

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASBURY COURT NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1750 ELMHURST ROAD DES PLAINES, IL 60018</b>
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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: 300.610a) 300.1210a) 300.1210b)4)5) 300.1210d)6)</p> <p>Section 300.610 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 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></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>practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete a root cause analysis of falls and develop effective interventions to prevent falls and injury for one resident (R49) of six residents reviewed for falls in the sample of 19. This failure resulted in R49 falling and sustaining fractures to the left 6th, 7th, and 8th ribs.</p> <p>Findings include:</p> <p>R49's medical record indicates that he had a fall on 11/27/22. The progress notes of 11/27/22 at 12:48 PM indicates that R49 was found on the bathroom floor in lying position, leaning against the wall. 911 was called and R49 was transferred to a hospital. He returned to the facility on 11/28/22. A progress note by V31 (Nurse Practitioner) indicates that a CT (computerized axial tomography) scan revealed a small acute subdural hematoma on the right measuring two mm (millimeters). Repeat CT at 9PM revealed stable right frontal and left parietal infarcts, decreased density periventricular white matter bilaterally consisted with chronic small vessel ischemic changes. The previously noted two mm small subdural hematoma seen on the previous CT was not seen on the follow up study.</p> <p>The documentation of the fall provided by the</p>	S9999		
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STREET ADDRESS, CITY, STATE, ZIP CODE

**ASBURY COURT NURSING & REHAB**

**1750 ELMHURST ROAD  
DES PLAINES, IL 60018**

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facility did not contain a root cause analysis. The root cause analysis was requested. On 6/22/23 at 12:00 PM V22 (Care Plan Coordinator) said we discuss the falls in the morning meeting. The Director of Nursing, Assistant Director of Nursing, and Nurse Consultant update the Care Plan. I do not update those Care Plans. I do the initial Care Plan. I do not do the root cause analysis. On 6/22/23 at 12:20 PM V28 (Nurse Consultant) said we did not identify the root cause for R49 for the falls. That could impact the interventions.

The interventions added to the Care Plan on 11/28/22 are neuro (neurological) checks per protocol, assist with ADLs (activities of daily living) as indicated. Monitor for seizures and follow seizure precautions. PT/OT (Physical Therapy/Occupational Therapy) evaluate and treat.

A progress notes of 11/28/22 at 2:56 PM indicates a Fall Risk Evaluation score of 15 which means that R49 is at high risk for falls and should be on the fall prevention program.

R49's medical record indicates that he had a fall on 5/11/23. The progress notes of 5/11/23 at 11:01 AM indicates that R49 was found on the floor of his room at around 8 AM. ... He was grimacing and shaking while up in the wheelchair. R49 was sent to the hospital for evaluation and treatment. V30 (Registered Nurse) said that she was in report and had not made rounds on R49. A (Certified Nursing Assistant/CNA) notified her that R49 was on the floor.

A CT scan of the chest was performed at the hospital. IMPRESSION: 1. Acute fractures involving the posterior aspects of the left sixth, seventh, and eighth ribs. 2. Hemorrhagic left

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S9999	<p>Continued From page 4</p> <p>pleural effusion. No pneumothorax. 3. Air noted within the subcutaneous tissues of the left posterior chest wall at the fracture sites. 4. Nonspecific left upper lobe lung nodule.</p> <p>The intervention added to the Care Plan R49 returned to the facility on 5/14/23 is sent to the ER (Emergency Room) for evaluation c/o (complains of) pain increased shaking. Date initiated 5/22/23</p> <p>On 6/23/23 at 10:20 AM V2 (Director of Nursing) said that the fall prevention program was to put a yellow tag on the name plate for his room and put a yellow tag on his walker.</p> <p>On 6/23/23 at 10:10 AM V30 (Registered Nurse) said (R49) has a yellow tag on his door which means he's a fall risk. He is ambulatory but we check on him often, every two to three hours.</p> <p>Policy: Fall Prevention Program revised Oct 2022 Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.</p> <p>6. High Risk protocols:</p> <ul style="list-style-type: none"> <li>a. The resident will be placed on the facility's Fall Prevention Program.</li> <li>c. Provide interventions that address unique risk factors measured by the risk assessment tool:</li> <li>d. Provide additional interventions as directed by the resident's assessment, including but not limited to: <ul style="list-style-type: none"> <li>i. Assistive devices</li> <li>ii. Increased frequency of rounds</li> <li>iii. Sitter if indicated</li> <li>iv. Medication regimen review</li> <li>v. Low bed</li> <li>vi. Alternate call system</li> </ul> </li> </ul>	S9999		

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S9999	Continued From page 5  vii. Scheduled ambulation or toileting assistance viii. Family caregiver or resident education ix. Therapy services referral 9. When any resident experiences a fall, the facility will: e. Review the resident's care plan and update as indicated.  "B"	S9999		