Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6014757	B. WING		C 11/28/2023	
	PROVIDER OR SUPPLIER	B & HC 1221 EAS	DRESS, CITY, S ST GOLF ROA INES, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S 000 Initial Comments		S 000				
	Complaint Investig 2399478/IL166665 Facility Reported I FRI of 10/26/23/IL	ncident:				
S9999	Final Observations		S9999			
	Statement of Licer 300.610a) 300.1210a) 300.1210b)	nsure Violations				
Illinois Depar	300.1210c) 300.1210d)6) 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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A			Attachment A Statement of Licensure Violation	าร	

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: B. WING 11/28/2023 IL6014757 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1221 EAST GOLF ROAD ALDEN DES PLAINES REHAB & HC DES PLAINES, IL 60016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION in (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 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 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 quardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING 11/28/2023 IL6014757 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1221 EAST GOLF ROAD ALDEN DES PLAINES REHAB & HC DES PLAINES, IL 60016 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 59999 S9999 Continued From page 2 that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were not met evidenced by: Based on observations, interviews, and record reviews, the facility failed to develop and implement effective interventions to prevent or reduce the risk of falling for residents with history of fall and assessed to require extensive assistance for toileting. This affected two of three residents (R6, R5) reviewed for fall prevention interventions. This failure resulted in R6 falling at night while attempting to self-transfer to commode and sustaining a left comminuted and displaced hip fracture requiring surgical intervention. Findings include: 1. On 11/17/23 at 11:25 AM, this surveyor observed R6 lying in bed with eyes closed. R6 had a floor mat on the right side of bed between the bed and wall. The floor mat for the left side of the bed was folded in half and leaning against the On 11/21/23 at 12:07 PM, R6 stated that R6 fell in R6's room on Friday, 10/20/23, around 8:00-9:00 PM. R6 stated that she was going to use her commode and the commode was half on the floor and half on the floor mat. R6 stated that the commode was uneven and she lost her balance and fell. R6 stated that she injured her leg and went to the hospital. R6 stated she broke her knee in 3 different places. R6 stated that she did not ask for help when she went to the commode. R6 stated that she regrets going to the commode

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and that if she went to the toilet this accident

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 11/28/2023					
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\$9999	Continued From page 3			S9999								
S9999	wouldn't have happen can't use the commen R6 to the bathroom call for help and should for assistance with AD V5 stated that over been needing more weakness in both hat R6 is alert and reminders to call for acknowledged that related to toileting, that R6 has a habifor assistance. V5 R6 needs frequent night; staff round of the night. V5 states should check to set that staff should not if R6 is awake sho stated that staff should not if R6 is awake sho stated that staff should recommode properly hard surface for states.	pened. R6 stander and the normal R6 stated the can't do any 30 AM, V5 (Riviously needed) Ls (activities of the past few erassistance where assistance where the contented x 3 for toileting assist R6 has had the v5 stated that the off getting up to stated that stander the theory two designs and R6 every two designs and R6 every two designs and R6 every two designs and the could make sure placed with a sability.	staff will assist hat she has to withing without estorative Nurse) donly limited of daily living). months R6 has with ADLs; ased. V5 stated but needs eistance. V5 three falls at night at staff are aware without asking aff are aware that no rounding at the night staff help. V5 stated but when round needs help. V5 re bedside all four legs on a staff.	S9999								
	On 6/3/23 at midni Nurse) was alerted on duty that R6 wa to her bed and ass did not utilize call-l bed. R6 stated that bed on her own to her bed.	I by CNA (Cer is found sitting sisted her back ight bell. V10 at she was tryi use the bathro	tified Nurse Aide) on the floor next to her bed, R6 found R6 in her ng to get out of boom and fell from									
	On 7/5/23 at 1:12 p sitting on floor on r observed to have of	ight side of be	d. R6 was									

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for deficits.

therapist noted R6 with decreased awareness of deficits and assistance required to compensate

R6's care plan, dated 12/15/2022, notes R6 is at risk for falls due to muscle weakness, use of assistive device, history of falls, and decreased

FORM APPROVED 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: B. WING IL6014757 11/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1221 EAST GOLF ROAD ALDEN DES PLAINES REHAB & HC DES PLAINES, IL 60016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 muscle strength. Interventions identified after fall on 10/14 notes floor mats while R6 is in bed and develop toileting schedule for prompted voiding. This facility's management of falls policy, dated 08/2020, notes this facility will develop a plan of care to include goals and interventions which address resident's risk factors. Risk factors include but are not limited to history of fall incidents, incontinence, and behaviors. Assess and monitor resident's immediate environment to ensure appropriate management of potential hazards. 2. On 11-17-23 at 11:41 AM, R5 said he fell 2 months ago. R5 said staff left his side rails down and he rolled out of bed between the bed and his wheelchair. R5 said the staff is responsible for keeping the siderail up. R5 said he prefers his siderail up for safety. R5 said his bed was in the lowest position and he is able to use the call light. R5 said he makes sure the staff keeps his siderail up when he is sleeping. On 11-21-23 at 11:06 AM, V3 (DON) said R5 had an unwitnessed fall. V3 said R5 said he fell out of his bed. No staff found R5 on the floor, at 5:00 AM, R5 activated his call light to tell Certified Nurse Aide/CNA he rolled out of his bed. R5 was assessed and no pain or injury noted. On 11-21-23 at 2:02 PM, V3 (DON) said R5's care plan was reviewed however it was not modified with new interventions On 11-17-23 at 12:53 PM, V5 (Fall Nurse) said siderails will protect the resident from falling from

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bed and assist with bed mobility, turning, and repositioning. V5 said when a resident is

sleeping, the bed should be in the lowest position

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resident's plan of care in order to minimize the risks for fall incidents and/or injuries to the

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