it takes 1 or 2 staff members to provide incontinence care to R1 based on R1's behaviors. V10 said R1's behaviors include having</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>involuntary movements and being combative during care. V10 said R1's fall could have been avoided if a second staff member helped provide the care.</p> <p>R1's Progress note dated 5/7/23 showed a CNA was getting R1 cleaned up and R1, "Slipped from the CNA's grasp apparently and rolled over onto the floor hitting [his] head."</p> <p>R1's Emergency Department paperwork dated 5/7/23 showed R1 had a fall that resulted in a 4 cm long and 3 cm deep laceration to his forehead that required 6 sutures to close. The same paperwork showed R1 had a 1 cm long and 2 cm deep laceration to the bridge of his nose that required tissue adhesive to close. The Emergency Department paperwork showed R1 required nasal packing to control a bleeding nose that was to be left in for 3 days.</p> <p>(B)</p>	S9999		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/22/2023
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F 000	INITIAL COMMENTS	F 000		
F 689 SS=G	<p>Facility Reported Incident of 5/7/23/IL160095-F689</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to safely provide incontinence care to a resident by not having two staff members provide the care. This failure resulted in a resident falling from bed causing a change in condition that required a resident to be sent to the emergency room for two lacerations and a bloody nose that needed 6 sutures, tissue adhesive, and nasal packing to control the bleeding. This applies to 1 of 3 residents (R1) reviewed for safety supervision in the sample of 3.</p> <p>The findings include: R1's Face Sheet showed R1 was 82 years old. R1's Care Plan showed R1 had the diagnoses of hemiplegia and hemiparesis, Alzheimer's, muscle weakness, and muscle wasting with atrophy. R1's Care Plan showed R1 had a self care deficit related to physical and cognitive limitations.</p>	F 689		6/11/23

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>Under interventions listed to assist R1 with bathing/showering, lower body dressing, and toileting as needed with 2 person physical assist that was initiated on 12/20/22. The Care Plan also showed R1 was at risk for falls, had a history of inaccuracy of movements, coordination deficits, and involuntary body movements.</p> <p>A facility assessment done on 4/28/23 showed for toilet use and cleansing self after eliminations that R1 required extensive assistance of 2 staff members.</p> <p>On 5/22/23 at 8:36 AM, R1 was in bed. At the center of R1's forehead were 5 steri-strips that covered about a 5-6 centimeter (cm) area. R1 also had a small laceration to the bridge of his nose.</p> <p>On 5/22/23 at 8:36 AM, V4 (Certified Nursing Assistant- CNA) said the steri-strips to R1's forehead and laceration to his nose were the result of a fall.</p> <p>On 5/22/23 at 8:37 AM, V3 (CNA) said R1 required two staff to provide incontinence care.</p> <p>On 5/22/23 at 10:51 AM, V6 (CNA) said she was familiar with R1. V6 said before R1 had a fall on 5/7/23, R1 required 2 staff members to get a bed bath/incontinence care. According to V6, 2 staff members were required because R1 was unpredictable with movements and having 2 staff members helped prevent falls. V6 said when getting R1 cleaned up one staff member was to be on each side of the bed to ensure R1 did not fall out of bed.</p> <p>On 5/22/23 at 11:20 AM, V9 (Registered Nurse)</p>	F 689			

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F 689	Continued From page 3 required nasal packing to control a bleeding nose that was to be left in for 3 days.	F 689			